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Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust **Treated as a Private Foundation**

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011

-0	Ca	endar year 2011 or tax year beginning	, aı	na enaing	
Na	me o	foundation			A Employer identification number
LE	ON/	ARD & IRENE BEREKSON PRIVATE FOUNDATION	N		88-0452030
Nu	mber	and street (or P O box number if mail is not delivered to street add	dress)	Room/suite	B Telephone number (see instructions)
		QUAIL RIDGE			(509) 332-6675
		own, state, and ZIP code			C If exemption application is pending, check here ▶
PU	LLN	1AN	WA	99163	
G	Che	eck all that apply: 🔲 Initial return 🔃 Initia	al return of a former p	oublic charity	D 1. Foreign organizations, check here
		☐ Fınal return ☐ Ame	ended return		Foreign organizations meeting the 85% test.
		Address change Nam	ne change		check here and attach computation
Н	Che	eck type of organization X Section 501(c)(3) exe	mpt private foundation	on	
		ction 4947(a)(1) nonexempt charitable trust \(\subseteq \)			■ If private foundation status was terminated under section 507(b)(1)(A), check here
干		r market value of all assets at end J Accounting r	· ·		
•		rear (from Part II, col. (c),		I Accidai	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ►
		16) ▶\$ 1,164,607 (Part I, column (c		is)	The second of th
Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and		(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net investm	
		the amounts in column (a) (see instructions))	books	income	income purposes (cash basis only)
9	₃ 1	Contributions, gifts, grants, etc , received (attach schedule)	·	Ŋ.	**3 * * * * * * * * * * * * * * * * * *
2 @0	∋ 2	Check ▶ if the foundation is not required to attach Sch B	}- is \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	*	
25	ຶ 3	Interest on savings and temporary cash investments	0		0
Garan GC:	4	Dividends and interest from securities	34,800	34	1,800
	5	a Gross rents			0
d II		b Net rental income or (loss)0	. 4	i di m	Some and the second second
ηų	6	Net gain or (loss) from sale of assets not on line 10	-22,586	· b »s	and the second s
SCANIREY BUNK 1G		b Gross sales price for all assets on line 6a 60,736			
8	7	Capital gain net income (from Part IV, line 2)		1	0
Z	8	Net short-term capital gain	, , , , , , , , , , , , , , , , , , ,	<u>*</u>	0 * * /
W.	9	Income modifications	, Σ <u>(</u> ξ	· 2r 、 又 ==	AUS 1 3 2012 15 1 1 1
Š	10	a Gross sales less returns and allowances 0	``* ·* .		* **
		b Less Cost of goods sold 0		<u> </u>	and the second s
		C Gross profit or (loss) (attach schedule)	0	<u> </u>	
	11 12	Other income (attach schedule)	344		344 344
_		Total. Add lines 1 through 11	12,558	35	5,144 344 🐠 🦠 💰 🙈 🦠
es	13	Compensation of officers, directors, trustees, etc	0		
penses	14 15	Other employee salaries and wages	···		
be		Pension plans, employee benefits	500		500
Ex		a Legal fees (attach schedule) b Accounting fees (attach schedule)	500	·	500 500 500
ve		c Other professional fees (attach schedule)	0		0 0 0
and Administrative	17	Interest			0 0 0
str	18	Taxes (attach schedule) (see instructions)	920		920 920 920
ij	19	Depreciation (attach schedule) and depletion	0		920 920 920 0 0
툂	20	Occupancy	<u>_</u>		,
Ă	21	Travel, conferences, and meetings			
Б	22	Printing and publications			
a	23	Other expenses (attach schedule)	0		0 0 0
Operating	24	Total operating and administrative expenses.		<u>. </u>	<u> </u>
rat		Add lines 13 through 23	1,420	1	1,420 1,420 1,420
<u>a</u>	25	Contributions, gifts, grants paid	90,000		90,000
0	26	Total expenses and disbursements. Add lines 24 and 25	91,420	1	1,420 1,420 91,420
\neg	27	Subtract line 26 from line 12			7,.20 91,420
		a Excess of revenue over expenses and disbursements	-78,862		
		b Net investment income (if negative, enter -0-)		33	3,724
		c Adjusted net income (if negative, enter -0-)			0

X

For Paperwork Reduction Act Notice, see instructions.

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End e	of year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			-
	2	Savings and temporary cash investments			
	3	Accounts receivable 0	3	,	
		Less allowance for doubtful accounts	0	0	0
	4	Pledges receivable 0		· · · · · · ·	-e * ** · *
		Less allowance for doubtful accounts	0	0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	0	0	_
	7	Other notes and loans receivable (attach schedule)		0	
	′		0		
	8	Inventories for sale or use	0	0	0
Assets			· · · · · · · · · · · · · · · · · · ·		
SS	9	Prepaid expenses and deferred charges			
Ø	1 .	Investments—U S and state government obligations (attach schedule)	0	0	0
		O Investments—corporate stock (attach schedule)	1,188,641	1,164,607	1,164,607
		Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis	* * * `	* * * * * * *	
		Less accumulated depreciation (attach schedule)	0	0	0
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment basis ▶0	* * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·	? 4
		Less accumulated depreciation (attach schedule) ▶0	0	0	0
	15	Other assets (describe ▶)	0	0	0
	16	Total assets (to be completed by all filers—see the	· - ·		
	l	instructions. Also, see page 1, item I)	1,188,641	1,164,607	1,164,607
	17	Accounts payable and accrued expenses			· *** * **
w	18	Grants payable			a atomic
Liabilities	19	Deferred revenue	.,		
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
iat	21	Mortgages and other notes payable (attach schedule)	0	0	, * * * * *
_	22	Other liabilities (describe ▶)	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	\$4
		Foundations that follow SFAS 117, check here			. ~
es		and complete lines 24 through 26 and lines 30 and 31.			. *, **
2	24	Unrestricted .			* * *
alances	25	Temporarily restricted			
	26	_ ` `	·		v
П	20	Permanently restricted Foundations that do not follow SFAS 117, check here ▶ □			%A 4.9 1
표		and complete lines 27 through 31.			
Net Assets or Fund B	27	Capital stock, trust principal, or current funds	۵	2	
S		l l	0	0	
set	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Ş	29	Retained earnings, accumulated income, endowment, or other funds			
7	30	Total net assets or fund balances (see instructions)	0	0	
ž	31	Total liabilities and net assets/fund balances (see instructions)			
Da	-3111		0	0	
	rt III	Analysis of Changes in Net Assets or Fund Balances net assets or fund balances at beginning of year—Part II, column (a), line	30 (much mars =		
•		f-year figure reported on prior year's return)	SO (must agree with		_
2					0
		amount from Part I, line 27a		2	-78,862
		increases not included in line 2 (itemize)		3	0
		nes 1, 2, and 3		4	78,862
		ases not included in line 2 (itemize)		5	0
ь	ı otal ı	net assets or fund balances at end of year (line 4 minus line 5)—Part II, co	olumn (b), line 30	6	-78,862

(a) List and describe the	ne kind(s) of property sold (e.g., real est	ate,	(b) How acquired P—Purchase	1 ''	Date acquired	(d) Date sold
	use, or common stock, 200 shs MLC C	o) — ————	D—Donation	(п	io , day, yr)	(mo , day, yr)
1a VARIOUS			P	<u> </u>	1/6/2006	11/17/2011
<u>b</u>				 		
<u>c</u> d				┼		
				╁		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		est or other basis expense of sale		(h) Gain o (e) plus (f) n	• •
a 3,270	0		14,408	3		-11,138
b	0					0
С (0		()		0
_d				<u>}</u>		0
e (0			<u> </u>		0
Complete only for assets sno	wing gain in column (h) and owner			-	(I) Gains (Col (I	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col (i) r col (j), if any	1	col (k), but not le Losses (fron	•
a (200300 (11011	11,138
b (11,138
c (0
d (0			1		0
e (0		(0
2 Capital gain net income o	r/net canital inee) (~		Part I, line 7 }	2		-11,138
3 Net short-term capital gair	n or (loss) as defined in section					
If gain, also enter in Part I	, line 8, column (c) (see instru	ctions) If (lo	ss), enter -0-			
ın Part I, line 8 .	_ 		J	3	· 	0
Part V Qualification Un	der Section 4940(e) for Re	educed Ta	<u>x on Net Investn</u>	nent In	come	
If "Yes," the foundation does	the section 4942 tax on the dis not qualify under section 4940	(e) Do not o	complete this part			Yes No
1 Enter the appropriate an	nount in each column for each	year, see tr	e instructions beloi	e maki	ng any entries.	(d)
Base period years	(b) Adjusted qualifying distribution	ne Netva	(c) lue of nonchantable-use	accate		ution ratio
Calendar year (or tax year beginning	<u>"", </u>				(col (b) div	ded by col (c))
2010		5,461		0		0 000000
2009		0,832 0,500	 	<u>0</u>		0 000000 0 000000
2007		3,300				0 000000
2006						000000
2 Total of line 1, column (d)				L	2	0000000
	for the 5-year base period—di- oundation has been in existence			by	3	0.000000
4 Enter the net value of non	charitable-use assets for 2011	from Part >	(, line 5 .		4	0
5 Multiply line 4 by line 3				. [5	0
6 Enter 1% of net investmen	nt income (1% of Part I, line 27	'b) .			6	0
7 Add lines 5 and 6 .				. [7	0
	ons from Part XII, line 4		. ,		8	0
If line 8 is equal to or greathe Part VI instructions	ater than line 7, check the box	n Part VI, li	ne 1b, and complet	e that p	eart using a 1%	tax rate See

P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	-see	<u>instru</u>	ction	s)	
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 letter if necessary—see instructions)			> .	` .	
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			674	
	here and enter 1% of Part I, line 27b			ş.d		
	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%					
2	of Part I, line 12, col (b)					
2	, , , , , , , , , , , , , , , , , , , ,	2			0	
4		<u>3</u>			674	
5	(-)(-)	5			674	
6		<u> </u>			0/4	`.
_	a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 835	·	∕ اس			,
	b Exempt foreign organizations—tax withheld at source 6b					
	c Tax paid with application for extension of time to file (Form 8868) 6c 0		. 4			
	d Backup withholding erroneously withheld 6d	*		,	•	
7	Total credits and payments Add lines 6a through 6d	7			835	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			0	
9		9			0	
10	The state of the s	10			161	
11	101	11			0	
P	art VII-A Statements Regarding Activities					
1	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			,	Yes	No
	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)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			`.×,4	3 .	.4
	published or distributed by the foundation in connection with the activities					
	c Did the foundation file Form 1120-POL for this year?			1c		<u> </u>
	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 ▶ \$				*	
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			- 5%.	1.0	, 1
	on foundation managers > \$			υ <i>Φ</i> Δ ₁ .	<i>"</i> "	*
2				2		X
	If "Yes," attach a detailed description of the activities			<u>zz</u>	N. 4	
3	•			3"	1 4	
	of 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?			4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?			4b	N/A	
5	,			_5		Χ
_	If "Yes," attach the statement required by General Instruction T				5]
6	the second of th			• ,	. 1	Ì
	By language in the governing instrument, or			,	. , .	,
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 			انتيا	·	
7	- · · · · · · · · · · · · · · · · · · ·			6		<u>X</u>
	a Enter the states to which the foundation reports or with which it is registered (see instructions)	na Pa	iπχν	7	X	
Ŭ	WA					
	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney					
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	<u>-</u>
9					- ^ 	
	or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? 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		<u> </u>

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

N/A 3b

4a

4b

Form 990-PF (2011) LEONARD & IRENE BEREK				88-0452030	Page 6
Part VII-B Statements Regarding Activities 5a During the year did the foundation pay or incur any		1 4/20 May Be R	equirea (continuea)		
(1) Carry on propaganda, or otherwise attempt t		section 4945(e)\2	Yes	X No	
(2) Influence the outcome of any specific public				۱ ا	
on, directly or indirectly, any voter registratio		000), 01 to 0011	Yes	X No	
(3) Provide a grant to an individual for travel, stu		nacae?	= =	X No * *	
(4) Provide a grant to an organization other than	•	•"			, *
in section 509(a)(1), (2), or (3), or section 49			Yes	X No	
(5) Provide for any purpose other than religious educational purposes, or for the prevention of			Yes	X No	* * *
b If any answer is "Yes" to 5a(1)-(5), did any of the					· 4
Regulations section 53 4945 or in a current notice	•	•		5b	N/A
Organizations relying on a current notice regarding		•	, ▶[
c If the answer is "Yes" to question 5a(4), does the	=		_	- ' ⋅ ∗	
tax because it maintained expenditure responsibili	ty for the grant?		· · Yes	No No	
If "Yes," attach the statement required by Regulat	ions section 53 4945–5	(d)			.
6a Did the foundation, during the year, receive any fu	inds, directly or indirectl	y, to pay		_ ~	¢ ,
premiums on a personal benefit contract?				X No 🕝	
b Did the foundation, during the year, pay premiums if "Yes" to 6b, file Form 8870	s, directly or indirectly, o	n a personal benefit	contract?	6b	
7a At any time during the tax year, was the foundation	n a party to a prohibited	tax shelter transaction	on? Yes	X No	· ",
b If "Yes," did the foundation receive any proceeds				7b	
Part VIII Information About Officers	, Directors, Truste	es Foundation	Managara Highly De		
	•	co, i candadon	wanagers, nigiliy Pa	aid Employe	es,
and Contractors					es,
and Contractors 1 List all officers, directors, trustees, found	lation managers and	d their compensa	tion (see instructions).		
	(b) Title, and average hours per week	d their compensation (c) Compensation (If not paid, enter	tion (see instructions). (d) Contributions to employee benefit plans	(e) Expens	e account,
List all officers, directors, trustees, found (a) Name and address	lation managers and (b) Title, and average hours per week devoted to position	d their compensation	tion (see instructions).	(e) Expens	e account,
List all officers, directors, trustees, found (a) Name and address MICHAEL MCNAMARA	(b) Title, and average hours per week devoted to position PRES/DIR	d their compensation (c) Compensation (If not paid, enter -0-)	tion (see instructions). (d) Contributions to employee benefit plans and deferred compensation	(e) Expenso	e account, owances
1 List all officers, directors, trustees, found (a) Name and address MICHAEL MCNAMARA 570 SE QUAIL RIDGE PULLMAN WA 99163	lation managers and (b) Title, and average hours per week devoted to position	d their compensation (c) Compensation (If not paid, enter	tion (see instructions). (d) Contributions to employee benefit plans and deferred compensation	(e) Expens	e account,
1 List all officers, directors, trustees, found (a) Name and address MICHAEL MCNAMARA 570 SE QUAIL RIDGE PULLMAN WA 99163 BEVERLY J FRICKEL	(b) Title, and average hours per week devoted to position PRES/DIR 1.00	d their compensation (c) Compensation (If not paid, enter -0-)	tion (see instructions). (d) Contributions to employee benefit plans and deferred compensation	(e) Expenso	e account, owances
1 List all officers, directors, trustees, found (a) Name and address MICHAEL MCNAMARA 570 SE QUAIL RIDGE PULLMAN WA 99163 BEVERLY J FRICKEL	(b) Title, and average hours per week devoted to position PRES/DIR 1.00 SECRETARY .00	d their compensation (If not paid, enter -0-)	tion (see instructions). (d) Contributions to employee benefit plans and deferred compensation	(e) Expensother allo	e account, owances
1 List all officers, directors, trustees, found (a) Name and address MICHAEL MCNAMARA 570 SE QUAIL RIDGE PULLMAN WA 99163 BEVERLY J FRICKEL	(b) Title, and average hours per week devoted to position PRES/DIR 1.00 SECRETARY	d their compensation (c) Compensation (If not paid, enter -0-)	tion (see instructions). (d) Contributions to employee benefit plans and deferred compensation	(e) Expensiother alice	e account, owances
1 List all officers, directors, trustees, found (a) Name and address MICHAEL MCNAMARA 570 SE QUAIL RIDGE PULLMAN WA 99163 BEVERLY J FRICKEL	(b) Title, and average hours per week devoted to position PRES/DIR 1.00 SECRETARY .00	d their compensation (If not paid, enter -0-) 0	tion (see instructions). (d) Contributions to employee benefit plans and deferred compensation	(e) Expensother allo	e account, wances
1 List all officers, directors, trustees, found (a) Name and address MICHAEL MCNAMARA 570 SE QUAIL RIDGE PULLMAN WA 99163 BEVERLY J FRICKEL P.O BOX 2644 KEARNEY NE 68848 2 Compensation of five highest-paid emplo	lation managers and (b) Title, and average hours per week devoted to position PRES/DIR 1.00 SECRETARY .00	d their compensation (If not paid, enter -0-) 0	tion (see instructions). (d) Contributions to employee benefit plans and deferred compensation	(e) Expensother alice	e account, owances
1 List all officers, directors, trustees, found (a) Name and address MICHAEL MCNAMARA 570 SE QUAIL RIDGE PULLMAN WA 99163 BEVERLY J FRICKEL P.O BOX 2644 KEARNEY NE 68848	lation managers and (b) Title, and average hours per week devoted to position PRES/DIR 1.00 SECRETARY .00 00 oyees (other than the	d their compensation (If not paid, enter -0-) 0 0 0 0 ose included on li	tion (see instructions). (d) Contributions to employee benefit plans and deferred compensation	(e) Expensother alice	e account, owances
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1 List all officers, directors, trustees, found (a) Name and address MICHAEL MCNAMARA 570 SE QUAIL RIDGE PULLMAN WA 99163 BEVERLY J FRICKEL P.O BOX 2644 KEARNEY NE 68848 2 Compensation of five highest-paid emploenter "NONE."	lation managers and (b) Title, and average hours per week devoted to position PRES/DIR 1.00 SECRETARY .00 00 00 00 (b) Title, and average hours per week hours per week devoted to position (b) Title, and average hours per week	d their compensation (c) Compensation (lif not paid, enter -0-) 0 0 0 ose included on lies	ction (see instructions). (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation	(e) Expenso other alice 0 0 0 0 i). If none,	e account, owances
1 List all officers, directors, trustees, found (a) Name and address MICHAEL MCNAMARA 570 SE QUAIL RIDGE PULLMAN WA 99163 BEVERLY J FRICKEL P.O BOX 2644 KEARNEY NE 68848 2 Compensation of five highest-paid employenter "NONE." (a) Name and address of each employee paid more than \$50	lation managers and (b) Title, and average hours per week devoted to position PRES/DIR 1.00 SECRETARY .00 00 00 00 (b) Title, and average hours per week hours per week devoted to position (b) Title, and average hours per week	d their compensation (c) Compensation (lif not paid, enter -0-) 0 0 0 ose included on lies	cion (see instructions). (d) Contributions to employee benefit plans and deferred compensation ne 1—see instructions (d) Contributions to employee benefit plans and deferred	(e) Expenso other alice 0 0 0 0 i). If none,	e account, owances
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Total number of other employees paid over \$50,000

.▶

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Part VIII Information About Officers, Directors, Trustees, Fo	undation Managers, Highly Pai	d Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see in	structions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services	> _	
Part IX-A Summary of Direct Charitable Activities		
- Cultillary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state		Expenses
the number of organizations and other beneficiaries served, conferences convened, research pape	rs produced, etc	
1 NONE		
,		
_ 		
2 ,		
,		
<u>_</u>		<u> </u>
3		
,		
	 	 -
4 ,		
,		
Part IX-B Summary of Program-Related Investments (see ins	tructions)	
Describe the two largest program-related investments made by the foundation during the tax year o		Amount
4 NONE		Amount
1 NONE		
,		
2		
4		1
,		
All other program related investments. See instructions		

Total. Add lines 1 through 3

Form 990-PF (2011)

Par	Minimum Investment Return (All domestic foundations must complete this part. Foreig	n foundation	ns,
•	see instructions)		
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	
b	Average of monthly cash balances .	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
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	_
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here under Land do not complete this part)		
1	Minimum investment return from Part X, line 6	1	0
2a	Tax on investment income for 2011 from Part VI, line 5	74	
b	Income tax for 2011 (This does not include the tax from Part VI)	0	
С	Add lines 2a and 2b	2c	674
3	Distributable amount before adjustments Subtract line 2c from line 1	3	-674
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	-674
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	-674
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
' a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	91,420
b	Program-related investments—total from Part IX-B	1b	91,420
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	15	
-	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	- -	
a	Suitability test (prior IRS approval required)	3a	
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	91,420
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		0., 120
-	income Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	91,420
~	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo		0., 120
	qualifies for the section 4940(e) reduction of tax in those years		

Pai	t XIII. Undistributed Inco	ome (see instruction	s)			-0402030 Fage 3
•			(a)	(6)	1	T
1	Distributable amount for 2011	from Part XI.	Corpus	(b) Years pnor to 2010	(c) 2010	(d) 2011
	line 7	•				×
2	Undistributed income, if any, a	as of the end of 2011	14.1.1.1.1.1			-674
a						
k	Total for prior years 20	_, 20, 20_				
3	Excess distributions carryover	, if any, to 2011	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 (4 h 5 h	37	
а	From 2006)			
b	From 2007					
C	From 2008	90,50				
d	From 2009	80,832	2			
е	From 2010	85,46				
f	Total of lines 3a through e		256,793	3 7 3 4 4		
4	Qualifying distributions for 201	1 from Part				
	XII, line 4 🕨 \$	91,420				
	Applied to 2010, but not more				(
b	Applied to undistributed incom					
	(Election required—see instruc			0		
С	Treated as distributions out of	corpus (Election				
	required—see instructions)					
d	The second of th					0
e E	3 2.0024.04		91,420			
5	Excess distributions carryover		(0
	(If an amount appears in colum same amount must be shown i	nn (a), the				
6	Enter the net total of each co					
•	indicated below:	nullili as				
а	Corpus Add lines 3f, 4c, and 4	le Subtract line 5	348,213			
b	Prior years' undistributed incon		340,213	W W W W		
	line 4b from line 2b					
С	Enter the amount of prior years	s' undistributed		- 0		
	income for which a notice of de					
	been issued, or on which the se					
	tax has been previously assess					
d	Subtract line 6c from line 6b Ta		S. 8			
	amount—see instructions			o		
е	Undistributed income for 2010	Subtract line		Ů		
	4a from line 2a Taxable amour	nt—see				
	instructions				0	
f	Undistributed income for 2011				* * * * * * * * * * * * * * * * * * *	
	lines 4d and 5 from line 1 This	amount must				
_	be distributed in 2012					0
7	Amounts treated as distribution			* ** ** ** ** ** ** ** ** ** ** ** ** *	*	***
	corpus to satisfy requirements i				*	, , , , , , , , , , , , , , , , , , ,
	section 170(b)(1)(F) or 4942(g)(
8	Excess distributions carryover f					*
9	not applied on line 5 or line 7 (s		674			
3	Excess distributions carryove					
10	Subtract lines 7 and 8 from line Analysis of line 9	оа	347,539			
	Excess from 2007	ام				
h	Excess from 2008	00.500				
c.	Excess from 2009	90,500				
d	Excess from 2010	80,832 85,461				
	Excess from 2011	91,420				
		91,420				į

Form	990-PF (2011) LEONARD & IRENE BEREK	SON PRIVATE FO	NOITADNUC		88-0452	
_	t XIV Private Operating Foundations (S			uestion 9)		N/A
1 a	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2011, entities.			>		
	Check box to indicate whether the foundation is a	private operating fou	ndation described in	n section	4942(J)(3) or	4942(J)(5)
2 a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		4.3. 7.4.1
	income from Part I or the minimum investment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	year listed	0	0	0	0	0
b	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part XII, line 4 for each year listed	0	0	0	0	0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3					,
	of minimum investment return shown in Part X, line 6 for each year listed	0	0			0
c	"Support" alternative test—enter	<u> </u>	0	0	0	0
	(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)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Con	mplete this part	only if the fou	ndation had \$5.	.000 or more in	
	assets at any time during the ye	•	•	•••	,	
1	Information Regarding Foundation Manag		•	· · · · · · · · · · · · · · · · · · ·		
а	List any managers of the foundation who have cor				the foundation	
	before the close of any tax year (but only if they ha	ave contributed more	than \$5,000) (See	section 507(d)(2))		
N/A						
	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the	
<u>N/A</u>		t Cift Lasa Sab	alambia eta D			
2	Information Regarding Contribution, Gran Check here ► X if the foundation only makes unsolicited requests for funds. If the foundation monother conditions, complete items 2a, b, c, and d	contributions to pres	selected charitable	organizations and de		
a	The name, address, and telephone number of the	person to whom app	olications should be	addressed		
 b	The form in which applications should be submitted	d and information an	nd materials they sh	ould include		
c	Any submission deadlines					
d	Any restrictions or limitations on awards, such as factors	by geographical area	s, charitable fields,	kinds of institutions	, or other	

88-0452030

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid Dur		Tor Future	Taylile iii	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business a Paid during the year	or substantial contributor	Tecipient	 	
AMERICAN RED CROSS 1771 E FLAMINGO	ļ	NON- PROFIT	PHILANTHROPIC	22,500
LAS VEGAS NV 89119 LAS VEGAS RESCUE MISSION 480 WEST BONANZA ROAD		NON- PROFIT	PHILANTHROPIC	22,500
LAS VEGAS NV 89121 THE SALVATION ARMY PO BOX 28369		NON- PROFIT	PHILANTHROPIC	22,500
LAS VEGAS NV 89126 LAS VEGAS PBS 3050 EAST FLAMINGO ROAD	,	NON- PROFIT	PHILANTHROPIC	11,250
LAS VEGAS NV 89121 LAS VEGAS PUBLIC RADIO 1289 S. TORREY PINES DRIVE LAS VEGAS NV 89146		NON- PROFIT	PHILANTHROPIC	11,250
Bio Veorio III donio				
	,			
	-			
Total			▶ 3a	90,000
b Approved for future payment				
Total			▶ 3b	

0

0

0

0

0

0

0

Form 990-PF (2011)

Part XVI-A Analysis of Income-Producing Activities Excluded by section 512, 513, or 514 Enter gross amounts unless otherwise indicated Unrelated business income (e) Related or exempt (a) (b) (c) (d) function income Business code Amount Exclusion code Amount (See instructions) 1 Program service revenue 0 0 0 0 0 b 0 0 0 C 0 0 0 d 0 0 0 0 g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 0 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue a 0 0 Ol ol 0 0 0 е 12 Subtotal Add columns (b), (d), and (e) 13 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions) \blacksquare INVESTMENT INCOME WILL BE USED FOR PHILANTHROPIC PURPOSES 3.4

Forn	1 990-PF	- LEO(1) (11D G		EKSON PRIVATE FOUNDATION		<u>88-045203</u>		ge 13
Pa	rt XVII	Information Regar	rding Tran	sfers To and Transactions a	nd Relationships	With Noncharitabl	е	'
•		Exempt Organizat	tions					
1				ngage in any of the following with			Yes	No
			(other than s	section 501(c)(3) organizations) o	or in section 527, relat	ting to political		
	organ	izations?				Ì	1	
а	Trans	fers from the reporting for	oundation to	a noncharitable exempt organiza	ation of.		<u> </u>	
	(1) C					1a	(1)	Х
	(2) 0	ther assets				1a	(2)	Х
þ	Other	transactions.				<u> </u>	* ^	
	` '	ales of assets to a noncl		· •		<u>1</u> t	(1)	X
				able exempt organization .		_	(2)	X
				er assets			(3)	X
		eimbursement arrangen		· · · · · · · · · · · · · · · · · · ·			(4)	<u> </u>
							(5)	X
				nip or fundraising solicitations .			(6)	X
		•	=	sts, other assets, or paid employe		<u> </u>	lc]	<u> </u>
d	value	of the goods, other asse	ets, or servic	complete the following schedule ses given by the reporting foundar ement, show in column (d) the va	tion. If the foundation	received less than fa	ir market	t d
(a)	Line no	(b) Amount involved	(c) Name	of nonchantable exempt organization	(d) Description of transfe	ers, transactions, and sharin	g arrangen	nents
		0			<u></u>			
		0			<u> </u>			
		0			<u> </u>			
		0			<u> </u>			
		0			<u> </u>			
		0						
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		0			 			
		0			 			
		0	_		 	- · · · · · · · · · · · · · · · · · · ·		
2a				ated with, or related to, one or me		ızations		
				other than section 501(c)(3)) or in	section 527? .	L] Yes	X No	
_ <u>b</u> _	It "Ye	s," complete the followin	ig schedule.	T				
		(a) Name of organization		(b) Type of organization		(c) Description of relationsh	ıp	
	-			 				
								
_								
				 			-	
—		Index penalties of persons I declare the	at I have evamined	this return, including accompanying schedules and s	tataments, and to the heat of!	knowledge and belief it in to-		
_	ا ا			tris return, including accompanying schedules and s taxpayer) is based on all information of which prepai		mowieage and belief, it is true,		
	gn			•	h 1L	May the IRS disci		
H	ere	Signature of officer or trustee		7/28/12 Title	Mhy	_	X Yes	No No

Preparer's signature

► BRET WHIPPLE, ATTORNEY AT LAW

Firm's address ► 1100 SOUTH TENTH STREET, LAS VEGAS, NV 89104

BRET WHIPPLE

Print/Type preparer's name

BRET WHIPPLE

Firm's name

Paid

Preparer

Use Only

Date

8/8/2012

P01442341

88-0461312

(702) 257-9500

PTIN

Check X if self-employed

Firm's EIN

Phone no

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Employer identification number

	KSON PRIVATE FOUNDATION		88-0452030
Organization type (check	one):		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter numb	ber) organization	
	4947(a)(1) nonexempt char	itable trust not treated as a private four	idation
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private for	undation	
	4947(a)(1) nonexempt char	ntable trust treated as a private foundati	on
	501(c)(3) taxable private for	undation	
, ,	s covered by the General Rule or a (7), (8), or (10) organization can ch	a Special Rule. seck boxes for both the General Rule an	d a Special Rule See
General Rule			
	n filing Form 990, 990-EZ, or 990-PF one contributor Complete Parts I ai	⁼ that received, during the year, \$5,000 nd II	or more (in money or
Special Rules			
sections 509(a)(1)	and 170(b)(1)(A)(vi) and received from	990-EZ that met the 33 1/3% support to om any one contributor, during the year Part VIII, line 1h, or (ii) Form 990-EZ, lii	, a contribution of the greater
the year, total con	ributions of more than \$1,000 for us	Form 990 or 990-EZ that received from see exclusively for religious, charitable, such think and animals. Complete Parts I, II,	cientific, literary, or
the year, contribut total to more than year for an exclusi	ons for use exclusively for religious, 61,000. If this box is checked, enter vely religious, charitable, etc., purpo	Form 990 or 990-EZ that received from a charitable, etc., purposes, but these contributions that were received. Do not complete any of the parts unclusively religious, charitable, etc., contributions.	ontributions did not eceived during the nless the General Rule
Caution. An organization 990-EZ, or 990-PF), but it	nat is not covered by the General Renust answer "No" on Part IV, line 2,	ule and/or the Special Rules does not fi , of its Form 990, or check the box on lir	le Schedule B (Form 990, ne H of its Form 990-EZ or on

Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 2 Name of organization Employer identification number LEONARD & IRENE BEREKSON PRIVATE FOUNDATION 88-0452030 Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (c) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person ___1___ **Payroll** Noncash (Complete Part II if there is Foreign Country a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Foreign State or Province Foreign Country	\$0	Person Payroll Occash Complete Part II if there is a noncash contribution)
		Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2011

Name of organization

LEONARD & IRENE BEREKSON PRIVATE FOUNDATIO

Employer identification number 88-0452030

CONAKD	& IRENE BERENSON PRIVATE FOUNDATION		88-0452030
Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional space	e is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>0</u>	
(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
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 0	

Name of org		TION		Employer identification number
Part III	& IRENE BEREKSON PRIVATE FOUNDA Exclusively religious, charitable, etc.,		tributions to section !	88-0452030 501(c)(7), (8), or (10) organizations
i di c iii	total more than \$1,000 for the year. Cor			
	For organizations completing Part III, enter	er the total of e	xclusively religious, cha	arıtable, etc.,
	contributions of \$1,000 or less for the year	ar (Enterthis i	nformation once See in	structions) > \$ 0
	Use duplicate copies of Part III if addition	al space is nee	eded	· · · · · · · · · · · · · · · · · · ·
(a) No. from	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
Part I	(b) i dipose oi giit			(a) Description of now gire is need
		(e) T	ransfer of gift	····
			· ·	
	Transferee's name, address, and	ZIP + 4	Relationsl	nip of transferor to transferee
	For Prov Country			
(a) No.				
from Part I	(b) Purpose of gift	(c)) Use of gift	(d) Description of how gift is held
			•••••	
		(e) T	ransfer of gift	<u> </u>
		(0) .	runsier or girt	
	Transferee's name, address, and	ZIP + 4	Relations	nip of transferor to transferee
	For Prov Country			
(a) No.			<u> </u>	
from Part I	(b) Purpose of gift	(c)) Use of gift	(d) Description of how gift is held
,				
		(e) T	ransfer of gift	
		(6) .	and or gift	
	Transferee's name, address, and	ZIP + 4	Relations	nip of transferor to transferee
	For Prov Country			
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		/ ₀ \ T	ransfer of gift	
		(6) 1	ransion of grit	
	Transferee's name, address, and	ZIP + 4	Relations	hip of transferor to transferee
				•
	5 P			
	For Prov Country	_	L	

Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

1		-11,138	-11,448			Net Gain	or Loss	-11,138	-5,123	450	-7,537	762	0	0	0	0	0
Net Gain	or Loss					Net					1						
Z	_						Depreciation										
Cost, Other	Basis and Expenses	14,408	68,914	Expense of Sale and	Cost of	Improve-	ments										
Cost,	Basis and					Valuation	Method										
SS	es	3,270	57,466			Cost or	Other Basis	•	8,812	14,460	32,100	13,542					
Gross	Sales					Gross Sales	Price	3,270	3,689	14,910	24,563	14,304					
Totals		Secunties	Other sales			Date	Sold	11/17/2011	11/17/2011	11/17/2011	11/17/2011	11/17/2011					
						Acquisition	Method	۵	۵	۵	۵	۵					
						Date	Acquired	1/6/2006	10/18/2007	1/6/2006	10/18/2007	1/6/2006					
				Check "X" if	Purchaser	Sa	Business										
							Purchaser	VARIOUS	VARIOUS	VARIOUS	VARIOUS	VARIOUS					
	Amount						CUSIP#	VARIOUS	VARIOUS								
	•	Long Term CG Distributions	Short Term CG Distributions				Description	VARIOUS	/ARIOUS	VARIOUS	VARIOUS	VARIOUS					
					Check "X"	if Sale of	Secunity	×									
							Index	-	2	3	4	S	9	7	8	6	9

Line 11 (990-PF) - Other Income

LEONARD & IRENE BEREKSON PRIVATE FOUNDATION

Description SUBURBAN PROPANE AMERIGAS PARTNERS, LP
--

LEONARD & IRENE BEREKSON PRIVATE FOUNDATION

200	Disbursements for Charitable Purposes (Cash Basis Only)	١.									
200	Adjusted Net Income	200									
200	Net Investment Income	200									
200	Revenue and Expenses per Books	200									
	Name of Organization or Person Providing Service	BRET WHIPPLE									
		•	2	3	4	2	9	7	8	6	10

Line 18 (990-PF) - Taxes

Revenue Revenue Revenue Disbursements and Expenses Net Investment prome Adjusted prome for Charitable por Ch			920	920	920	920
Description per Books Income Net Income Purposes ax not included in line 20 Purposes thent income 920 920 920			Revenue and Expenses	Net Investment	Adiusted	Disbursements for Charitable
tment income 920 920 920		Description	per Books	Income	Net Income	Purposes
tment income 920 920 920	-	Real estate tax not included in line 20				
920 920 920	2	Tax on investment income				
920 920 920	3	Income tax				
5 7 8 9 9	4	Foreign Tax	920	920	920	920
8 9 9 10	2					
8 9 9 10	9					
9 9 10	7					
9 01	8					
01	6	:				
	10					

Part II, Line 10b (990-PF) - Investments - Corporate Stock

VARIOUS				1,188,641	1,164,607	1,188,641	1,164,0
VARIOUS			Num Shares/	ĕ	Book Value	ook Value Book Value FMV FMV	FMV
		Description	Face Value	Beg of Year	End of Year	Beg. of Year	End of Year
2 6 4 7 6 6 9	1	VARIOUS		1,188,641	1,164,607	1,188,641	1,164,607
υ 4 τι ο r α ο	2						
4 t	3						
8 4 6 5	4						
8 8 9	2						
8 8 6	9						
8 6	7						
6	8						
	6						
	10						

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S'
(990-PF)
Ö
66)
_
Line 1
_
/II-A,
Part VII-A,

LEONARD & IRENE BEREKSON PRIVATE FOUNDATION

If Business Street City State Zip Code 7531 TAHOE BASIN DRIVE LAS VEGAS NV 89129		X.					
LAS VEGAS NV 89129	Name		Street	Cıty	State	Zip Code	Foreign Country
	IRENE BEREKSON		7531 TAHOE BASIN DRIVE	LAS VEGAS	N/	89129	
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Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

omely	Check "X"		3	Ctate	Zin Code	Foreign	Tiflo	Average
MICHAEL MCNAMARA		570 SE QUAIL RIDGE	PULLMAN	WA	WA 99163	Compo	PRES/DIR.	1.00
LY J. FRICKEL			KEARNEY	RE	68848		SECRETARY	00 0
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LEONARD & IRENE BEREKSON PRIVATE FOUNDATION

	Explanation										
0	Expense Account										
0	Benefits	-									
0	Compensation										
		1	2	3	4	5	9	7	8	6	10

Form **4797**

Department of the Treasury

Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

► See separate instructions.

OMB No 1545-0184

2011

Attachment

Sequence No 27

Name(s) shown on return Identifying number **LEONARD & IRENE BEREKSON PRIVATE FOUNDATION** 88-0452030 Enter the gross proceeds from sales or exchanges reported to you for 2011 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Part I Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other 2 (g) Gain or (loss) (b) Date acquired (a) Description (c) Date sold (d) Gross allowed or basis, plus Subtract (f) from the of property (mo, day, yr) (mo, day, yr) sales price allowable since improvements and sum of (d) and (e) acquisition expense of sale 0 0 0 From K-1 (1065) 71 Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 6 6 7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows 7 71 Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below Nonrecaptured net section 1231 losses from prior years (see instructions) 8 Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) 0 Ordinary Gains and Losses (see instructions) Part II Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less) 0 0 0 11 Loss, if any, from line 7 11 12 Gain, if any, from line 7 or amount from line 8, if applicable 12 13 Gain, if any, from line 31 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 17 Combine lines 10 through 16 17 0 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip 18 lines a and b below. For individual returns, complete lines a and b below

If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions

Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14

0

18a

18b

Form **6765**

Credit for Increasing Research Activities

OMB No 1545-0619 Attachment

Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Attach to your tax return.

Sequence No

LEO1	IARD & IRENE BEREKSON PRIVATE FOUNDATION				88-0452030
	on A—Regular Credit. Skip this section and go to Section B if you are ele	cting or	previously electe	d (and are	not revoking)
the a	ternative simplified credit.				
1	Certain amounts paid or incurred to energy consortia (see instructions)	; ,		1	
2	Basic research payments to qualified organizations (see instructions) .	2			
3	Qualified organization base period amount	3			
4	Subtract line 3 from line 2. If zero or less, enter -0			. 4	0
5	Wages for qualified services (do not include wages used in figuring the				
	work opportunity credit)	5			
6	Cost of supplies	6			
7	Rental or lease costs of computers (see instructions) .	7			
8	Enter the applicable percentage of contract research expenses (see				
	ınstructions)	8			
9	Total qualified research expenses. Add lines 5 through 8	9	0		
10	Enter fixed-base percentage, but not more than 16% (see instructions).	10		%	
11	Enter average annual gross receipts (see instructions)	11			
12	Multiply line 11 by the percentage on line 10	12	0		
13	Subtract line 12 from line 9 If zero or less, enter -0	13	0		
14	Multiply line 9 by 50% (50)	14	0		
15	Enter the smaller of line 13 or line 14	•		. 15	0
16	Add lines 1, 4, and 15				0
17	Are you electing the reduced credit under section 280C? ► Yes	No 🔙			
	If "Yes," multiply line 16 by 13% (.13) If "No," multiply line 16 by 20% (20			6	
	for the schedule that must be attached Members of controlled groups or I	business	ses under		
	common control see instructions for the schedule that must be attached	•	<u> </u>	17	
Secti	on B—Alternative Simplified Credit. Skip this section if you are complete	na Secti	on A		
					
18	Certain amounts paid or incurred to energy consortia (see the line 1 instru	ictions)	· · · I	. 18	
19	Basic research payments to qualified organizations (see the line 2				
	instructions)	19			
20	Qualified organization base period amount (see the line 3 instructions)	20			
21	Subtract line 20 from line 19 If zero or less, enter -0	•	• •	21	0 -
22	Add lines 18 and 21			22	0
23	Multiply line 22 by 20% (.20)	í i	· i	23	0
24	Wages for qualified services (do not include wages used in figuring the				
	work opportunity credit)	24			
25	Cost of supplies	25			
26	Rental or lease costs of computers (see the line 7 instructions)	26			
27	Enter the applicable percentage of contract research expenses (see				
	the line 8 instructions)	27			
28	Total qualified research expenses Add lines 24 through 27 .	28	0	 -	
29	Enter your total qualified research expenses for the prior 3 tax years. If				
	you had no qualified research expenses in any one of those years, skip				
	lines 30 and 31	29			
30	Divide line 29 by 6.0	30	0		
31	Subtract line 30 from line 28. If zero or less, enter -0	31	0		
32	Multiply line 31 by 14% (.14) If you skipped lines 30 and 31, multiply line	28 by 69	% (0 <u>6)</u>	32	ol

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Seç	tion B—Alternative Simplified Credit (continued)		
33 34	Add lines 23 and 32	33	0
	If "Yes," multiply line 33 by 65% (65) If "No," enter the amount from line 33 and see the line 17 instructions for the schedule that must be attached. Members of controlled groups or businesses under common control see instructions for the schedule that must be attached.	34	
Sec	tion C—Summary		
35	Enter the portion of the credit from Form 8932, line 2, that is attributable to wages that were also used to figure the credit on line 17 or line 34 (whichever applies)	35	
36	Subtract line 35 from line 17 or line 34 (whichever applies). If zero or less, enter -0-	36	0
37	Credit for increasing research activities from partnerships, S corporations, estates, and trusts.	37	
38	Add lines 36 and 37. Estates and trusts go to line 39 Partnerships and S corporations, stop here		
	and report this amount on Schedule K. All others, stop here and report this amount on line 1c of		
	Form 3800	38	o
39	Amount allocated to beneficiaries of the estate or trust (see instructions)	39	
40	Estates and trusts, subtract line 39 from line 38. Report the amount on line 1c of Form 3800	40	0

Form **6765** (2011)