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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Fo	r cale	ndar year 2014 or tax year beginning	ending								
	me of fo			A Employe	r identification number						
LE	ONAR	D and IRENE BEREKSON PRIVATE FOUNDATION									
Nu	mber an	d street (or P.O. box number if mail is not delivered to street address)		Room	n/suite	88-0452030					
57	0 SE C	QUAIL RIDGE				B Telephone	number (see Instructio	ns)			
	y or town		ZIP co	ode							
PL	JLLMA	N WA	9916				(509) 332-667	5			
Fo	reign cou	untry name Foreign province/state/county	Foreig	n post	al code	C If exempt	ion application is pendir	g, check here 🕨 🗌			
	<u> </u>										
G	Chec		of a former pu	iblic c	harity	D 1. Foreig	n organizations, check t	ere . ▶			
		Final return Amended re	-	n organizations meeting							
	<u> </u>	Address change Name change					here and attach comput	_			
Н		k type of organization: X Section 501(c)(3) exempt pr			. 1		foundation status was te 07(b)(1)(A), check here				
			able private fo	unda	tion		,				
ı		narket value of all assets at J Accounting method	: XI Cash I	\sqcup \land	ccrual	F If the four	ndation is in a 60-month	termination			
		f year (from Part II, col. (c), Other (specify)				under sec	tion 507(b)(1)(B), check	here . ►			
		6) ► \$ 1,159,376 (Part I, column (d) must t	oe on cash basi	s)	ز						
P	art i		(a) Revenue		(h) Net	investment	(c) Adjusted net	(d) Disbursements for chantable			
		amounts in columns (b), (c), and (d) may not necessarily	expenses pe	er		come	income	purposes			
		equal the amounts in column (a) (see instructions).)	DOOKS			.,		(cash basis only)			
	1	Contributions, gifts, grants, etc., received (attach schedule)	1944 65 17277 1927				The state of the s	هم الاستان التي يوم من من المراجع المرا المراجع المراجع المراجع المراجع المراجع			
	2	Check ► ☐ if the foundation is not required to attach Sch. B	White Highligh	, (1), (1)	طه کده وی نام به العرب	的學士的	Thirt was I want	از د مدد روخ براه دن جستونی مارک مدد روخ براه دن مدد در این برا			
	3	Interest on savings and temporary cash investments						The partie of the state of the			
	4	Dividends and interest from securities	38	,848		38,848		A CONTRACTOR OF THE PROPERTY O			
	5a	Gross rents	315.0.2 P. / AM		15- 4-4 h.	. f. st se w	Sanda Sadana Naga	\$ - 1 1 1 1 5 = 1			
	b	Net rental income or (loss)	兴学的矛盾的公共			الم المواجعة المراجعة المراجعة المراجعة المراجعة الم		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
e	6a	Net gain or (loss) from sale of assets not on line 10		,8//	Alexander Maria		(4, 793 '99 , CONSTR	Contract Swall			
Ē	b	· · · · · · · · · · · · · · · · · · ·	· 经有限的	4, 44 4, 44	14 14 15 15			18 18 1 18 1 18 1 18 1 18 1 18 1 18 1			
Revenue	7	Capital gain net income (from Part IV, line 2)	聖書也報 TETT	13,1 3,2 A 14,12 1,14	- 14 to 10 10 10 10 10	17,877	Colling Block Coll				
Ř	8	Net short-term capital gain	Carrier State Control	446.50	73 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 62 (140) 8 - 10 (1 (140)		17.12.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
	9	Income modifications	THE STATE OF			· · · · · · · · · · · · · · · · · · ·	of the sales have had all and	Broth the sail of the			
	10a	Gross sales less returns and allowances				744 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	のは、一般のない。 ない	The second of the first of the second of the			
	b	Less Cost of goods sold	Great Control of the 1985	7. (7.4%)		512.6597	ATT SANTE SANTER SANTERS	#264 - 1-44 - 1-44			
	11	Other income (attach schedule)		349	12 milit	349	349	2 (1 / 2 / 2 / 1 / 2 / 2 / 2 / 2 / 2 / 2 /			
	12	Total. Add lines 1 through 11RECFIVED						1 47 4,774 3 78			
	13	Compensation of officers, directors, trustees, etc.	37	,074		57,074	349	323 127 237 1 2 2 2 3			
S	14										
S	15										
be	16a	Lengt fees (attach schodide)									
Expenses	b		 	525		525	525	525			
	c	Accounting fees (attach schedule). UT		-		020	020				
Operating and Administrative	17	Interest	J				<u> </u>	· · · · · · · · · · · · · · · · · · ·			
itr	18	Taxes (attach schedule) (see instructions)		785		785	785	785			
	19	Depreciation (attach schedule) and depletion						istining in the			
Ē	20	Occupancy									
Ad	21	Travel, conferences, and meetings			·						
ק	22	Printing and publications									
an	23	Other expenses (attach schedule)	11	,185		11,185	11,185	11,185			
gu	24	Total operating and administrative expenses.									
atil		Add lines 13 through 23	12	,495		12,495	12,495	12,495			
ē	25	Contributions, gifts, grants paid		,000	ا رودار الهر	n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 42 - 1 1 6 1 2 6 - 5	90,000			
d	26	Total expenses and disbursements. Add lines 24 and 25.	102	495		12,495	12,495	102,495			
	27	Subtract line 26 from line 12:		2.77	12, 12, 4	v. 29 78 1		25, 42, 23, 20, 1			
	 a	Excess of revenue over expenses and disbursements		421							
	b	Net investment income (if negative, enter -0-)	12072			44,579		2 1-17 1 1 1 1			
	c	Adjusted net income (if negative, enter -0-)	32 30 30 3		11.75 - 1.75 E		0	3 (5 6 4 7 7 6)			
Eor		work Reduction Act Notice, see instructions.	<u></u>					m 990-PF (2014)			

For Paperwork Reduction Act Notice, see instructions.

ъ	n and 11	Attached schedules and amounts in the description column	Beginning of year		End o	of year
	art ii	Balance Sheets should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Va	ue	(c) Fair Market Value
	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments				
	3	Accounts receivable >	الله الله الله الله الله الله الله الله	الرائم الرائم الرائم - في المائم - في المائم ا	الما علاقورية الأا	1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	{	Less: allowance for doubtful accounts	1			
	4	Pledges receivable >	The second secon	The fact of the fa	در و در مرد در در در مرد در در در مرد	المراجعة الم
	1	Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	1	disqualified persons (attach schedule) (see instructions)	L			Ì
	7	Other notes and loans receivable (attach schedule)	RETURN TO THE RESERVENCE.	The The Alexander	المراجعة المراجعة	
	ł	Less: allowance for doubtful accounts	•			}
ţ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U.S. and state government obligations (attach schedule)				
	ь	Investments—corporate stock (attach schedule)	1,204,797	1,15	9,376	1,159,376
	c	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis	July 10 10 10 10 10 10 10 10 10 10 10 10 10	人民共和國	() () () () () () () () () ()	The property of the state of th
		Less: accumulated depreciation (attach schedule)	1			
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment: basis	KAT THE TAILS		11 15	
		Less: accumulated depreciation (attach schedule)	2	COMPETITION AND AND AND AND AND AND AND AND AND AN	diareticates.	A PRODUCE SERVICE
	15	Other assets (describe)				
	16	Total assets (to be completed by all filers—see the		· · · · · · · · · · · · · · · · · · ·		
		instructions. Also, see page 1, item l)	1,204,797	1.15	9,376	1,159,376
	17	Accounts payable and accrued expenses				不能知识是这种的意思。
10	18	Grants payable				A Secretary Company and the secretary
ë	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
iat	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe >)				
	23	Total liabilities (add lines 17 through 22)	0		Ō	
		Foundations that follow SFAS 117, check here				
S	(and complete lines 24 through 26 and lines 30 and 31.				
an	24	Unrestricted				
und Balances	25	Temporarily restricted				
P	26	Permanently restricted				
H	}	Foundations that do not follow SFAS 117, check here				
ŭ.	ļ	and complete lines 27 through 31.				Water the Contract of the Cont
Net Assets or	27	Capital stock, trust principal, or current funds		·		
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund		- 		"你说,然后,这是 是
55	29	Retained earnings, accumulated income, endowment, or other funds	1,204,797		9,376	182 Y 172 Y 177 Y 277 Y
4	30	Total net assets or fund balances (see instructions)	1,204,797	1,15	9,376	
Š	31	Total liabilities and net assets/fund balances (see	1			
		instructions)	1,204,797	1,15	9,376	
	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		net assets or fund balances at beginning of year—Part II, column (a)	•			
		f-year figure reported on prior year's return)			1	1,204,797
2	Enter	amount from Part I, line 27a			2	-45,421
3					3	
4	Add lii	nes 1, 2, and 3			4	1,159,376
5	Decre	ases not included in line 2 (itemize)			5	
6	Total t	net assets or fund balances at end of year (line 4 minus line 5)—Part	II, column (b), line 3	0	6	1,159,376

Part	V Capital Gains an	d Losses for Tax on Investr	nent Income					
	(a) List and describe to 2-story brick wareh	(b) How acquired P—Purchase D—Donation		Date acquired to , day, yr)	(d) Date sold (mo , day, yr)			
1a	See Attached Statement							
b	See Attached Statement							
<u>c</u>	See Attached Statement							
<u>d</u>	See Attached Statement			<u> </u>				
e	See Attached Statement	<u> </u>						
	(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale						n or (loss) () minus (g)	
a			 					
<u>b</u> _							0	
c d							0	
<u>u</u>							<u></u>	
c	Complete only for assets si	howing gain in column (h) and owned	by the foundation	on on 12/31/69				
	(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ess of col (i) bl (j), if any		coi. (k), but not	(h) gain minus less than -0-) or om col (h))	
а							0	
b							0	
С							0	
d							0	
в							0	
2	Capital gain net income of		also enter in Pa , enter -0- in Pa		2			
3		n or (loss) as defined in sections 1, line 8, column (c) (see instruction	222(5) and (6):					
	•	, line 6, column (c) (see instruction		(er -0- III }	3		2,467	
Part		der Section 4940(e) for Redu		Not Investment			2,407	
Was t	ion 4940(d)(2) applies, leav he foundation liable for the s," the foundation does not o	section 4942 tax on the distributat qualify under section 4940(e). Do	ole amount of a	ny year in the base is part	perio	d?	Yes No	
1		unt in each column for each year;	see the instruc	tions before makin	g any	entries		
Cale	(a) Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net value	(c) of noncharitable-use as:	sets		(d) nbution ratio inded by col (c))	
	2013	91	,216		0		0.000000	
	2012	91	,352		0		0 000000	
	2011	91	,420		0		0 000000	
	2010	85	5,461		0		0.000000	
	2009),832		0		0 000000	
2						2	0.000000	
3		or the 5-year base period—divide ation has been in existence if less			}	3	0.000000	
	number of years the lound	adon has been in existence in less	man o years		<i>:</i>	3	0.000000	
4	Enter the net value of none	charitable-use assets for 2014 from	m Part X, line 5		. -	4		
5	Multiply line 4 by line 3 .				. -	5		
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)			.	6	0	
7	Add lines 5 and 6				_	7	0	
8	Enter qualifying distribution	ns from Part XII, line 4				8	0	
		ter than line 7, check the box in Pa			art usi	ng a 1% tax	rate. See the	

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions	3)									
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			(3.4) (3.4) (4.5)							
b	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check 1	**************************************	892	1,41 011							
	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)	Stad when	(10 kg).	e' ; '							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2	0									
3	Add lines 1 and 2	892									
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			ļ							
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		892								
6	1 (2.4913)										
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 1,000		A	1,740							
b	Exempt foreign organizations—tax withheld at source 6b		24.287 (c) 21.587 (c)								
C	Tax paid with application for extension of time to file (Form 8868) 6c		经流流	14, 7							
_d	Backup withholding erroneously withheld	ไม่ในน้ำ หน้ารับ	1000	1.							
7	Total credits and payments. Add lines 6a through 6d		1,000								
8	Enter any penalty for underpayment of estimated tax. Check here										
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		100								
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		108 0	<u> </u>							
	VII-A Statements Regarding Activities		U	<u>. </u>							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	601-	Yes	No							
••	participate or intervene in any political campaign?	1a	.55	X							
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			 							
_	Instructions for the definition)?	1b		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										
C	in the second of										
d	· · · · · · · · · · · · · · · · · · ·										
	(1) On the foundation. ▶\$ (2) On foundation managers. ▶\$	151.2	27.0	3 T T T							
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	15 (14)		377.A							
	on foundation managers. \$	355 A	1001	ال الح المراجع المراجع							
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		1								
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	t Park	500								
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u> </u>							
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х							
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A								
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X							
•	If "Yes," attach the statement required by General Instruction T.		1000	الله الله الله الله الله الله الله الله							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
	By language in the governing instrument, or		1, 2, 2, 4	1							
	By state legislation that effectively amends the governing instrument so that no mandatory directions that and the state legislation that effectively amends the governing instrument so that the state legislation that effectively amends the governing instrument so that the state legislation that effectively amends the governing instrument so that the state legislation that effectively amends the governing instrument so that no mandatory directions that		أأراء	درود درور رق							
~	conflict with the state law remain in the governing instrument?	6	 	X							
7	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	X	6.141							
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) WA	1		1 1-19 1-19							
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	- 1000	7.72	14							
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	Sauce	45	يستر يونه							
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	8b	X								
•	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If	25.0	SEL THE	الله الله							
	"Yes," complete Part XIV	9	}	v							
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	-		_ <u>X</u> _							
	names and addresses	. 10	- [Х							
		orm 990	-PF								
	r	J.,,, J. J. J.	(

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Par	t VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	. {	11		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified				
	person had advisory privileges? If "Yes," attach statement (see instructions)	. 1	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .	г	13	Х	
	Website address ▶	_			
14	The books are in care of ► MICHAEL J. MCNAMARA Telephone no. ► (5)	09) 332	-667	5	
	Located at ► 570 SE QUAIL RIDGE PULLMAN WA ZIP+4 ► 99				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		. ,		▶ □
	and enter the amount of tax-exempt interest received or accrued during the year	L			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority			Yes	No
	over a bank, securities, or other financial account in a foreign country?	. [16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1). If	l:		100	J. 22
	"Yes," enter the name of the foreign country			بدنائين	CUNA
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u>[:</u>	0.30	Yes	No
1a	During the year did the foundation (either directly or indirectly):	- 1.	,	11 ME	1 3 3 4 5 5 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		No 🖟			2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_ [
	· · · · · · · · · · · · · · · · · · ·	No		60 mg	11.188
		No			
		No		100	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	71 No 1			
		7 40		A	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	(3			4
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	No		3	
L		ן או ני		是德	1,15
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	14	1b	N/A	120-51
		·nb	- 600 m	WA.	400
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	_ [1.20	***
·	were not corrected before the first day of the tax year beginning in 2014?		1c	33.214	X X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	· }	F 18	JE 3.5	<u>ज्</u> रहेतुः
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		1	354	
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and				
	6e, Part XIII) for tax year(s) beginning before 2014?] No		11 m (1) (2) (10 m (2)	447 55 T
	If "Yes," list the years > 20 , 20 , 20 , 20	1			3.43.43.44 3.43.43.44
b	Are there 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	i i			就是
	all years listed, answer "No" and attach statement—see instructions)			N/A	* 130 M
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	\[\frac{1}{6}	4.7.	100	SE.
	▶ 20 , 20 , 20 , 20	15	14		2 (17-15-15) 2 (17-15-15) 2 (17-15-15)
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			1	
] No [
þ	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or			**	
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	12	1835	3/3/	1 C. 10 4
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse		2.5%		
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	\frac{1}{2}		ا مُشَرِين مُشَرِين	
	foundation had excess business holdings in 2014.)	. [3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	. [4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	7.	£5.5	12-6.7 1 10 100	10 3
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? .		4b		X

Form 99	00-PF (2014) LEONARD and IRENE BEREK								452030	F	age 6
Part	VII-B Statements Regarding Activities			4720	May Be R	equire	d (contin	ued)		,	
5a	During the year did the foundation pay or incur any (1) Carry on propaganda, or otherwise attempt to	influence legislation (section 4945(e))? .						X N		が変	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	 (2) Influence the outcome of any specific public eledirectly or indirectly, any voter registration drive (3) Provide a grant to an individual for travel, study 	∍?	• • • • •				Yes	X N	1734 11 64		
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? (see instructions)	charita	able, etc , org	anizatio	n described		Yes	⊠ N∈			
	(5) Provide for any purpose other than religious, c purposes, or for the prevention of cruelty to chi						Yes	X N	o		
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice							d in 	5b	N/A	
С	because it maintained expenditure responsibility for the grant?						► [
6a	If "Yes," attach the statement required by Regulations section 53 4945–5(d). Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							X No			
b	•								6b	235 d	The state of the s
	At any time during the tax year, was the foundation a paint "Yes," did the foundation receive any proceeds of	r have	any net incon	ne attrib	outable to th	e trans			7b	N/A	ર્ઘટાંદ
Part	VIII Information About Officers, Direct and Contractors	ors, T	rustees, Fo	undat	ion Mana	gers, I	Highly Pa	aid En	nploye	es,	
1	List all officers, directors, trustees, foundation	manag	ers and their	comp	ensation (s	ee inst	ructions).				
	(a) Name and address	hou	le, and average ars per week ted to position	(1)	ompensation not paid, nter -0-)	empl	Contributions oyee benefit ferred compe	(e) Expe	nse aco allowan		
	AEL MCNAMARA E QUAIL RIDGE PULLMAN, WA 99163	PRES	/DIR 1 00		0			0			0
	RLY J FRICKEL OX 2644 KEARNEY, NE 68848	SECR	ETARY .00		0			0			0
											
									<u> </u>		
2	Compensation of five highest-pald employees ("NONE."	other t	han those in	cluded	on line 1—	see in:	structions). If no	ne, ent	er	
(a) Name and address of each employee paid more than \$50,000			hours per w	(b) Title, and average hours per week devoted to position (c) Compensation		sation	(d) Contributions to employee benefit plans and deferred compensation		(e) Expe	nse acc	
NONE											

(a) Name and address of each employee paid more than \$50,000 hours per week devoted to position hours per week devoted to

Form 990-PF (2014)

Form 990-PF (2014) LEC	DNARD and IRENE BEREKSON PRIVATE FOUND	DATION 88	-0452030 Page 7
Part VIII Information Al	oout Officers, Directors, Trustees, Foundars (continued)	ition Managers, Highly Paid	Employees,
3 Five highest-paid indepe	endent contractors for professional services (se	e instructions). If none, enter "N	IONE."
(a) Name and addre	ss of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of others receiving	over \$50,000 for professional services)
Part IX-A Summary of	Direct Charitable Activities		
	haritable activities during the tax year. Include relevant statistical I rved, conferences convened, research papers produced, etc	nformation such as the number of	Expenses
1 NONE			
2			
3			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		
4			
	Program-Related Investments (see instruc		
	investments made by the foundation during the tax year on lines	1 and 2.	Amount
1 NONE			

All other program-related investments. See instructions.

Form **990-PF** (2014)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreig see instructions.)	n founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.	1.7%	
,	purposes.		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
e	Reduction claimed for blockage or other factors reported on lines 1a and		<u>~~~</u>
·	1c (attach detailed explanation)	Post of the second of the seco	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see	 • -	
	instructions)	4	
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
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	111	A
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI.)	\$ \$ \$ 7 \\ \$ \$ \$ 7 \\ \$ \$ \$ \$ \$ \$ \$ \$ \$	
C	Add lines 2a and 2b	2c	892
3	Distributable amount before adjustments Subtract line 2c from line 1	3	-892
4	Recoveries of amounts treated as qualifying distributions	4	-002
5	Add lines 3 and 4	5	-892
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.	1-	
•	line 1	7	-892
Part	XII Qualifying Distributions (see instructions)		
			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	100	
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	102,495
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,)	
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	Tight."	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	102,495
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 instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	102,495
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet qualifies for the section 4940(e) reduction of tax in those years.	her the fo	undation
			000 DE

Form 990-PF (2014) LEONARD and IRENE BEREKSON PRIVATE FOUNDATION 88-0452								
Part	XIII Undistributed Income	(see instruction	s)					
1	Distributable amount for 2014 from	n Part XI,	(a) Corpus	(b) Years pnor to 2013	(c) 2013	(d) 2014		
	ine 7		極限的結構的數式	是自己有性的人的	WAS BELLEVING	-892		
2	Undistributed income, if any, as of the		ASTRONOMICS	THE SECTION OF THE SE	Marie State Control of the State of the Stat			
а	Enter amount for 2013 only			LANGE THE STATE OF	0			
b		20, 20	SAME AND STREET	(
3	Excess distributions carryover, if a	1 -			And the state of t	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
а	From 2009	80,832	二、こことがある というというはんりょうしょ					
b	From 2010	85,461	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
c	From 2011	91,420	サイチングレス かっとうひょうべん のぶり ご			1 3 1 3 1 2 1 2 1 2 1 2 1 2 2 2 2 2 2 2		
d	From 2012	91,352	- L. C. P. C. L. L. L. C. L. L			The state of the s		
e	From 2013	91,216			ا الله الله الله الله الله الله الله ال			
f 4			440,281	Allenate to the state of the	THE TRANSPORT OF THE THE	\$ \$44.2 149 50 513, 1941, 1941, 1		
4	Qualifying distributions for 2014 frolline 4: ► \$ 102.495							
_	line 4: ► \$ 102,495 Applied to 2013, but not more than	•	THE WAY THE		Later Carried	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		
a b	Applied to undistributed income of		Part of the same of the same before the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	it is to " Then at	18 19 18 18 18 18 18 18 18 18 18 18 18 18 18		
D	(Election required—see instruction	•	STANTANTANTANTANTANTANTANTANTANTANTANTANT		改造的自然的			
С	Treated as distributions out of corp		1 9 % 1/4 1/1 24 1/13/5 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	1988 1 1988 1 78 1 18 1 18 1 18 1 18 1 1	8 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12 47-4 21.6 mgy 25		
·		ous (Election	į					
d	Applied to 2014 distributable amou		risitifica del 2000 de la fili	Sant Sant Aller Sant	TO HAVE A RECEIVED TO A SECURITION	1 - 1 m 4 - 3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		
e	Remaining amount distributed out		102.495	12 15 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	2 12 - Juli 634 - 4-41 11 11 11 12 1	The Control of the Co		
5	Excess distributions carryover app	•	102,400	The state of the s	MITTERS OF THE SECTION OF THE SECTIO	67.2.00,174.01.34		
•	(If an amount appears in column (亚特温度的现在分 位	The second secon	RECEIVE AND THE	(6) (6) (6) (6) (6) (6) (6) (6) (6) (6)		
	amount must be shown in column							
6	Enter the net total of each colun			ENGINEE PROPERTY				
	indicated below:							
а	Corpus Add lines 3f, 4c, and 4e. §	Subtract line 5	542,776					
b	Prior years' undistributed income.		TO HERE THE		THE SECTION ASSESSMENT	Sal Charles		
	line 4b from line 2b		是是明朝。	0		A CHARLEST WELL TO BE		
C	Enter the amount of prior years' ur	ndistributed	全人的人的人的人			THE WARRY		
	income for which a notice of defici							
	been issued, or on which the section	• •		į i				
	tax has been previously assessed		基础是显示的。		是是是是自己的	Service of the property of the state of the		
d	Subtract line 6c from line 6b. Taxal					医性神经性		
	amount—see instructions		Williams The Control		をからは、 はいまたが、	理。這樣,這些的說		
е	Undistributed income for 2013. Su							
	4a from line 2a Taxable amount—	see			_			
	instructions		Fall of the colors of the	A Commence of the Commence of	0	1. X. 1. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		
f	Undistributed income for 2014 Su				The state of the s			
	4d and 5 from line 1. This amount distributed in 2015	must be						
7	Amounts treated as distributions of	ut of corpus	THE SHIP AS A SAME SHIP IN THE SHIP IS SHIP	PERTURNATURAN SARAT AT	(35)(32974/3036-016077 (1408895577/100-016077	0 الرواة الموارك المعالم حدد بالجوا		
•	to satisfy requirements imposed by	•						
	170(b)(1)(F) or 4942(g)(3) (Election				是是否是是			
	required—see instructions)	•			在在在 的意思。	The state of the s		
8	Excess distributions carryover from			ार प्रमुख्य स्थापनार प्रदेशक व्यवस्था एक्ट्रीकोर स्थापनार स्थापनार स्थापनार स्थापनार	TO SERVICE TO THE ACT.	in a state of the state of the second of the		
J	applied on line 5 or line 7 (see inst		81,724		(A)	TO THE OUT OF THE PARTY OF THE		
9	Excess distributions carryover to		01,124	THE PROPERTY BY SELECTION OF THE	· (1) · (1)	in an all great and the francisco		
3	Subtract lines 7 and 8 from line 6a		461,052					
10	Analysis of line 9.	• • • •	50 05 W 100 1 V	20 2 1941 2 25 25 45 45 45 46 46 46 46 46 46 46 46 46 46 46 46 46	「 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACAPACA A A ARRADE (S)		
а	Excess from 2010	84,569	RESERVED A	The state of the s				
b	Excess from 2011	91,420						
C	Excess from 2012	91,352						
ď	Excess from 2013	91,216	The state of the s					
-	Excess from 2014	102 495	The state of		第三日本的			

Part	XIV Private Operating Foundat	ions (see instru	ctions and Part \	/II-A question 9)		AV
1a						"/->
	foundation, and the ruling is effective for					
ь	Check box to indicate whether the foundation				4942(j)(3)	or 4942(j)(5)
	Enter the lesser of the adjusted net	Tax year	1	Prior 3 years		
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	investment return from Part X for	(4)	(5) 2010	(4) 2012	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0
b	each year listed					0
	Qualifying distributions from Part XII,		 			<u> </u>
•	line 4 for each year listed		Ĭ			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
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:		}			
-	(1) Value of all assets			\	1	0
	(2) Value of assets qualifying under					<u>_</u>
b	section 4942(j)(3)(B)(i)					0
	of minimum investment return shown in Part X, line 6 for each year listed					0
C	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties)				<u> </u>	0
	(2) Support from general public and 5 or more exempt			1		
	organizations as provided in					_
	section 4942(j)(3)(B)(III)					0
	(3) Largest amount of support from			}		•
	an exempt organization					<u>0</u>
Part	(4) Gross investment income XV Supplementary Information	(Complete this	nart only if the	foundation ba	d \$5 000 or more	in assets at
rait	any time during the year—s			e touttuation ha	u \$5,000 or more	ili asseis ai
1	Information Regarding Foundation Ma		<u>. </u>			
a	List any managers of the foundation who		more than 2% of the	he total contribution	is received by the fo	undation
-	before the close of any tax year (but only					andation
0	, , ,	•				
b	List any managers of the foundation who ownership of a partnership or other entity	o own 10% or more	e of the stock of a one	corporation (or an e	qually large portion	of the
0	· · · · · · · · · · · · · · · · · · ·			-		
2	Information Regarding Contribution, C	Grant, Gift, Loan,	Scholarship, etc.,	Programs:	· · · · · · · · · · · · · · · · · · ·	
	Check here ► X if the foundation onl unsolicited requests for funds. If the four under other conditions, complete items 2	ndation makes gifts	ons to preselected s, grants, etc. (see	charitable organizations contractions to indi	ations and does not viduals or organizat	accept ons
а	The name, address, and telephone num	ber or e-mail addre	ess of the person to	o whom application	s should be address	ed:
b	The form in which applications should be	submitted and inf	formation and mate	erials they should in	clude;	
С	Any submission deadlines:					
d	Any restrictions or limitations on awards, factors:	such as by geogr	aphical areas, char	ritable fields, kinds	of institutions, or oth	er

Page **11**

Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount status of any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year **SALVATION ARMY** NON-PROFIT PHILANTHROPIC 22,500 PO BOX 28369 LAS VEGAS, NV 89126 LAS VEGAS RESCUE MISSION 22,500 NON-PROFIT PHILANTHROPIC 480 WEST BONANZA RD LAS VEGAS, NV 89121 AMERICAN RED CROSS NON-PROFIT PHILANTHROPIC 22,500 1771 EAST FLAMINGO RD LAS VEGAS, NV 89119 **VEGAS PBS** NON-PROFIT PHILANTHROPIC 11,250 3050 EAST FLAMINGO RD LAS VEGAS, NV 89121 **NEVADA PUBLIC RADIO** NON-PROFIT PHILANTHROPIC 11,250 1289 SOUTH TORREY PINES DR LAS VEGAS, NV 89146 90,000 Approved for future payment Total

		I-A Analysis of Income-Producing Ac	tivities				
		ss amounts unless otherwise indicated.		Isiness income	Excluded by sect	ion 512, 513, or 514	, ,
	-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	_	gram service revenue			 		
	a _				 		
	ь_ с						
	ď						
	e -				ļ 		
	f				l		
	g F	Fees and contracts from government agencies		1			
2		nbership dues and assessments					
3	Inter	est on savings and temporary cash investments .					
4	Divid	dends and interest from securities	L	38,848	ļ		
5	Net	rental income or (loss) from real estate:		a file to the file	質は対対できます。	Will Brown The Thirty	(2) 25(2) (2) (E)
		Debt-financed property			l	·	
		Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income				· · · · · · · · · · · · · · · · · · ·	
8		or (loss) from sales of assets other than inventory		17,877		 	
9		income or (loss) from special events				L	
10		ss profit or (loss) from sales of inventory					
11		er revenue a <u>CAPITAL GAINS DISTRIBUTIC</u>	 	349			
	p _		ļi				<u></u>
	C _		ļ				
	d _						
12	e Subt	total. Add columns (b), (d), and (e)	tie, is staightail	57.074	建 种的分类型	0	
		I. Add line 12, columns (b), (d), and (e)				13	57,074
		sheet in line 13 instructions to verify calculations				13	37,074
	t XV			ent of Exempt	Purposes		
Lin	e No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt purp	e is reported in co	olumn (e) of Part X	VI-A contributed	importantly to the es). (See instruction	ons.)
3	3,4	INVESTMENT INCOME WILL BE USED FOR F	PHILANTHROP	IC PURPOSES			
				· · · · · · · · · · · · · · · · · · ·			
					 		
							
						···················	
							
		<u> </u>					
			· · · · · · · · · · · · · · · · · · ·		·	·	
							

88-0452030

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	in s			engage in any of the fol section 501(c)(3) organ							Yes	No
_	_		nadina foundation to	a nanaharitahla ayamı	nt organ	nization of				1872 g	3,75	المالية المالي المالية المالية المالي
а				a noncharitable exem		lization of.				mid richas !	المستعدية	73.2ts
										1a(1)		X
1.				· · · · · · · · · · · · · · · · · · ·						1a(2)	. 6. 2.	X
b		er transactions:								120. Fi	والقائد الا	14 Marie 1
				empt organization						1b(1)		X
				able exempt organization						1b(2)		X
				rassets						1b(3)		X
										1b(4)		X
										1b(5)		X
				nip or fundraising solicit						1b(6)		X
				sts, other assets, or par						1c		X
đ				mplete the following sche								
				given by the reporting for								
	valu	e in any transaction	n or sharing arrangem	ent, show in column (d) t	he value	e of the good	ds, other ass	ets, or serv	ices receive	ed.		
(a) Line	по	(b) Amount involved	(c) Name of non	chantable exempt organizatio	ก	(d) Desc	inpuon of trans	ers, transact	ons, and shar	ing arran	gemen	ts

	\neg		1									
									·			
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-/ -						1						
			 			1						
						 						
	-					 -						
			 			 			·			
						 						
						 						
			 			 						
						 						
2a	le th	a foundation durag	the or indirectly effilia	ated with, or related to,	000.05	more tay a	rompt organ	izotiono	·			
				ther than section 501(c					П	Vac F	א וע	,
			following schedule.	and than occasion oo ite)(O)) Oi	iii 300doii (J211		الما ٠٠٠٠	100 6	<u>∆</u> , 140	,
<u> </u>	11 11	(a) Name of organi		(1) 7				1120				
		(a) Name of organi	ization	(b) Type of orga	mization			(c) Descript	on of relations	snip		
												
				 								
				 								
												
	D		less that I have 4 "		alutus -							
				etum, including accompanying sche ayer) is based on all information of v				lowledge and be	elief, it is true,			
Sign	L		on or greparet puller unait taxpe	· ·		_			May the IRS			
Here		//what	1/////	<u>. 18-11-15</u>		Preside	<u> </u>		with the prep (see instructi			٦No
	Sig	lature of officer or ins	ee	Date	Title				(oco manuci	~a/, [V	7 . e.s F	
Paid		Print/Type preper's		Preparer's signature			Date	Che	ck X if P	TIN		
		BRET WHIPPLE	<u> </u>	BRET WHIPPI	_E		8/10/20	15 self-	employed P	01442	341	
Prepa		Firm's name	BRET WHIPPLE, A	ATTORNEY AT LAW		·		Firm's EIN				
Use (Jnly	Firm's address		H STREET, LAS VEGA	S, NV	89104		Phone no	(702) 2		0	
											DE "	2044

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Name of the organization

Schedule of Contributors

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

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

OMB No 1545-0047

Employer identification number

2014

88-0452030 LEONARD and IRENE BEREKSON PRIVATE FOUNDATION 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 foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1, Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that is 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 H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, 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) (2014) Employer identification number Name of organization LEONARD and IRENE BEREKSON PRIVATE FOUNDATION 88-0452030 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash Foreign State or Province. (Complete Part II for Foreign Country. noncash contributions) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (b) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroli Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash Foreign State or Province. (Complete Part II for Foreign Country. noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash Foreign State or Province: (Complete Part It for noncash contributions) Foreign Country:

Name of organization
LEONARD and IRENE BEREKSON PRIVATE FOUNDATION

88-0452030

Part II	Noncash Property (see instructions). Use duplicate co	copies of Part II if additional space is needed.					
(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				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		\$					

F	a	ae	4

Name of or	ganization and IRENE BEREKSON PRIVATE FOUNDA	MOIT		88-0452030							
Part III	Exclusively religious, charitable, etc., co		o organizations describ								
I GIL III	(10) that total more than \$1,000 for the y										
	the following line entry. For organizations of										
	contributions of \$1,000 or less for the year										
	Use duplicate copies of Part III if additional	space is need	ded								
(a) No.	(h) Dumana of alft	(-	\ llan of aift	(d) Department of how selfs in hold							
from Part I	(b) Purpose of gift	(0	c) Use of gift	(d) Description of how gift is held							
		(0) 7	Transfer of wift	<u> </u>							
		(e) i	Fransfer of gift								
	Transferee's name, address, and 2	71D + A	Polationel	nip of transferor to transferee							
			- Kelationsi	inportionalisation to translate							
	For Prov. Country										
(a) No. from	(b) Purpose of gift	(6) Use of gift	(d) Description of how gift is held							
Part I	(b) Fulpose of glit	· · · · · · · · · · · · · · · · · · ·	ose or gift	(d) Description of now girt is field							

		(a) T	ransfer of gift	<u> </u>							
		(0)	ransier or gift								
	Transferee's name, address, and 2	IP + 4	Relationsh	nip of transferor to transferee							
j											
(a) No.	For. Prov Country		L								
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Part I											
		***********	***************************************								
ĺ	(e) Transfer of gift										
].	Transferee's name, address, and 2	IP + 4	Relationsh	lip of transferor to transferee							
1	·										
1											
	For Prov Country										
(a) No.											
from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held							
Faiti											
}		(e) T	ransfer of gift								
į											
ļ	Transferee's name, address, and Z	IP + 4	Relationsh	ip of transferor to transferee							
1											
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ĺ											

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

_		7.877	Te	1	_	_		٦	<u> </u>	2 5	2 8	3 6	7 8	\$ 8	100	3 4	3 2	2 K
Net Gain	or Loss	17.				Net Gain	or lose					2	-	7	1	7.		
Net	<u>_</u> p						Admemente											
ther	xpenses	83,762	0				Depreciation	6			5 6	5 0	5 0	9 6	> <	5 6	0	0
Cost, Other	Basis and Expenses				Expense of Sale	and Cost of	Improvements	6			9 6	5 6	5 6	5 6	5 6	0		0
		101,639	8			Valuation	Method	MARKET	MARKET	MADICE	MADWET	MADIVET	MARKET	MADVET	MARKET	MARKET	MADVET	MARKET
Gross	Sales					Costor	Other Basis	1 168	1 100	1 408	14 880	6 460	20,403	15 782	18 100	RF3	25	725
Totals.		Capital Gains/Losses	Other sales			Gross Sales	Price	1316	1212	1 270	28 718	8 041	25.430	17.380	16.005	808	82.9	255
		ొ				Date	Soga	10/27/2014	10277014	10077001	10077014	10,777,014	10/7/7/014	10,077,014	10277014	102772014	10077014	10/27/2014
						Acquisition	Wethod	a	a.	0	م		- a	_	a	م	a	۵.
						Date	Acquired	11/2014	1/1/2014	1/1/2014	1/6/2006	10/18/2007	6/1/2014	6/1/2014	6/1/2014	7/1/2014	7/1/2014	7/1/2014
			į	Check "X" of	Purchaser	is a	Business	X	×	×	×	×	×	×	×	×	×	×
							Purchaser											
:	Amount						CUSIP#	314197104	316062108	664210101	166764100	166764100	314197104	315062108	664210101	314197104	316062108	664210101
		Long 1em CG Distributions	Short Term CG Distributions				Description	FED HIGH YIELD TRUST	FIDELITY CAPITAL INCOME	NORTHEAST INVESTORS	CHEVRON CORP	CHEVRON CORP	FED HIGH YIELD TRUST	FIDELITY CAPITAL INCOME	NORTHEAST INVESTORS	FED HIGH YIELD TRUST	FIDELITY CAPITAL INCOME	NORTHEAST INVESTORS
					Check X	to include	in Part IV	×	×	×	×	×	×	×	×	×	×	×
			Į						7	3	4	2	ص	~	∞	6	2	=

Part I, Line 11 (990-PF) - Other Income

	349	349	349
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1 CAPITAL GAINS DISTRIBUTIONS	349	349	349
2		0	

Part I, Line 16a (990-PF) - Legal Fees

	0	0	(0
				Disbursements
	Revenue and			for Charitable
}	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 BRET WHIPPLE				

Part I, Line 16b (990-PF) - Accounting Fees

	525	525	525	525
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1 BRET WHIPPLE CPA	525	525	525	525

Part I, Line 18 (990-PF) - Taxes

		785	785	785	785
		Revenue			Disbursements
		and Expenses	Net Investment	Adjusted	for Charitable
L	Description	per Books	Income	Net Income	Purposes
	Foreign Tax	785	785	785	785

Part I, Line 23 (990-PF) - Other Expenses

	11,185	11,185	11,185	11,185
	Revenue and			Disbursements
	Expenses	Net Investment	Adjusted Net	for Charitable
Description	per Books	Income	Income	Purposes
1 NATIONAL FINANCIAL SERV ACCOUNT FEES	11,185	11,185	11,185	11,185

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

		1,204,/9/	1,159,3/6	1,204,/9/	1,159,3/6
	Num. Shares/	Book Value	Book Value	FMV	FMV
Description	Face Value	Beg. of Year	End of Year	Beg. of Year	End of Year
1 VARIOUS		1,204,797	1,159,376	1,204,797	1,159,376

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

				_			·	1		re:	\	-			TE:	
		17,871	Gans Minus Excess	of FMV Over Adjusted	Basis or Losses	148	112	91-	823,21	1,572	2,864	1,500	-2,185	4	21	25
		0		Excess of FMV	Over Adj Basis	0	0	0	0	0	0	0	0	0	0	0
		0	Adjusted Basis	asof	12/31/69	0	0	0	0	0	0	0	0	0	0	0
		0		FM.V as of	12/31/69	0	0	0	0	0	0	0	0	0	0	0
		17,877			Gam or Loss	148	112	<u> </u>	13,838	1,572	2,864	1,600	-2,185	\$	12	25
		83,762	Cost or Other	Basis Plus	Expense of Sale	1,168	1,100	1,408	14,880	6,469	2,586	15,782	18,190	863	119	725
		0			Adjustments	0	0	0	0	0	0	0	0	0	0	0
		0		Depreciation	Allowed	0	0	0	0	0	0	0	0	0	0	0
		101,639		Gross	Sales Pnce	1,316	1,212	1,239	28,718	8,041	25,430	17,382	500'91	806	සෙ	750
				Clate	Sold	10/27/2014	10/27/2014	102772014	10/27/2014	10/27/2014	10/27/2014	10/27/2014	10/27/2014	10/27/2014	10/27/2014	10/27/2014
				Sate	Acquired	1/1/2014	1/1/2014	1/1/2014	1,6/2006	10/18/2007	6/1/2014	6/1/2014	6/1/2014	7/1/2014	7/1/2014	7/1/2014
				Acquisition	Method	۵	Ъ	a.	۵	a.	d.	d.	а.	Ъ	Ь	۵
Amount	0	0			CUSIP#	314197104	316062108	101012199	156754100	166764100	314197104	316062108	664210101	314197104	316052108	664210101
•	Long Term CG Distributions	Short Term CG Distributions			Description of Property Sold	1 FED HIGH YIELD TRUST	2 FIDELITY CAPITAL INCOME	3 NORTHEAST INVESTORS	4 CHEVRON CORP	5 CHEVRON CORP	6 FED HIGH YIELD TRUST	7 FIDELITY CAPITAL INCOME	8 NORTHEAST INVESTORS	9 FED HIGH YIELD TRUST	10 FIDELITY CAPITAL INCOME	11 NORTHEAST INVESTORS

CONTACT AND INCINE DEMENDON PRIVALE FOUNDAILON

Part VII-A, Line 10 (990-PF) - Substantial Contributors

•		
	Foreign Country	N/A
	Zip Code	89129
	State	Ν
	City	LAS VEGAS
	Street	7531 TAHOE BASIN DRIVE
* *	if Business	
Che	Name	I IRENE BEREKSON (deceased) 7531 TAHOE

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

									>	>	,	=
me	Check 'X' if Business	Street	ŧ	State	State Zip Code	Foreign Country	Title	Avg Hrs Per Week	Avg Hrs Compensation	Benefits	Expense	·
MICHAEL MCNAMARA		570 SE QUAIL RIDGE	PULLMAN	WA 9	99163		PRES/DIR	188	0	0	0	76
BEVERLY J. FRICKEL		P.O. BOX 2644	KEARNEY	및	68848		SECRETARY	0 0	0	0	0	

2

Form 4720

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

<u> എഎ 4</u>

OMB No 1545-0052

Department of the Treasury Internal Revenue Service (Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4965, 4966, and 4967)
Information about Form 4720 and its separate instructions is at www.irs.gov/form4720.

LOI CS	nendal year 2014 of other tax year beginning	•	2014, and enonig		, 20	
Name	of organization or entity			Em	ployer identification number	
LEON	IARD and IRENE BEREKSON PRIV	VATE FOUNDATION		}	88-0452030	
Numbe	r, street, and room or suite no (or P.O. box if r	nail is not delivered to street address)		Ci	heck box for type of annual return	1
570 S	E QUAIL RIDGE				Form 990 Form 990	0-EZ
City or	lown, state or province, country, and ZIP or for	eign postal code		X	Form 990-PF	
PULL	MAN, WA 99163				Form 5227	
					Yes	No
Α	Is the organization a foreign private					Х
В	Has corrective action been taken of				on this	
	form? (Enter "N/A" if not applicable	e)			N/A	Х
	If "Yes," attach a detailed description					
	market value of any property recov	ered as a result of the correction	ı ►\$	۱	f "No," (i.e., any	
	uncorrected acts or transactions), a					
Par	Taxes on Organization (S			494	3(a), 4944(a)(1),	
		59, 4965(a)(1), and 4966(a)(
1	Tax on undistributed income—Scho	edule B, line 4		1	<u> </u>	
2	Tax on excess business holdings-	-Schedule C, line 7		2		
3	Tax on investments that jeopardize			3	<u> </u>	
4	Tax on taxable expenditures—Sche	edule E, Part I, column (g)		4		
5	Tax on political expenditures—Sch			5	<u> </u>	
6	Tax on excess lobbying expenditure			6	<u> </u>	
7	Tax on disqualifying lobbying exper			7_	<u> </u>	
8	Tax on premiums paid on personal	benefit contracts		8		
9	Tax on being a party to prohibited t			9		
10	Tax on taxable distributions—Sche	dule K, Part I, column (f)		10		
11	Tax on a charitable remainder trust	's unrelated business taxable inc	come Attach statement	11		
12	Tax on failure to meet the requirem			12	<u> </u>	
13	Total (add lines 1-12)	<u> </u>	<u> </u>	13	<u> </u>	0
Part	II-A Taxes on Managers, Se					
	(Sections 4912(b), 4941	(a), 4944(a)(2), 4945(a)(2), 4	955(a)(2), 4958(a), 4965(a)(2), 4	1966(a)(2), and 4967(a	1))
	(a) Name and address of person subject to	tax. City or town, state or province, co	ountry, ZIP or foreign postal code		(b) Taxpayer identification numb	er
a						
b						
С						
:	(c) Tax on self-dealing—Schedule A, Part II, coi (d), and Part III, coi (d)	(d) Tax on investments that jeopardize chantable purpose—Schedule D, Part II, col. (d)	(e) Tax on taxable expenditures— Schedule E, Part II, col (d)		(f) Tax on political expenditures- Schedule F, Part II, col (d)	
a						
b						
С						
Total	0	0		0		0
	(g) Tax on disqualifying lobbying expenditures—Schedule H, Part II, col (d)	(h) Tax on excess benefit transactions—Schedule I, Part II, col (d), and Part III, col (d)	(I) Tax on being a party to prohibited tax shelter transactions—Schedule J, Part II, col. (d)		(j) Tax on laxable distributions— Schedule K, Part II, col. (d)	•
a				\top		
b			 	7		
С				7		
c Total	0	0	·	0		0
	(k) Tax on prohibited benefits—Sch L,		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		(I) Total Add acts (a) theseret (
	Part II, col. (d), and Part III, col. (d)		المستورة في المراكز المواجعة والمراكز المراكز المراكز المراكز المراكز المراكز المراكز المراكز المراكز المراكز والمراكز المراكز المرا		(I) Total—Add cols (c) through (n)
a		The state of the s	ر کے ان اور			0
b				3		0
С				4 <u> </u>		0
Total	0		યુન્ટ કહિતા છે. જેટલ કહિતા માટે કહિતા છે. જે જે જે જે છે.	4		

Form 4720 (2014)

Part II-	B Summary o	of Tax	es (See Tax Pay	ments in th	e instructions)		
					nagers, self-dealers, disqua	alified	
pε	ersons, donors, dono	or advi:	sors, and related p	ersons who si	gn this form. If all sign, ente	r the	
			• • •				1
						<u></u>	2 0
					nstructions)		3
					e instructions)		5 0
<u>5</u> O	verpayment, it line a				nce. This is your refund . on Self-Dealing (Section		5 0
Part I	Acts of Sel		ling and Tax Co		on Sen-Deaning (Section	JII 434 I)	
(a) Act	(b) Date				(a) Description of out		
number	of act				(c) Description of act		
1		ļ					
2							
3		}			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
<u>4</u>		}					
(d) Ques	tion number from Form 99 II-B, or Form 5227, Part VI applicable to the act		(e) Amount invo	ved in act	(f) Initial tax on self-dealing (10% of col. (e))	(g)	Tax on foundation managers (if cable) (lesser of \$20,000 or 5% of col (e))
						0	0
					***************************************	0	0
						0	0
						0	0
Part II	Cummons	f Tax	l inhility of Cali	Dodoroon	d Proration of Paymen	0	0
raitis	(a) Names of self-dea			(b) Act no. from Part I, col. (a)	n (c) Tax from Part I, o	coi (f),	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)
							0
				ļ			
							0
				}			}
				}			o
						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
							1 0
Part III	Summary o	f Tax	Liability of Fou	ndation Mai	nagers and Proration c	f Payment	S
	(a) Names of foundation m	nanagers	liable for tax	(b) Act no from Part I, col (a)			(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
				ļ			
				ļ			_
				 			0

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· · · · · · · · · · · · · · · · · · ·						·· ·	
							0
					distributed Income (Se		
					F for 2014, Part XIII, line 60		
			•		art XIII, line 6e)		
					g in 2014 and subject to tax	3 '	o
							0
, 10.							,

Form 47	20 (20	14)	LEONARD and IRENE	REKE	KSON PF	KIVALE FOUN	88-04	452030	Page 3	
		SCI	HEDULE C-Initial Tax o	n Exc	ess Bu	siness Hold	ings	(Section 4943)	
Busir	ness	Holdings and Co	omputation of Tax							
			lings in more than one busine	ess ent	erprise, a	ttach a separa	te sc	hedule for each e	enterprise. Refer to the	
instruc	tions	for each line item be	efore making any entries			•			·	
		dress of business en								
			•							
Emplo	yer id	entification number	<u> </u>					.▶		
						<u> </u>		· · · · · · · · · · · · · · · · · · ·		
Form o	of ente	erprise (corporation,	, partnership, trust, joint ventu	ıre, sol	le proprie	torship, etc.).		>		
						(a)		(b)	(c)	
						ing stock		Value	Nonvoting stock	
						s interest or cial interest)			(capital interest)	
					Denen	Ciai interest)			18 * 7	
	_				{					
1	round	dation holdings in bi	usiness enterprise	1	 	%		%	A STATE OF THE STA	
	n				ĺ			•		
2	Perm	itted holdings in bus	siness enterprise	2		%		%	Brand Brand Control	
					}					
		-	in business enterprise.	3	 -					
		-	disposed of within 90		}	-				
		or, other value of ex			İ	1				
:	subje	ct to section 4943 ta	ax (attach statement)	4					! 	
5	Taxab	le excess holdings	ın business enterprise—							
1	line 3	minus line 4		5		0		0	0	
				l i						
6	Tax—	Enter 10% of line 5	i	6		0		0	0	
7	Totai	tax-Add amounts	on line 6, columns (a),					公司 斯特里的		
((b), ai	nd (c); enter total he	re and on Part I, line 2	7		0		经营产业基础设施		
SCHE	DUL	E D—Initial Taxe	es on Investments That	Jeopa	ardize C	haritable Pi	irpos	se (Section 494	14)	
Part	1	Investments an	d Tax Computation							
	investment (b) Date of						(e) Initial tax on	(f) Initial tax on foundation		
a) inves) numb		(b) Date of investment	(c) Description of inves	stment		(d) Amount		foundation (10%	managers (if applicable)— (lesser of \$10,000 or 10%	
Hullin	Jei	Myesunent				mvestmen		of col (d))	of col. (d))	
1				·	·			0	0	
2								0	0	
3								ol	0	
4								0	0	
5								ol	0	
otal-	- Colu	ımn (e). Enter here	and on Part I, line 3					o		
			or prorated amount) here and	in Par	t II. colun	nn (c), below			0	
Part I			Liability of Foundation				ı of F	Payments		
		a) Names of foundation in			vestment			ol (f), or prorated	(d) Manager's total tax hability	
	,	,		no fro	om Part I,	(0)	amou		(add amounts in col (c))	
				C	ol (a)			j	(see instructions)	
				 						
				ļ						
				 		 			0	
				 -						
				 						
				 					0	
				(ļ					

		SOUPPORT F	Tillitial Tax	CO OII TAXADIC	LAP	chaitare.	3 (OCCUOII 4040)	
Part I	Expenditures	s and Computat	ion of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d)	Name and address of	recipien	it		of expenditure and purposes or which made
1								
2								
3			1		,			
4			1					
5			[
	stion number from Form 9 5227, Part VI-B, applicable		(g) I	nitial tax imposed on i (20% of col. (b))		on	managers	ix imposed on foundation (if applicable)—(lesser of 00 or 5% of col. (b))
				· · · · · · · · · · · · · · · · · · ·		0		0
			ł			ol		
						0		
						0		
			ļ			0		0
	Column (g) Enter he							
Total— C	Column (h) Enter to	tal (or prorated amo			nn (c),		Carrier Asset S. Langer C. Society S.	0
Part II		Tax Liability of			od Dro	ration o	f Daymonte	
raitii	Summary Of	Tax Liability Of	rounuation	i Managers ar	lu Fic	Ji ation o	rayments	(d) Managed a total tour liability
	(a) Names of foundati	on managers liable for ta	x	(b) item no from Part I, col (a)			Part I, col (h), or ed amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
		·· ···································	·	<u> </u>				0
								0
								0
		SCHEDULE F-	Initial Tax	es on Political	Expe	enditures	(Section 4955)	
Part I	Expenditures	and Computati	on of Tax					
(a) item number	(b) Amount	ion of political expend	ture	organiza	al tax imposed on ation or foundation)% of col (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col (b))		
1							0	0
2							0	0
3							0	0
4							0	0
5							0	0
Total C	column (e) Enter he	re and on Part I, lin	e5				0	
	column (f) Enter tota			lin Part II. colum	n (n) h	n n n		
Part II							Managara and	0 Proration of Payments
i ait ii	Odminary or	TEX LIBBINITY OF	riganizatio	i managers c	// 1 Ou	muation	managers and	
· · · · · · · · · · · · · · · · · · ·		inization managers or agers liable for tax		(b) Item no from Part I, col (a)			Part I, col (f), or discount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
				ll				
				Jl				
								0
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		·- ·- 						
								0

		SCHEDULE G	—Tax on Exce	ess Lobbying	Expenditu	res (Section 491	1)	
		s expenditures ove t II-A, column (b), l					1	
		expenditures over loolumn (b), line 1i).					2	
3 Ta	axable lobbying ex	penditures—enter	the larger of line	1 or line 2			3	0
4 Ta	x-Enter 25% of	line 3 here and on	Part I, line 6				4	o
						ditures (Section	4912)
Part I		res and Compu						
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of	lobbying expenditure		Tax imposed on ation (5% of col. (b))		x imposed on organization anagers (if applicable)— (5% of col. (b))
1			<u> </u>	***************************************		0		0
. 2			 		}	0		0
3					}			0
4						<u>0</u>		0
5 Total—	Column (a) Ente	er here and on Part	t line 7	,		0		0
							<u>चित्रम्यं स्वीतः ।</u>	
		total (or prorated					<u></u>	0
Part I	Summary	or lax Liability	or Organizatio	on wanagers a	no Prorati	on of Payments		Annonado Antol Any Irokuluu
	(a) Names of organ	nization managers liable	for tax	(b) Item no from Part I, col (a)		m Part I, col (I), or ated amount		fanager's total tax liability dd amounts in col. (c)) (see instructions)
				 				
				{				0
								<u>-</u> *
								0
	S	CHEDULE I—In	itial Taxes on	Excess Benef	it Transac	tions (Section 4	958)	<u></u>
Part I					<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
(a) Transac numbe	(a) Transaction (b) Date of transaction (c) Description of transaction							
1								
2								
3								
4			,					
5			,					
	(d) Amount of exce	ss benefit	(e) Initial	tax on disqualified per (25% of col. (d))	sons	(if ap	plicable)	dion managers (lesser of 5 of col. (d))
					0			0
]		0			0
]		0			0
					0			0
			l		0			0

	SCHEDULE	E I—Initial Taxes on E	xcess Bene	fit Transactions (Section 49	(58) Continued
Part II	Summary of Tax	x Liability of Disqualit	fied Persons	and Proration of Payment	s
	(a) Names of disqualified pe		(b) Trans no fro Part I, col (a)	(c) Tax from Part I, col (e),	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)
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Part III	Summary of Tax	K Liability of 501(c)(3)	(C)(4) & (C)	(29) Organization Manager	s and Proration of Payments
(a) Names	of 501(c)(3), (c)(4) & (c)(29) org	anızatıon managers liable for tax	(b) Trans. no. fro Part I, col. (a)		(d) Manager's total tax liability (add amounts in cot (c)) (see instructions)
			 		
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			[]
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			}		
	CCUEDULE	Tayon on Boing a Day	te to Deskih	ideal Tour Challes Tours and	(0.5)
Part I	Prohibited Tay She	Star Transactions (DT	ST) and Tax	oited Tax Shelter Transaction Imposed on the Tax-Exem	nt Entity
	(see instructions)	iter mansactions (F)	Oljanu lax	miposed on the Tax-Exem	pt Entity
(a) Transaction number	(b) Transaction date	(c) Type of transaction 1—Listed 2—Subsequently listed 3—Confidential 4—Contractual protection		(d) Description of tran	isaction
1					
2					
					
4					
5					
have reas was a PTS	a tax-exempt entity know or on to know this transaction T when it became a party to action? Answer Yes or No	(f) Net income attributa the PTST	ble to	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
					0
		 		**************************************	0
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					0
Total— Co	olumo (h). Enter here an	nd on Part I, line 9	1		0
I Offil Of	MOTHER THY. LINES HEIC AN	ia vii i aici, mio o	·	<u> </u>	<u></u>

Part II	Tax Impo	sed on Entity Managers (Sec	tion 4965) Co	ontii	nued		
V		me of entity manager	(b) Transaction number from Part I, col. (a)		(c) Tax—enter \$20,000 for ear transaction listed in col. (b) for e manager in col. (a)		(d) Manager's total tax liability (add amounts in col. (c))
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	SCHEDUL	E K—Taxes on Taxable Distri	butions of S	pon	soring Organization	s Ma	
		Advised Funds (Section 4966	<u>). S</u>	ee the instructions.		
Part I	Taxable I	Distributions and Tax Compu					
(a) Item number		(b) Name of sponsoring organization a donor advised fund	nd	ļ	(c) De	scriptic	on of distribution
1							
2							
				{			
3							
4	4						
(d) Date of distribution (e) Amount of distribution			on		(f) Tax imposed on organization (20% of col (e))	·	(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)
					0		0
					0		0
					0		0
Total Colum	nn (f) Enter	here and on Part I, line 10		-+	0	TO SEE	O
		r total (or prorated amount) here an				State 15 at	0
Part II	Summary	of Tax Liability of Fund Man	agers and Pr	ora	ition of Payments		
	and managers liable for tax	(b) Item no from Part I, col (a)	(c)	Tax from Part I, col. (g) or pron amount	ated	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)	
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SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions.

Part !	Prohibited Benefits	and Tax Computati	on		
(a) Item number	(b) Date of prohibited benefit			otion of benefit	
1					
2					
3					
4					
5					
(d)	Amount of prohibited benefit		ed benefit (125% of col. (d)) instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)	
			0		0
		<u> </u>	0		0
· · · · · · · · · · · · · · · · · · ·			0		0
	 	ļ	0		0
		1	0	<u> </u>	0
Part II	Summary of lax Lial	bility of Donors, Do	nor Advisors, Related	Persons and Proration of Payments	
	nes of donors, donor advisor, or lated persons liable for tax	(b) Item no from Part I, col. (a)	(c) Tax from Part I, col (e) or prorated amount	(d) Donor, donor advisor, or related persons total tax liability (add amounts in col. (c)) (see instructions)	
					0
					<u> </u>
					0
Part III	Tax Liability of Fund	Managers and Dro	ration of Douments		0
	es of fund managers hable for tax	(b) Item no, from Part I, col (a)	(c) Tax from Part I, col (f) or prorated amount	(d) Fund managers total tax liability (add amounts in col. (c)) (see instructions)	
					_
					0
					0
					0
					0

Schedule M—Tax on Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.) Part I Name of Hospital Facility and Summary of Failure to Meet Section 501(r)(3) (d) Tax year hospital facility last conducted a CHNA (e) Tax year hospital facility last adopted an implementation strategy (a) Item (b) Name of facility (c) Description of the failure number 2 4 5 Part II **Computation of Tax** Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3). 1 Tax-Enter \$50,000 multiplied by line 1 here and on Part I, line 12. 2

Form 4720 (2014)

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