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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to satisfy state rep

OMB No 1545-0052 2010

		or tax year beginning				, and endi				20
G Che	eck all that apply	Initial return Amended return	Initi	_	of a former p ss change	oublic char		ame change	Final return	
Name (of foundation	Amended return		T Addres	s change			A Employer identif	ication number	
	-	ICK FOUNDATION					- [A Limployer racing		
	EL G BERICK,						İ	26-	-0140987	
		ox number if mail is not delivered	to street addres	is)	······································	Room/su	ite	B Telephone number	(see page 10 of the ins	structions)
	KEY TOWER			•				ř		
127	PUBLIC SQUAR	E					ŀ	(2)	16) 479-83	74
City or	town, state, and ZIP of	code						C If exemption applic		
							ì	 pending, check her D 1 Foreign organiza 		•
CLEV	ELAND, OH 44	114-1304						2 Foreign organiz	ations meeting the	
H Che	eck type of organiza	ation X Section 501(c)(3) exemp	t private f	oundation			85% test check computation .	here and attach	
	Section 4947(a)(1) no	onexempt charitable trust	Other t	axable pr	vate founda	tion		E If private foundation		d
I Fai	r market value of al	l assets at end J Accor	unting metho	od 🔀 Ca	ash 💹 Acc	crual			b)(1)(A) check here.	_
	ear (from Part II, co		her (specify)					F If the foundation is	s in a 60-month termina	ition
			column (d) n	nust be on	cash basis)			under section 507(I	b)(1)(B), check here	>
Part	Analysis of Reve	enue and Expenses (The columns (b), (c), and (d)	(a) Reven	ue and	(b) Net inve	estment	(c) Adjusted net	(d) Disburser for charita	
	may not necessarily	y equal the amounts in	expense book	s per	incon		,,	income	purposes	
	column (a) (see pag	ge 11 of the instructions))							(cash basis	only)
1	if the	, etc received (attach schedule) . foundation is not required to		20,792.					 	
2	Check ▶ attach	Sch B		11		- 11		·	L	
3		d temporary cash investments		11.	-	11.			ATCH 1	
4		est from securities		1,/11		1,/11.			ATCH 2	
									-	
		oss)		302.						
ej 6a b	Net gain or (loss) from Gross sales price for all	sale of assets not on line 10 22,817.		302.						
5	assets on line ba					302.			 	
enue 6 a b		ome (from Part IV, line 2)				302.			 	
8	•	tal gain							 	
9 10 a	Income modification Gross sales less returns	ns · · · · · · · · · · · · · · · · · · ·								-
١.	and allowances · · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							 	
	Less Cost of goods sol									
11) (attach schedule) ch schedule)								
12		nrough 11		22,816.		2,024.		···	+	
13		ers, directors, trustees, etc		0.		_, •			 	
	Other employee sale	aries and wages								
S 15	Pension plans, emp	•					-			
162	Legal fees (attach so	chedule) ATCH 3		423.		0.		0	•	
S h	Aecountinuatees Lat	<u> </u>	-	810.		0.		0		
ء اق	Other plotessional	ees attech schedule)								
[] 17	Interest	S		·						-
18	Taxes (attach schedule	Neel page 14 of the instructions		50.	· · · · · · ·					
Ξ 19	Depreciation (attacl	h schedule) and depletion	· ·							
E 20	Occupancy D.E							-		
Ø 21	Tavel, conterences	and meetings								
E 22	Printing and publica	ations								
P 23	Other expenses (att	ach schedule)								
Operating and Administrative Expenses 14 12 14 15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Total operating an	d administrative expenses.								
<u>p</u>	Add lines 13 through	gh 23		1,283.		0.		0		
0 25	Contributions, gifts	, grants paid		7,100.						7,10
26	-	rsements Add lines 24 and 25		8,383.		O.		0		7,10
27	Subtract line 26 fro									
a	Excess of revenue over e	expenses and disbursements		14,433						
		ome (if negative, enter -0-)				2,024.				
		ne (if negative, enter -0-).							T	

Ю	art II	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	End o	f year
	al t II	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
ļ	1 +	Cash - non-interest-bearing		-	
		Savings and temporary cash investments	34,087.	12,900.	12,900.
	3	Accounts receivable			
		Less allowance for doubtful accounts			
		Pledges receivable			
		Less allowance for doubtful accounts ▶	•		
١		Grants receivable			
-		Receivables due from officers, directors, trustees, and other			
]		disqualified persons (attach schedule) (see page 15 of the instructions)			
		Other notes and loans receivable (attach schedule)	***	,	
		Less allowance for doubtful accounts ▶			
ssets	9	Inventories for sale or use			
SS					
٩	IVa	Investments - U.S. and state government obligations (attach schedule)	84,021.	101,480.	146,157.
- 1			01,021.	101/1007	110/137.
	11	Investments - corporate bonds (attach schedule)			
١		and equipment basis Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
		Land, buildings, and equipment basis			
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
		Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item l)	118,108.	114,380.	159,057.
	17	Accounts payable and accrued expenses			
		Grants payable			
ဖွာ		Deferred revenue			
abilities		Loans from officers, directors, trustees, and other disqualified persons			
Ē		Mortgages and other notes payable (attach schedule)			
ᇋ		Other liabilities (describe			
		Other habilities (describe P			
	23	Total liabilities (add lines 17 through 22)		0.	
_		Foundations that follow SFAS 117, check here			
Š		the section of the se			
ػ	24	Unrestricted			
ala	25	Temporarily restricted			
8	26	Permanently restricted			
ŭ		and complete lines 24 through 26 and lines 30 and 31. Unrestricted			
Ē		check here and complete lines 27 through 31.			
Ö	27	Capital stock, trust principal, or current funds		****	-
šet	28	Paid-in or capital surplus, or land, bldg, and equipment fund	118,108.	114,380.	{
Asi	29	Retained earnings, accumulated income, endowment, or other funds	110,100.	114,300.	
et	30	Total net assets or fund balances (see page 17 of the	118,108.	114,380.	
Z		instructions)	110,100.	114,300.	
	31	Total liabilities and fiet assets/fully balances (see page 17	110 100	114 200	
		of the instructions)	118,108.	114,380.	
		Analysis of Changes in Net Assets or Fund			
1		net assets or fund balances at beginning of year - Part			110 100
_		of-year figure reported on prior year's return)			118,108.
				<u>2</u>	14,433.
				3	
4	Add	lines 1, 2, and 3	<u>.</u>	4	132,541.
		lines 1, 2, and 3 eases not included in line 2 (itemize) ►ATTACF			18,161.
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b),	line 30 6	114,380.
					5am 000 DE (0040)

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
	describe the kind(s) of property sold (each warehouse, or common stock, 200 s	=	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
a SEE PART IV SCHE	DULE				
)					
>					
<u> </u>					
<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
)					
C					
d					
2		d b th = 6 d - 1			·—-
Complete only for assets s	showing gain in column (h) and owned			Gains (Col (h) g (k), but not less t	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Losses (from co	
a			ļ		
b					
<u>c</u>			ļ	····	
d					
•		L			
Capital gain net income or	(net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		302.
· · · · · · · · · · · · · · · · · · ·	or (loss) as defined in sections 12				
- '	line 8, column (c) (see pages 13				
	ne 8,	duced Tax on Net Investment I	3		
	the section 4942 tax on the distrib	utable amount of any year in the b	ase perio	d?	Yes X No
	not qualify under section 4940(e)				
	unt in each column for each year	, see page 18 of the instructions be	efore mak		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution re (col (b) divided by	
2009	15,150.	103,823.			0.145921
2008	12,667.	154,882.			0.081785
2007	6,000.	119,247.			0.050316
2006			ļ		
2005					
Total of line 1, column (d)		• • • • • • • • • • • • • • • • • • • •	2		0.278022
•	for the 5-year base period - divide lation has been in existence if less	the total on line 2 by 5, or by the than 5 years	3		0.092674
Enter the net value of non-	charitable-use assets for 2010 fro	m Part X, line 5	4		123,720.
Multiply line 4 by line 3			5		11,466.
Enter 1% of net investmen			6		20.
			7		11,486.
					7 100
If line 8 is equal to or gree Part VI instructions on page	eater than line 7, check the box i	n Part VI, line 1b, and complete	that part	using a 1% ta	x rate See th

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e ins	tructio	ns)
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u>40.</u>
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			40.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			40.
6	Credits/Payments			
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 2,493.			
þ	Exempt foreign organizations-tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8008)			
_ d	Backup withholding erroneously withheld		2 4	193.
7	Total credits and payments Add lines 6a through 6d		4,7	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 2,453. Refunded ▶ 11		2.4	53.
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2011 estimated tax > 2, 453. Refunded 11			
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
ıa	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
-	of the instructions for definition)?	1 b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities	i		
С	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$ (2) On foundation managers \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		l	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<u>4</u> a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
_	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			Į
	By language in the governing instrument, or By chatch legislation that officially be appealed the appealed to the control of the contro	i		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		Х	
-	conflict with the state law remain in the governing instrument?	6	$\frac{x}{x}$	
7 8 a	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7		 -
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ OH,	·		
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1
U	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	х	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or	011		
•	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page]
	27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
. •	names and addresses	10		Х

Par	t VII-A	Statements Regarding Activities (continued)	 -		
11	At any ti	me during the year, did the foundation, directly or indirectly, own a controlled entity within the	Į		
	meaning	of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the	foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August	17, 2008 ²	12		X
13	Did the	foundation comply with the public inspection requirements for its annual returns and exemption application? N/A	13	X	
14	The hoo	address ► N/A ks are in care of ► DANIEL G BERICK 127 PUBLIC SOUARE SUITE 4900 CLEVELAND OH 44114	9-83	74	
	Located	at P12 TOPHIO EQUINE BOTTH 1900 CHEVELINE, OIL ZIP + 4 P1111			T
15	Section	4947(a)(1) honexempt chantable trusts filing Form 990-PF in field of Form 1041 - Check here	• • •	•	ш
4.0		er the amount of tax-exempt interest received or accrued during the year		Yes	
16	•	time during calendar year 2010, did the foundation have an interest in or a signature or other authority	16	res	No X
		ank, securities, or other financial account in a foreign country?	16	<u> </u>	 -
	•	ge 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter e of the foreign country ▶			
Par		Statements Regarding Activities for Which Form 4720 May Be Required	ــــــــــــــــــــــــــــــــــــــ		
ı uı			T	Vac	No
4.		rm 4720 if any item is checked in the "Yes" column, unless an exception applies.		163	110
та	•	he year did the foundation (either directly or indirectly) age in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
		age in the sale of exchange, or leasing of property with a disqualified person.	ļ		
		ow money from, lend money to, or otherwise extend credit to (or accept it from) a ualified person?	1		
		hish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	ľ		
	• •	compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	Ì	1	
		insfer any income or assets to a disqualified person (or make any of either available for			
	• •	benefit or use of a disqualified person)?	1		
		the to pay money or property to a government official? (Exception. Check "No" if the			
	•	idation agreed to make a grant to or to employ the official for a period after			
		nination of government service, if terminating within 90 days) Yes X No			
b		inswer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
-	•	53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1 b		
		ations relying on a current notice regarding disaster assistance check here			
c	-	foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
		t corrected before the first day of the tax year beginning in 2010?	1 c	<u></u>	X
2		in failure to distribute income (section 4942) (does not apply for years the foundation was a private	Ì		
	operatin	g foundation defined in section 4942(j)(3) or 4942(j)(5))	1		
а	At the e	nd of tax year 2010, did the foundation have any undistributed income (lines 6d and		1	
	6e, Part	XIII) for tax year(s) beginning before 2010? Yes X No			
	If "Yes,"	list the years	1		
b	Are the	re any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		
	(relating	to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years	listed, answer "No" and attach statement - see page 22 of the instructions)	2 b		<u> </u>
C	_	ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		}	
3 a		foundation hold more than a 2% direct or indirect interest in any business enterprise			
-		me during the year? Yes X No		}	
b		" did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or			
_		fied persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
		sioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
		-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			1
		on had excess business holdings in 2010)	3 Ь		<u> </u>
4 a		foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			Х
		foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitat	le purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	<u>L</u>	<u>X</u>

Pai	t VII-B Statements Regarding Activities for	or Which For <u>m 4</u>	720 May Be Requi	ired (continued)		
5 a	During the year did the foundation pay or incur any amou	nt to				
	(1) Carry on propaganda, or otherwise attempt to influen		4945(e))?	Yes X No	,	
	(2) Influence the outcome of any specific public election	(see section 4955), o	r to carry on,			
	directly or indirectly, any voter registration drive?			Yes X No	,	
	(3) Provide a grant to an individual for travel, study, or of				,	}
	(4) Provide a grant to an organization other than a char	table, etc., organizatio	n described in			
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	(see page 22 of the ins	structions)	Yes X No	,	
	(5) Provide for any purpose other than religious, charita	ble, scientific, literary,	or educational			
	purposes, or for the prevention of cruelty to children of	or animals?		Yes X No	,	
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans	actions fail to qualify	under the exceptions	described in		
	Regulations section 53 4945 or in a current notice regard				5b	
	Organizations relying on a current notice regarding disas	ter assistance check h	ere	▶ 🔲		
C	If the answer is "Yes" to question 5a(4), does the found					
	because it maintained expenditure responsibility for the g	rant?		Yes No	,	
	If "Yes," attach the statement required by Regulations sec					
6 a	Did the foundation, during the year, receive any funds, of	directly or indirectly, to	pay premiums			
	on a personal benefit contract?			. Yes X No	,	
b	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a p	personal benefit contrac	:t?	6 b	X
	If "Yes" to 6b, file Form 8870					
	At any time during the tax year, was the foundation a pa					<u> </u>
	If "Yes," did the foundation receive any proceeds or have					<u> </u>
Pai	t VIII Information About Officers, Directors and Contractors	s, Trustees, Foun	dation Managers,	Highly Paid Emplo	oyees,	
1	List all officers, directors, trustees, foundation m	anagers and their	compensation (see	page 22 of the instr	uctions).	
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense acco	
			_			_
<u>A'l'</u>	TACHMENT 8		0.	0.		0
		•		-		
	Compensation of five highest-paid employees (of	har than those inc	luded on line 1 - co	e page 23 of the inci	tructions)	
_	If none, enter "NONE."	ner than those me	idded on line 1 - 3e	e page 25 of the ma	auctions).	
1-	Name and address of analysms and analysms 250 222	(b) Title, and average	(-) ((d) Contributions to employee benefit	(e) Expense acco	ount
(8) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other allowand	
		,		compensation		
	NONE					
			· · · · · · · · · · · · · · · · · · ·			
				<u> </u>		
Tota	I number of other employees paid over \$50,000 .					

Form 990-PF (2010)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If n	one, enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	

	į
	,
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
*	
A	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
1	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
2	
4	
All other program-related investments. See page 24 of the instructions	-
3 NONE	
J	
Takel Add Imag 4 through 2	-
Total. Add lines 1 through 3	

Form **990-PF** (2010)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundation	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	103,649.
þ	Average of monthly cash balances	1 b	21,955.
С		1c	0.
d	Total (add lines 1a, b, and c)	1d	125,604.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	125,604.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	1,884.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	123,720.
6	Minimum investment return. Enter 5% of line 5	6	6,186.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ and do not complete this page 25.		***
1	Minimum investment return from Part X, line 6	1	6,186.
2 a	Tax on investment income for 2010 from Part VI, line 5 2a 40.		
b	Income tax for 2010 (This does not include the tax from Part VI) 2b	1 1	
С		2c	40.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	6,146.
4	Recoveries of amounts treated as qualifying distributions	4	<del></del>
5	Add lines 3 and 4	5	6,146.
6	Deduction from distributable amount (see page 25 of the instructions)	6	<del></del>
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	6,146.
		1 - 1	
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	7,100.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а		3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	7,100.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		· · · · · · · · · · · · · · · · · · ·
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted available distributions. Cubtreet has E from him 4	6	7,100.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years	iodiating will	the loundation

Form 990-PF (2010)

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				6,146.
2	Undistributed income, if any, as of the end of 2010				
а	Enter amount for 2009 only				
b	Enter amount for 2009 only		0.		
3	Excess distributions carryover, if any, to 2010				
а	From 2005				
þ	From 2006				
С	From 2007 3, 922.				
d	From 2008				
	From 2009	10 704			
f	Total of lines 3a through e	19,794.			
4	Qualifying distributions for 2010 from Part XII,				
	line 4 ▶ \$				
а	Applied to 2009, but not more than line 2a	<del></del>	<del>   </del> -		<del></del>
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
C	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				6,146.
	Applied to 2010 distributable amount	954.			0/1101
е 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2010				
Ū	(If an amount appears in column (d), the same				
	amount must be shown in column (a) )				
6	Enter the net total of each column as indicated below:				
а		20,748.			
	Prior years' undistributed income Subtract	· · · · ·			
	line 4b from line 2b		0.		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions		0.		
е	Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions				<del></del>
f	Undistributed income for 2010 Subtract lines		1		
	4d and 5 from line 1. This amount must be				0.
7	distributed in 2011  Amounts treated as distributions out of corpus			·	<u> </u>
'	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)		<del> </del>		<del></del>
-	applied on line 5 or line 7 (see page 27 of the	1			
Δ	instructions)				
9	Subtract lines 7 and 8 from line 6a	20,748.			
10					
a					
b	3 022	1			
C	Excess from 2008 5,889.	1			
d	Excess from 2009 9, 983.	1			
_е	Excess from 2010 954 .	<u></u>			

Pa	rt XIV Private Oper	rating Foundations (	see page 27 of the	instructions and Pai	t VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has				iting	
	foundation, and the ruling	g is effective for 2010, e	nter the date of the ruling		. ▶	
b	Check box to indicate wh	ether the foundation is a	private operating found	ation described in section	4942()	)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) rotar
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					
c	Qualifying distributions from Part					
_	XII, line 4 for each year listed .					
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					,
е	Qualifying distributions made					-
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
а	alternative test relied upon "Assets" alternative test - enter					
_	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					ł
	line 6 for each year listed					·
С	"Support" alternative test - enter				3-03	
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),					
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization	*******				
	(4) Gross investment income	L				<u> </u>
Pa	rt XV Supplement	ary Information (C	omplete this part	only if the founda	ation had \$5,000	or more in assets
_		during the year - se		structions.)		
1	Information Regarding			- 4b 00/ -6 4b 1-1-		
a	List any managers of before the close of any	the foundation who r tax vear (but only if th	iave contributed more	e than 2% of the tota nore than \$5 000) (Se	i contributions receiv	ed by the foundation
	LAURA BERIO		,	(	70 00011011 001 (0)(2) /	
	<del></del>		2007 1007 22 22 22	: 4b41		
D	List any managers of ownership of a partner	rship or other entity) of	which the foundation	the stock of a corpo	ration (or an equally	large portion of the
	o moromp or a partner	omp or other ontry, or	without the roundation	i ilas a 1070 oi greater	merest	
	N/A					
2	Information Regarding	g Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:		
	Check here ► X If t	he foundation only r	nakes contributions	to preselected charit	able organizations a	nd does not accept
	unsolicited requests f	or funds. If the found	dation makes gifts, g	rants, etc (see page	28 of the instruction	ns) to individuals or
	organizations under ot	her conditions, comple	ete items 2a, b, c, and	d		•
а	The name, address, a	nd telephone number	of the person to whom	n applications should be	e addressed	
b	The form in which app	lications should be sul	omitted and information	on and materials they	should include	
С	Any submission deadli	nes		· · · · · · · · · · · · · · · · · · ·	<del></del>	
	-					
				<u></u>		
d	Any restrictions or li	mitations on awards,	such as by geogra	aphical areas, charita	ole fields, kinds of	institutions, or other
	factors					

Form 990-PF (2010)			26-0140987	Page 11
Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Duri	ng the Year or App		uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
AMMA CUMENT O				
ATTACHMENT 9	ļ		[	
	]			
	}			
		1		
Total	-l			7,100.
<b>b</b> Approved for future payment				
1,,				
			Í	
		}	1	
			1	
			1	
Tatal	ļ <u>.</u>			<del> </del>
Total			<u> ▶</u> 3b	1

r gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exemp
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of
Program service revenue	Dadinedo dode	711100111	Exclusion code	7.IIIOUIIL	the instructions
					<del></del>
·					
		-			
Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash investments			14	11.	
Dividends and interest from securities			14	1,711.	
let rental income or (loss) from real estate					
Debt-financed property					
Not debt-financed property					
let rental income or (loss) from personal property .					
Other investment income	1		10	300	
Gain or (loss) from sales of assets other than inventory			18	302.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory	<u> </u>				
Other revenue a			-		
				2.024.	
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions on page 29 rt XVI-B Relationship of Activities	to verify calc	ulations) ccomplishment of E	xempt Purp	oses	2,(
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions on page 29  rt XVI-B Relationship of Activities  ne No. Explain below how each activity accomplishment of the foundations.	to verify calc s to the Ac ty for whic	ulations) complishment of I	Exempt Purp	ooses e) of Part XVI-A contribu	2, (
Subtotal Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions on page 29  rt XVI-B Relationship of Activities  ne No. Explain below how each activities	to verify calc s to the Ac ty for whic	ulations) complishment of I	Exempt Purp	ooses e) of Part XVI-A contribu	2, 0
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01111	,,,,,,	2010)							3
Par	t XVII	Information Exempt Orga		Transfers To and	Transactio	ns and Relations	ships With N	Ionchai	itable -
1		tion 501(c) of the C		engage in any of the n section 501(c)(3) orga	_	•		Ye	s No_
а				oncharitable exempt organi					1,,
								1a(1)	X
								1a(2)	<u> </u>
b		transactions	h					45/4)	x
				organization				1 1	$\frac{x}{x}$
				exempt organization ets					<u> </u>
								1 }	X
								1b(5)	X
				r fundraising solicitations .				1b(6)	X
C				other assets, or paid employ				F 1	X
d	If the	answer to any of	the above is	"Yes," complete the fol	lowing sched	ule Column (b) show	uld always show	the fair	market
	value	of the goods, other	assets, or ser	vices given by the rep	orting founda	tion If the foundation	n received less	than fair	market
				ngement, show in colun					
(a) L	ne no	(b) Amount involved	(c) Name of	noncharitable exempt organiz		) Description of transfers, t	ransactions, and shar	ing arranger	nents
		N/A			N	/A			
			<del> </del>						
		<del></del>							<del></del>
		· · · · · · · · · · · · · · · · · · ·				<del></del>			
				<u> </u>					
						<del></del>			_
			<u> </u>						
2 a				affiliated with, or relate			organizations	——————————————————————————————————————	
		` '	•	than section 501(c)(3)) or	in section 527	?	l	Yes [	X No
b	If "Yes	s," complete the following		(b) T					
-		(a) Name of organization	OCT	(b) Type of orga	nization	(c) D	escription of relations	inip	
							<del></del>		
							<del></del>		
	_								
	Und	ler penalties of perjury, I o	leciare that I have	examined this return, includi	ng iyin	g schedules and statemen	ts, and to the best of	of my know	edge and
Sigi	1 bein	ef, it is true, correct, and co	mplete Declaration	of preparer (other than taxpa	yer Ziary) i	s based on all information of			
Her	e 📐	Y MUX/IL	A	Slereky	1 5	9/11	erekn		
		Signature of officer or trusti	ee	, 1	Toaye	Title	1		
		Print/Type preparer's	s name	Preparer's signature	1/	Date / /		PTIN	<del>-</del>
Paid	4	1/1000	 	In an and	Y _a	e/4/11	Checkıf		
		1001000	MAN MAN	XX alov /	un-		self-employed		827
	parer	Firms fiame		ARMAN CPA, INC.		Fin	m's EIN ▶ 34-2	052534	
use	Only	Firm's address P	.O. BOX 14	.77					

WILLOUGHBY, OH

Form 990-PF (2010)

Phone no 440-944-2327

44096

# Schedule B (Form 990, 990-EZ, or 990-PF)

## **Schedule of Contributors**

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Name of the organization		Employer identification number						
THE LAURA G. BERICK	FOUNDATION							
DANIEL G BERICK, TRUSTEE 26-0140987								
Organization type (check one)								
Filers of:	Section:							
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation						
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private found	ation						
	501(c)(3) taxable private foundation							
· ·	overed by the General Rule or a Special Rule.							
<b>Note.</b> Only a section 501(c)(7), instructions	(8), or (10) organization can check boxes for both the General Rule and a	Special Rule See						
General Rule								
	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 ne contributor. Complete Parts I and II	or more (in money or						
Special Rules								
sections 509(a)(1) ar	3) organization filing Form 990 or 990-EZ that met the 331/3% support to 170(b)(1)(A)(vi), and received from any one contributor, during the year or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990.	ar, a contribution of the						
the year, aggregate	7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitas, or the prevention of cruelty to children or animals. Complete Parts I, II, a	ble, scientific, literary, or						
the year, contribution aggregate to more the year for an exclusively applies to this organic	7), (8), or (10) organization filing Form 990 or 990-EZ that received from its for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contain \$1,000. If this box is checked, enter here the total contributions that by religious, charitable, etc., purpose. Do not complete any of the parts unligiation because it received nonexclusively religious, charitable, etc., contains the contains that the contains the contains that the contains the c	ontributions did not were received during the less the <b>General Rule</b> ributions of \$5,000 or more						
Caution. An organization that is	s not covered by the General Rule and/or the Special Rules does not file	Schedule B (Form 990.						
990-EZ, or 990-PF), but it must	answer "No" on Part IV, line 2 of its Form 990, or check the box on line ertify that it does not meet the filing requirements of Schedule B (Form 99	H of its Form 990-EZ, or on						
For Paperwork Reduction Act Notice,	see the Instructions for Form 990, 990-EZ, or 990-PF. Schedul	B (Form 990, 990-EZ, or 990-PF) (2010)						

Name of organization	THE	LAU	JRA	G.	BERI	CK	FOUNDATION
	DANI	EL	G	BERI	CK.	TRU	STEE

Employer identification number 26-0140987

Part I Co	ontributors (	(see	instructions)	į
-----------	---------------	------	---------------	---

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1_	LAURA G. BERICK  2188 COVENTRY ROAD  CLEVELAND HTS., OH 44118	\$20,792.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c) Aggregate contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Page of of Part II

Name of organization THE LAURA G. BERICK FOUNDATION DANIEL G BERICK, TRUSTEE

Page of of of Control 
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	65 SHARES APPLE INC COMMON STOCK		
		\$	12/10/2010
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

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PAGE 17

THE LAURA G. BERICK FOUNDATION 26-014
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME									
Kind of F				ription	<b>-</b>	0 D	Date acquired	Date sold	
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)		
2,131.	:	CHEVRON COR 2,125.	P, 30 SHARE	S			06/15/2009 6.	02/25/2010	
2,939.		AVON PRODUC	TS, 100 SH	ARES			09/16/2010 -180.	11/15/2010	
2,535.		TEVA PHARMA 2,636.	CEUTICAL, 5	00 SHARES			11/30/2009 -101.	11/15/2010	
3,418.		CHARLES SCH	WAB, 250 SE	IARES			06/15/2009 -1,059.	09/16/2010	
4,629.		ST JUDE MED 4,933.	ICAL, 125 S	SHARES			11/20/2007 -304.	09/16/2010	
7,165.		ORACLE CORP 5,225.	, 250 SHARI	ES			11/20/2007	10/26/2010	
TOTAL GAIN(I	oss)						302.		

ATTACHMENT 1

INVESTMENTS	
CASH	
T ON TEMPORARY CASH I	
NO	
INTEREST	
1	
PART I	
990PF,	
FORM 9	

REVENUE AND EXPENSES INVESTMENT PER BOOKS	11.	11.
		TOTAL
DESCRIPTION	BNY MELLON	

SECURITIES
FROM
INTEREST
AND
DIVIDENDS
ı
PART I
990PF,
FORM

NET INVESTMENT	INCOME	1,711.
REVENUE AND EXPENSES	PER BOOKS	1,711.
	DESCRIPTION	MELLON
	DESCR	BNY M

TOTAL

DACF 10

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THE LAURA G. BERICK FOUNDATION

~	)
TUTMHUATTA	1 (1) (1) (1)

- LEGAL FEES PART I FORM 990PF,

PER BOOKS EXPENSES REVENUE AND

DESCRIPTION

LEGAL FEES

INVESTMENT NET

ADJUSTED NET INCOME

CHARITABLE PURPOSES

TOTALS

423.

423.

0

ATTACHMENT 3

ALVA SERATE

ATTACHMENT 4

	CHARITABLE		
	ADJUSTED NET INCOME		
	NET INVESTMENT INCOME		
	REVENUE AND EXPENSES PER BOOKS	810.	
FORM 990PF, PART I - ACCOUNTING FEES	NO	RATION	1
FORM 990PI	DESCRIPTION	TAX PREPARATION	

810.

TOTALS

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

PER BOOKS

OHIO REGISTRATION FEES

50.

TOTALS

50.

THE LAURA G. BERICK FOUNDATION

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

BNY MELLON

ENDING BOOK VALUE

ENDING

101,480.

101,480.

146,157. 146,157.

TOTALS

בטעם

9

ATTACHMENT

ALVA DLVADA

#### FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

ADJUSTMENT FOR DIFFERENCE BETWEEN FAIR MARKET VALUE OF SHARES DONATED IN 2008 & 2010 IN EXCESS OF DONOR'S STOCK BASIS. DONATION IS RECORDED AT FAIR MARKET VALUE AS REQUIRED BY FINANCIAL ACCTG BOARD FAS 117.

18,161.

TOTAL

18,161.

IMENT 8	EXPENSE ACCT AND OTHER ALLOWANCES	·	°	.0	Ö	0	0
ATTACHMENT	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	.0	Ö	ò	. 0	.0
	COMPENSATION	0	.0	0	.0	.0	0
OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 0.00	SECRETARY TREASURER 0.00	VICE PRESIDENT 0.00	VICE PRESIDENT 0.00	VICE PRESIDENT 0.00	GRAND TOTALS
FORM 990PF, PART VIII - LIST		LAURA G BERICK 4900 KEY TOWER 127 PUBLIC SQUARE CLEVELAND, OH 44114-1304	DANIEL G BERICK 4900 KEY TOWER 127 PUBLIC SQUARE CLEVELAND, OH 44114-1304	JOSHUA G BERICK 4900 KEY TOWER 127 PUBLIC SQUARE CLEVELAND, OH 44114-1304	ROBERT G BERICK 4900 KEY TOWER 127 PUBLIC SQUARE CLEVELAND, OH 44114-1304	MICHAEL G BERICK 4900 KEY TOWER 127 PUBLIC SQUARE CLEVELAND, OH 44114-1304	

RECIPIENT NAME AND ADDRESS  CLEVELAND CLINIC ANAESTHESIOLOGY FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195  PROJECT ALS FOUNDATION 1275 K STREET NW WASHINGTON, DC 20005  LAWYERS ALLIANCE FOR NEW YORK 171 MADISON AVENUE NEW YORK, NY 10016

TOTAL CONTRIBUTIONS PAID

7,100.

ATTACHMENT 9

### SCHEDULE D (Form 1041)

**Capital Gains and Losses** 

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

THE LAURA G. BERICK FOUNDATION

Employer identification number 26-0140987

DANIEL G BERICK, TRUSTEE

art I Short-Term Capital Gains and Lo			ai VI LC33	T.,,	Τ	(f) Gain or (loss) for
(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other (see instruction		the entire year Subtract (e) from (d)
a		ļ				
			·····			<del></del>
						<del></del>
	,			1		***
Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b			1b	-275
Short-term capital gain or (loss) from Fori	ms 4684, 6252,	6781, and 882	4		2	
Net short-term gain or (loss) from partner Short-term capital loss carryover Enter the					3	
Carryover Worksheet			·		4	(
Net short-term gain or (loss). Combine lir	nes 1a through 4	in column (f)	Enter here and on lir	ne 13,	5	-275
column (3) on the back	es - Assets Held	More Than Or	e Year			
(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
a						0.000,000,000,000,000
	<del> </del>			-		
		<u> </u>				
		<u> </u>	L			
b Enter the long-term gain or (loss), if any,	from Schedule D	-1, line 6b			6b	57
Long-term capital gain or (loss) from For	ms 2439, 4684,	6252, 6781, ai	nd 8824		7	
Net long-term gain or (loss) from partners	snips, S corpora	lions, and otner	estates or trusts		8	
Capital gain distributions					9_	
Gain from Form 4797, Part I					10	
Long-term capital loss carryover Enter the	ne amount, if any	y, from line 14	of the 2009 Capital Lo	oss		,
Carryover Worksheet		1 in onlym = (4)	Enter here and an !		11	(
Net long-term gain or (loss). Combine lin column (3) on the back					12	57
r Paperwork Reduction Act Notice, see the Inst	ructions for Form	1041.		S	hedu	le D (Form 1041) 2

chedule D (Form 1041) 2010				Page 2
Part III Summary of Parts I and II Caution: Read the instructions before completing this p	art	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
3 Net short-term gain or (loss)	13			-275.
4 Net long-term gain or (loss):				
	14a			577.
b Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			
c 28% rate gain				
5 Total net gain or (loss). Combine lines 13 and 14a ▶				302.
lote: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form	n 990	-T, Part I, line 4a) If line	s 14a and 15, column	(2), are net gains, go
Part V, and <b>do not</b> complete Part IV If line 15, column (3), is a net loss, complete Pa	irt IV a	and the Capital Loss Can	ryover Worksheet, as	necessary
Part IV Capital Loss Limitation				
6 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa				,
a The loss on line 15, column (3) or b \$3,000	i in		ne 34) is a loss com	nlete the Canital Loss
Arryover Worksheet on page 7 of the instructions to figure your capital loss carryover	1, 1111	e 22 (0/ / 0//// 990-1, ///		picte the capital 2000
Part V Tax Computation Using Maximum Capital Gains Rates	3			
Form 1041 filers. Complete this part only if both lines 14a and 15 in colur	mn (2	) are gains, or an am	nount is entered in	Part I or Part II and
here is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more				
Caution: Skip this part and complete the worksheet on page 8 of the instruc	tions	ıf		
Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
Form 990-T trusts. Complete this part only if both lines 14a and 15 are	. aar	os or qualified divide	ands are included	in income in Part I
of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this par				
ether line 14b, col (2) or line 14c, col (2) is more than zero		oomprote the morning	onion on page of	
17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34	4)	17		<del>-</del>
8 Enter the smaller of line 14a or 15 in column (2)	· .	• • • • • • • • • • • • • • • • • • • •		
but not less than zero				
from Form 1041, line 2b(2) (or enter the qualified				
dividends included in income in Part I of Form 990-T) 19				
20 Add lines 18 and 19				
21 If the estate or trust is filing Form 4952, enter the				
amount from line 4g, otherwise, enter -0 > 21				
22 Subtract line 21 from line 20 If zero or less, enter -0	-	22		
23 Subtract line 22 from line 17 If zero or less, enter -0-		23		
Oubtract line 22 from line 17 in 2010 of 1000, officer 0				
24 Enter the smaller of the amount on line 17 or \$2,300		24		
25 Is the amount on line 23 equal to or more than the amount on line 24				
Yes. Skip lines 25 and 26, go to line 27 and check the "No" box				
No. Enter the amount from line 23		25		
Subtract line 25 from line 24		• • • • • • • • • • • • • • • • • • • •		
27 Are the amounts on lines 22 and 26 the same?	• • •			
Yes. Skip lines 27 thru 30 go to line 31 No. Enter the smaller of line 17 or lin	ne 22	27		
Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
Subtract line 28 from line 27		29		
30 Multiply line 29 by 15% (15)			30	
31 Figure the tax on the amount on line 23 Use the 2010 Tax Rate			nd Trusts	
(see the Schedule Ginstructions in the instructions for Form 1041)				
•				
<b>32</b> Add lines 30 and 31			32	
33 Figure the tax on the amount on line 17 Use the 2010 Tax Rate	e Scl	nedule for Estates a		
(see the Schedule Ginstructions in the instructions for Form 1041)				
34 Tax on all taxable income. Enter the smaller of line 32 or line 33 l				
G line 13 (or Form 990-T line 36)			34	

#### **SCHEDULE D-1** (Form 1041)

# Continuation Sheet for Schedule D (Form 1041) ► See instructions for Schedule D (Form 1041).

OMB No 1545-0092

2010

Department of the Treasury Internal Revenue Service

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

Name of estate or trust

THE LAURA G. BERICK FOUNDATION

Employer identification number 26-0140987

THE LAURA G. BERICK FOUNDA				26 <b>-</b> 0140987				
Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less								
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)			
CHEVRON CORP, 30 SHARES	06/15/2009	02/25/2010	2,131.	2,125.	6.			
AVON PRODUCTS, 100 SHARES	09/16/2010	11/15/2010	2,939.	3,119.	-180.			
TEVA PHARMACEUTICAL, 50	11 /20 /0000	11/15/2010	2 525	2 626	1.01			
SHARES	11/30/2009	11/15/2010	2,535.	2,636.	-101.			
	i				<del></del>			
	1							
·								
	1	1	<del></del>	<u> </u>				

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2010

JSA 0F1221 1 000 85847S 747Y

-275.

Employer identification number Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (see page 4 of the instructions) (d) Sales price (see page 4 of the instructions) (b) Date (f) Gain or (loss) Subtract (e) from (d) (a) Description of property (Example 100 sh 7% preferred of "Z" Co ) (c) Date sold acquired (mo day, yr) (mo , day, yr ) 6a 3,418. -1,059. 09/16/2010 4,477. CHARLES SCHWAB, 250 SHARES 06/15/2009 ST JUDE MEDICAL, 125 -304. 4,629. 4,933. SHARES 11/20/2007 09/16/2010 10/26/2010 7,165. 5,225 1,940. ORACLE CORP, 250 SHARES 11/20/2007

JSA 0F1222 1 000 Schedule D-1 (Form 1041) 2010

6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b . .

577.