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Department of the Treasury

# **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

Interna	l Rev	venue Service Note. The foundation m	ay be at	ole to use a copy of this			rting requirements	
For ca	alen	dar year 2010, or tax year beginning			, and e			
G Ch	eck	all that apply Initial return		Initial return of a fo	rmer public (	charity	Final return	I
		Amended return		Address chan	ge		Name change	
Nam	e of	foundation	_				A Employer identification	number
1		BERRY FOUNDATION INC	3					
		C/O JUDY WORRELL		<u></u>			20-3942107	
Numt	oer a	nd street (or P O box number if mail is not delivered to s		•		Room/suite	B Telephone number	
ļ		3223 N. HYDRAULIC,	30X	829			(316)832-0	171
City	or to	own, state, and ZIP code					C If exemption application is p	
L		WICHITA, KS 67201-		· · · · · · · · · · · · · · · · · · ·			D 1. Foreign organizations	s, check here
H Ch		type of organization X Section 501(c)(3	_				Foreign organizations me check here and attach co	mputation
<u></u>		ction 4947(a)(1) nonexempt charitable trust		r taxable private founda	$\neg \neg$		E If private foundation sta	tus was terminated
		arket value of all assets at end of year J Acco			Accı	rual	under section 507(b)(1)	(A), check here
		Part II, col. (c), line 16)		(specify)	h = = = 1		F If the foundation is in a	
<b>▶</b> 3		274,084. (Part I, c	olumn (				under section 507(b)(1)	1
Pai	τ ε	The total of amounts in columns (b), (c), and (d) may no	t	(a) Revenue and expenses per books		ivestment ome	(c) Adjusted net income	(0) Disbursements for chantable purposes
$\overline{}$	4	necessarily equal the amounts in column (a)		95,000.			N/A	(cash basis only)
	1	Contributions, gifts, grants, etc., received  Check from the foundation is not required to attach Sch. B	-	93,000.		······	IN/ A	
1102	2	Check In the foundation is not required to attach Sch B Interest on savings and temporary cash investments	$\vdash$					
	3	cash investments Dividends and interest from securities		3,886.		3,886.		STATEMENT 1
350	4 52	Gross rents		3,000.		3,000.		DIMINIMI I
<b>20</b>	1							
<u> </u>	11	Net enaturon for loss from cale of assets not on line 10					· · · · · · · · · · · · · · · · · · ·	
<b>Z</b>	i f	Mandamon-tops)-upunessa-prisessers 1910u illie 10				····		
	٤	Capital gain net fincome (from Part IV Wys 2)	-  -			0.		
<b>26</b>	8	Net strort-term capital gain						
多	Į,	Incom God Edds UT			· · · ·	······································		
SCANNED NOV Revenue	10a	Gross sales less returns and allowances				······································		
න		Less Cost of goods sold		. trin		· · · · ·		
1		Gross profit or (loss)	1					
].	11	Other income			h-,-11			
-	12	Total. Add lines 1 through 11		98,886.		3,886.		
	13	Compensation of officers, directors, trustees, etc		0.		0.		0.
].	14	Other employee salaries and wages					-	
	15	Pension plans, employee benefits						
ses	16a	Legal fees						
e e	b	Accounting fees						
Ä		Other professional fees						
Į.		Interest			****			
	18	Taxes STMT 2		175.		0.		0.
inis	19	Depreciation and depletion						
됩	20	Occupancy					<u></u>	
Ψþ	21	Travel, conferences, and meetings	-					
a	22	Printing and publications		100				4.0
ting	23	Other expenses STMT 3	-	102.		0.		40.
era	24	Total operating and administrative		277.		0.		40
Ö,	26	expenses. Add lines 13 through 23		91,255.		<b>U</b> •		40.
- 1		Contributions, gifts, grants paid		91,233.				91,255.
	26	Total expenses and disbursements. Add lines 24 and 25		91,532.		0.		91,295.
	27	Subtract line 26 from line 12	$\dashv$	71,332.		<u> </u>		91,233.
			İ	7,354.				
- [		Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	-	, ,,,,,,,,,		3,886.		
		Adjusted net income (if negative, enter -0-)	<b> </b>	······		-,	N/A	
02350 12-07-	1	LHA For Paperwork Reduction Act Notice,	ee the i	nstructions.				Form <b>990-PF</b> (2010)
		r						····· · · · · · · · · · · · · · ·

1

	90-PF (2010) C/O JUDY WORRELL	Beginning of year		3942107 Page
Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	266,730.	274,084.	274,084.
3	Accounts receivable			
	Less allowance for doubtful accounts			
4	Pledges receivable ►			
	Less allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			w
7	Other notes and loans receivable		1	
	Less allowance for doubtful accounts			
8	Inventories for sale or use			
٠ ا	Prepaid expenses and deferred charges			
- 1	Investments - U.S. and state government obligations			
	Investments - corporate stock			•
'	: Investments - corporate bonds			ı
11	Investments - land, buildings, and equipment basis			
	Less: accumulated depreciation			, ,
	Investments - mortgage loans			
13	Investments - other			
14	Land, buildings, and equipment. basis			
45	Less accumulated depreciation			
15	Other assets (describe			
16	Total assets (to be completed by all filers)	266,730.	274,084.	274,084
17			·	
18				
19				
20	Loans from officers, directors, trustees, and other disqualified persons			
21				
22	Other liabilities (describe			
	·			
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted			
25	Temporarily restricted			
26				
	Foundations that do not follow SFAS 117, check here			
	and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds	0.	0.	
28		0.	0.	
29	Retained earnings, accumulated income, endowment, or other funds	266,730.	274,084.	
30	Total net assets or fund balances	266,730.	274,084.	
		065 -00		
	Total liabilities and net assets/fund balances	266,730.	274,084.	

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	266,730.
2	Enter amount from Part I, line 27a	2	7,354.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	274,084.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	274,084.

	JUDY WORKELL	- I	· !			-3942107	Page 3
<del></del>	and Losses for Tax o		Income	(b) How acquired	(e) Data agai	urod (d) De	to cold
<ul><li>(a) List and describe the kind(s) of property sold (e g , real estate,</li><li>2-story brick warehouse, or common stock, 200 shs MLC Co )</li></ul>			(b) How acquired P - Purchase D - Donation	(c) Date acqu (mo , day, )		ite sold day, yr )	
1a				J January .			
b NO	NE						
<u>C</u>							
<u>d</u>					<del></del>		
<u>e</u>	(f) Depression allowed	(5) Cos			(h) O	(1)	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	,	st or other basis expense of sale		(h) Gain ( (e) plus (f)		
a							
b			_				
C							· · · · · · ·
_d						<del></del>	
Complete only for assets showing	in dain in column (h) and owne	d by the foundation	on 12/31/60		\ Calaa (Cal. (	(h)	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (I)			(h) gain minus ess than -0-) <b>or</b> m col (h))	
a	20 01 12/01/00		001 (),, a.i.,				<del></del>
b			,				
C					. 1100		
d	<del> </del>						
<u>e</u>							
2 Capital gain net income or (net ca	If gain, also	enter in Part I, line er -0- in Part I, line	7 7	}   2			
3 Net short-term capital gain or (los	•		•	) <del>-   </del>			
If gain, also enter in Part I, line 8,		(5) and (6)					
If (loss), enter -0- in Part I, line 8				<u> </u>			
<u> </u>	nder Section 4940(e)				ome		
(For optional use by domestic private	e foundations subject to the sec	tion 4940(a) tax on	net investment ir	ncome )			
If section 4940(d)(2) applies, leave to	nis part blank						
Was the foundation liable for the sec	tion 4942 tax on the distributab	le amount of any ye	ear in the base pe	rıod?		Yes	X No
If "Yes," the foundation does not qua							
1 Enter the appropriate amount in	each column for each year, see	instructions before	making any entri	es	1		
(a) Base period years	(b) Adjusted qualifyin		Net value of no	(C) oncharitable-use assets	/001	(d) Distribution ratio (b) divided by col	1 (0))
Calendar year (o'r tax year beginnii 2009	iig iii),	113,950.		322,404	(00)		35343
2008		160,530.		379,014			2354
2007		147,546.		290,127			0855
2006		173,010.		350,020			9428
2005		119,616.		44,553	S .	2.6	8480
<b>6 T</b> . <b>4 1 4 1 4 1</b>						4 4	64631
<ul><li>2 Total of line 1, column (d)</li><li>3 Average distribution ratio for the</li></ul>	5-vear base period - divide the t	total on line 2 by 5	or by the number	r of years	2	4.4	6463
the foundation has been in existe		total off fille 2 by 3,	or by the number	or years	3	. 8	39292
4 Enter the net value of noncharitat	ole-use assets for 2010 from Pa	rt X, line 5			4	292	,330
5 Multiply line 4 by line 3					5	261	,029
6 Enter 1% of net investment incon	ne (1% of Part I line 27h)				6		39
- Litter 170 of not investment incom					-		
7 Add lines 5 and 6					7	261	,068
8 Enter qualifying distributions from	n Part XII, line 4				8	91	,295
If line 8 is equal to or greater than	line 7, check the box in Part V	l, line 1b, and comp	lete that part usir	ng a 1% tax rate			
See the Part VI instructions							

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	t'VI Excise Tax Based on Investment Income (Section 4940(a),		1948 -	see in	stru	ction	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter 🏗						
	Date of ruling or determination letter (attach copy of letter if necessar	ry-see instructions)					
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗔	」 and enter 1%	1				<u>78.</u>
	of Part I, line 27b						
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Pa						_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others of	enter -0-) .	2				0.
	Add lines 1 and 2		3	-			78.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others	enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5				78.
6	Credits/Payments	_					
a	2010 estimated tax payments and 2009 overpayment credited to 2010 6a	5.					
	Exempt foreign organizations - tax withheld at source 6b		4 1				
C	Tax paid with application for extension of time to file (Form 8868)	170	4 1				
đ	Backup withholding erroneously withheld 6d	<u>d</u>	4 1			_	
	Total credits and payments Add lines 6a through 6d		7			1	<u>75.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9				
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>▶</b>	10				97.
	Enter the amount of line 10 to be Credited to 2011 estimated tax	97 - Refunded ▶	11				0.
Pa	rt VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	n or did it participate or interven	e in	L		Yes	
	any political campaign?			L	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (s	see instructions for definition)?			1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop	oles of any materials publish	ed or				
	distributed by the foundation in connection with the activities.					1	
	Did the foundation file Form 1120-POL for this year?	•		ļ	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				Į	1	
	(1) On the foundation $\blacktriangleright$ \$ (2) On foundation managers $\blacktriangleright$		<u>-</u>				
9	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure to	tax imposed on foundation					
	managers > \$O.						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			-	2		X
	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instru	iment, articles of incorporation,	or				17
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			- 1	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•	3.7	/a	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?		IN	/A	4b		v
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.			ļ			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions are supported by the state of the state o	ections that conflict with the sta	te law		_	Х	
_	remain in the governing instrument?	•		⊦	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			-	7	Λ	_
_	If "Yes," complete Part II, col. (c), and Part XV.						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) KS						
		ou Conaral (or designate)					
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorne	ey delleral (or designate)		İ	QL.	Х	
_	of each state as required by General Instruction G? If "No," attach explanation	. 4040/i\/9\ or 4040/i\/5\ f	landar	-	8b		
9	is the foundation claiming status as a private operating foundation within the meaning of section		enual	ŀ	ا م	:	х
40	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," comp			<u> </u>	9 10		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule lists	ing their names and addresses		Earm		_DF	(2010)
				EOIIII	330	(	2010)

-om	1990-PF (2010) C/O JUDY WORRELL 20-394.	<u> </u>		rayes
Pa	art-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 acquire a direct or indirect interest in any applicable insurance contract before	1		
	August 17, 2008?	12		<u>X</u>
13		13	X	
	Website address ► N/A			
14	The books are in care of ► JUDY WORRELL Telephone no ► (316)	832	<u>-01</u>	71
	Located at ► BERRY COMPANIES 3223 N. HYDRAULIC, WICHITA, KS ZIP+4 ►6	7201		<del></del>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>,</b> ▶	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,	1	Yes	No
	securities, or other financial account in a foreign country?	16	<u> </u>	X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of	1		
	the foreign country	<u> </u>		
	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del></del>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		res	No
18	a During the year did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
		į		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No			
	a disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the 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 )			
١	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 page 22 of the instructions)?  N/A	1b	•	
	Organizations relying on a current notice regarding disaster assistance check here	12		
(	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2010?	10		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))	1		
;	a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2010?			
	If "Yes," list the years ▶,,,			
ļ	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions ) . N/A	2b	ļ	
١	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
_				
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
	b If "Yes," did it have excess business holdings in 2010 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 Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010)  N/A	26	•	1
	,	3b	-	X
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year /but after December 31, 1969) that could geopardize its charitable purpose that	4a	-	
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that <a href="https://pacestreep.new.com/had/not/been/removed/from/jeopardy/before the first day of the tax year beginning in 2010?">https://pacestreep.com/had/not/been/removed/from/jeopardy/before the first day of the tax year beginning in 2010?</a>	4b	•	х
		rm <b>990</b>	-PF	
	ı	556	(	_0.0/

2 Compensation of five highest-paid employees (other than the	ose included on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000			<b>•</b>	(

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "No	ONE."	<del></del>
(a) Name and address 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		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced	nformation such as the l, etc	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
		Form 990 PE (2010)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ındatıons, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	0. 296,782.
C	Fair market value of all other assets	10	. ·
d	Total (add lines 1a, b, and c)	1d	296,782.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) . 1e 0	.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	296,782.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,452.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,452. 292,330.
6	Minimum investment return. Enter 5% of line 5	6	14,617.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here  and do not complete this part )	nd certain	_
1	Minimum investment return from Part X, line 6	1	14,617.
2a	Tax on investment income for 2010 from Part VI, line 5 2a 28	,	
b	Income tax for 2010 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	78.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	14,539.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	.5	14,539.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	14,539.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		_
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	91,295.
þ	Program-related investments - total from Part IX-B	1b	0.
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		
a	Suitability test (prior IRS approval required)	3a	
þ	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	91,295.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	91,295.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2010)

4940(e) reduction of tax in those years

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI.	COTPUS	7 0010 prior to 2000	2003	2010
line 7				14,539.
2 Undistributed income, if any, as of the end of 2010	1711 1741			11/333.
a Enter amount for 2009 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2010		WINE OR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
a From 2005				
b From 2006 155,671.				
c From 2007 133, 301.				
d From 2008 141, 799.				
e From 2009 98,000.				
f Total of lines 3a through e	528,771.			
4 Qualifying distributions for 2010 from				······
Part XII, line 4 ►\$ 91,295.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· ···
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		7. 17	,	,,,,
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount	, , , , , , , , , , , , , , , , , , , ,		1111111	14,539.
e Remaining amount distributed out of corpus	76,756.			
Excess distributions carryover applied to 2010 (If an amount appears in column (d) the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
	605,527.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract	003/32/1			······································
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			······································	······································
amount - see instructions		0.		
e Undistributed income for 2009 Subtract line				······································
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of		,,,	, , , , , , , , , , , , , , , , , , , ,	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.	-		
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	605,527.			
10 Analysis of line 9				
a Excess from 2006 155,671.	3			
b Excess from 2007 133,301.				
c Excess from 2008 141,799.				
d Excess from 2009 98,000.				
e Excess from 2010 76,756.				

023581 12-07-10

1 a If the foundation has received a ruling or d	····	structions and Part V		N/A	
foundation, and the ruling is effective for 2					
<b>b</b> Check box to indicate whether the foundati		-	in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1 10 120/07 01	3 10 12()/(0/
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
Investment return from Part X for				<u> </u>	
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,			1		
line 4 for each year listed					
d Amounts included in line 2c not	· ·				
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly			<del>-  </del>		
for active conduct of exempt activities					
Subtract line 2d from line 2c					
Complete 3a, b, or c for the					
alternative test relied upon					
a "Assets" alternative test - enter (1) Value of all assets					
``					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" afternative test - enter					
(1) Total support other than gross					
investment income (interest,				ļ	
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					<u> </u>
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Inform	nation (Comple	te this part only	if the foundation	had \$5,000 or	more in assets
at any time during the			ii die loulidation	1 1100 40,000 01	more in assets
Information Regarding Foundation					
a List any managers of the foundation who h		than 2% of the total cou	itributions received by the	foundation before the	a close of any tay
year (but only if they have contributed mor			ithoutions received by the	Touridation before the	close of any tax
ONE		, ,, ,,			
	400/	e stock of a cornoration	(or an equally large ports	on of the ownership o	f a nartnershin or
	NACE THE PARTY OF THE PARTY OF THE		i (vi ali equally large porti	on or the ownership o	i a partifership of
b List any managers of the foundation who o other entity) of which the foundation has a					
b List any managers of the foundation who of other entity) of which the foundation has a					
b List any managers of the foundation who cother entity) of which the foundation has a     ONE	10% or greater interes	.t			
b List any managers of the foundation who on other entity) of which the foundation has a ONE     Information Regarding Contribution	10% or greater interes	t Scholarship, etc., F	Programs:	ant accent uncollected	requests for funds. If
b List any managers of the foundation who dother entity) of which the foundation has a ONE  Information Regarding Contribution Check here	10% or greater interes  n, Grant, Gift, Loan, r makes contributions t	Scholarship, etc., F	Programs:	not accept unsolicited	requests for funds If
b List any managers of the foundation who do other entity) of which the foundation has a ONE  Information Regarding Contribution Check here  if the foundation only the foundation makes gifts, grants, etc (see	10% or greater interes  n, Grant, Gift, Loan, r makes contributions t e instructions) to indiv	Scholarship, etc., F o preselected charitabli iduals or organizations	Programs: e organizations and does r under other conditions, co	not accept unsolicited omplete items 2a, b, c	requests for funds If , and d
b List any managers of the foundation who do other entity) of which the foundation has a ONE  Information Regarding Contribution Check here  if the foundation only the foundation makes gifts, grants, etc (see a The name, address, and telephone number	10% or greater interes  n, Grant, Gift, Loan, r makes contributions t e instructions) to indiv	Scholarship, etc., F o preselected charitabli iduals or organizations	Programs: e organizations and does r under other conditions, co	not accept unsolicited omplete items 2a, b, c	requests for funds If , and d
b List any managers of the foundation who do other entity) of which the foundation has a ONE  Information Regarding Contribution Check here  if the foundation only the foundation makes gifts, grants, etc (see a The name, address, and telephone number	10% or greater interes  n, Grant, Gift, Loan, r makes contributions t e instructions) to indiv	Scholarship, etc., F o preselected charitabli iduals or organizations	Programs: e organizations and does r under other conditions, co	not accept unsolicited omplete items 2a, b, c	requests for funds If , and d
b List any managers of the foundation who dother entity) of which the foundation has a ONE  Information Regarding Contribution Check here  if the foundation only the foundation makes gifts, grants, etc (se a The name, address, and telephone number EE SCHEDULE 1	10% or greater interes  n, Grant, Gift, Loan, r makes contributions to the instructions) to individe of the person to whom	Scholarship, etc., F o preselected charitabli iduals or organizations n applications should b	Programs: e organizations and does r under other conditions, co e addressed	not accept unsolicited omplete items 2a, b, c	requests for funds If , and d
b List any managers of the foundation who dother entity) of which the foundation has a ONE  Information Regarding Contribution Check here  if the foundation only the foundation makes gifts, grants, etc (se a The name, address, and telephone number EE SCHEDULE 1  b The form in which applications should be serviced to the soundation of the form in which applications should be serviced.	10% or greater interes  n, Grant, Gift, Loan, r makes contributions to the instructions) to individe of the person to whom	Scholarship, etc., F o preselected charitabli iduals or organizations n applications should b	Programs: e organizations and does r under other conditions, co e addressed	not accept unsolicited omplete items 2a, b, c	requests for funds If , and d
b List any managers of the foundation who dother entity) of which the foundation has a ONE  Information Regarding Contribution Check here  if the foundation only the foundation makes gifts, grants, etc (se a The name, address, and telephone number EE SCHEDULE 1  b The form in which applications should be set in SCHEDULE 1	10% or greater interes  n, Grant, Gift, Loan, r makes contributions to the instructions) to individe of the person to whom	Scholarship, etc., F o preselected charitabli iduals or organizations n applications should b	Programs: e organizations and does r under other conditions, co e addressed	not accept unsolicited omplete items 2a, b, c	requests for funds If , and d
b List any managers of the foundation who could of which the foundation has a ONE  Information Regarding Contribution Check here  if the foundation only the foundation makes gifts, grants, etc (se a The name, address, and telephone number EE SCHEDULE 1  b The form in which applications should be sEE SCHEDULE 1  c Any submission deadlines.	10% or greater interes  n, Grant, Gift, Loan, r makes contributions to the instructions) to individe of the person to whom	Scholarship, etc., F o preselected charitabli iduals or organizations n applications should b	Programs: e organizations and does r under other conditions, co e addressed	not accept unsolicited omplete items 2a, b, c	requests for funds If , and d
b List any managers of the foundation who cother entity) of which the foundation has a ONE  Information Regarding Contribution Check here  if the foundation only the foundation makes gifts, grants, etc (see a The name, address, and telephone number EE SCHEDULE 1  b The form in which applications should be see SCHEDULE 1  c Any submission deadlines.  EE SCHEDULE 1	10% or greater interes  n, Grant, Gift, Loan, makes contributions to the instructions) to indiver of the person to whom submitted and informat	Scholarship, etc., For o preselected charitable iduals or organizations in applications should be sometime of the property of	Programs: e organizations and does runder other conditions, conditions, conditions and does runder other conditions, conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions, conditions and does runder other conditions, conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions are runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions are runder other conditions and does runder other conditions are runder other conditions and does runder other conditions are runder of the conditions and does runder other conditions are runder of the conditions and does runder other conditions are runder of the conditions and does runder other conditions are runder of the conditions and does runder other conditions are runder of the conditions and does runder other conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditio	omplete items 2a, b, c	requests for funds If , and d
b List any managers of the foundation who dother entity) of which the foundation has a ONE  Information Regarding Contribution Check here  if the foundation only the foundation makes gifts, grants, etc (se a The name, address, and telephone number EE SCHEDULE 1  b The form in which applications should be sEE SCHEDULE 1  c Any submission deadlines.	10% or greater interes  n, Grant, Gift, Loan, makes contributions to the instructions) to indiver of the person to whom submitted and informat	Scholarship, etc., For o preselected charitable iduals or organizations in applications should be sometime of the property of	Programs: e organizations and does runder other conditions, conditions, conditions and does runder other conditions, conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions, conditions and does runder other conditions, conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions are runder other conditions and does runder other conditions and does runder other conditions and does runder other conditions are runder other conditions and does runder other conditions are runder other conditions and does runder other conditions are runder of the conditions and does runder other conditions are runder of the conditions and does runder other conditions are runder of the conditions and does runder other conditions are runder of the conditions and does runder other conditions are runder of the conditions and does runder other conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditions are runder of the conditio	omplete items 2a, b, c	requests for funds If , and d

Part XV Supplementary Information	n (continued)			
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year SEE SCHEDULE OF 2010 GIFTS	N/A	EXEMPT	CHARITABLE	91,255.
			<b>▶</b> 3a	91,255.
b Approved for future payment			34	71,255.
NONE				
Total	<del></del>	<del> </del>	<b>▶</b> 3b	0.
023611 12-07-10			F	orm <b>990-PF</b> (2010)

Davi	XVI-A	Analysis s	f Income-Produci	ina Activitios
Part	AYI"A	Anaiysis o	i income-Produci	ng Acuvilles

Enter gross amounts unless otherwise indicated	Unrelated business income			ded by section 512, 513, or 514	(e)	
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
	Code		-		<del></del>	
a	<del></del>				<del>,</del>	
<u> </u>			-			
d						
e					<del></del>	
f			ļ			
g Fees and contracts from government agencies	ļ					
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments	ļ			2 22 5		
4 Dividends and interest from securities	ļ.,		14	3,886.		
5 Net rental income or (loss) from real estate					······································	
a Debt-financed property			<u> </u>		·	
b Not debt-financed property						
6 Net rental income or (loss) from personal	1					
property			<u></u>			
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a			ļ			
b						
C						
					-1	
e						
12 Subtotal Add columns (b), (d), and (e)		0.		3,886.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13 3.886.		
(See worksheet in line 13 instructions to verify calculations )				10_		
				. =		
Part XVI-B Relationship of Activities to	o the Acc	omplishment of Ex	cemp	t Purposes		
Line No. Explain below how each activity for which incor	me is reported	in column (e) of Part XVI-A	contri	outed importantly to the accord	nolishment of	
▼ the foundation's exempt purposes (other than l				, , , , , , , , , , , , , , , , , , ,		
	<u> </u>		•			
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Form 990-PF (2010)
Part XVII Ir

10) C	אַמטע סע	WORKELL	20-3942107
Informat	ion Regard	ing Transfers	To and Transactions and Relationships With Noncharitable

		Exempt Organi	izations							
1	Did the o	rganization directly or indir	ectly engage in any	of the followin	g with any other organization	on described in sect	on 501(c) of		Yes	No
	the Code	(other than section 501(c)	(3) organizations) o	r in section 52	7, relating to political organ	izations?				
a	Transfers	s from the reporting founda	ition to a noncharitat	ble exempt orç	janization of					1
	(1) Cast	h					-	1a(1)		X
	(2) Othe	er assets						1a(2)		X
b	Other tra	nsactions								
	(1) Sale	s of assets to a noncharital	ble exempt organizat	ion				16(1)		_X_
	(2) Puro	chases of assets from a nor	ncharitable exempt o	rganization			·	1b(2)		Х
	(3) Rent	tal of facilities, equipment, (	or other assets					1b(3)		Х
	(4) Rein	nbursement arrangements						1b(4)		X
	(5) Loar	ns or loan guarantees						1b(5)		Х
	(6) Perf	ormance of services or me	mbership or fundrais	sing solicitatio	ns			1b(6)		Х
C	Sharing	of facilities, equipment, mai	iling lists, other asse	ts, or paid em	ployees			1c		X
d	If the ans	swer to any of the above is	"Yes," complete the f	ollowing sche	dule Column (b) should alv	ways show the fair n	narket value of the	goods, other ass	ets,	
		· ·		-	ed less than fair market valu	-		-		
	column (	(d) the value of the goods, (	other assets, or serv	ices received		-				
a)∟	ine no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Description	of transfers, transaction	ons, and sharing ar	rangeme	ents
				N/A						
			-	·						
						1			· -	
								· · · · · · · · · · · · · · · · · · ·		
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22	le the for	undation directly or indirect	thy affiliated with on i	related to one	or more tax-exempt organi	zations described				
La		n 501(c) of the Code (other	-			zations described		Yes	Y	□No
h		complete the following sch		(3)) 01 111 5601	1011 527		•	162		טוו ב
u		(a) Name of org			(b) Type of organization		(c) Description of r	elationshin		
_		N/A	dilization		(b) Type of organization		(b) Bescription of t	olation3inp		
		N/A								
			• • • • • • • • • • • • • • • • • • • •	-			<del></del>			
							· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·							
	Une	der penalties of penury. I declar	that I have examined the	is return, includi	I ing accompanying schedules and	d statements and to the	e best of my knowledd	e and belief it is tr	ue come	ect .
e:	and				ased on all information of which			o una banci, it is a	30, 00,10	
	gn 🐃 ere 🕟	1120	1/22, 1/V		1 11/11	111 . 01	CRETARY/	MDEXCIID	מים	
•		Signature of officer or tru	Up Cully		Date		itle	IKEASUK	ER	
	<u> </u>	Print/Type preparer's na		Dranarar'e ei		Date	Check If	PTIN		
		T IIIIU Type preparer S Ha	1116	Preparer's si			self- employed	1 1 1114		
Pa	id	DENICE E	UTNICON	DENTCE	E BINCON	OV 0 2 2011	son employed			
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		Firm's address ► 30						16 262	722	1
		l WI	CHITA, KS	0/202	-4000		Phone no 3	16-267-		
								Form <b>990</b>	1-PF (	(2010)

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

Department of the Treasury Internal Revenue Service

Name of the organization

BERRY FOUNDATION INC

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

## **Schedule of Contributors**

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

OMB No 1545-0047

2010

**Employer identification number** 

20-3942107 C/O JUDY WORRELL Organization type (check one): Section: Filers of: 501(c)( ) (enter number) organization Form 990 or 990-EZ 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 of \$5,000 or more during the year. 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 line 2 of its Form 990-PF, to certify

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1 of 1 of Part I

Name of organization
BERRY FOUNDATION INC
C/O JUDY WORRELL

Employer identification number

20-3942107

Part I	Contributors	(see instructions)
--------	--------------	--------------------

LALT.	Continuators (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BERRY COMPANY  3223 N. HYDRAULIC  WICHITA, KS 67201	\$ 95,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- <b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II rf there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)

023452 12-23-10

Name of organization

BERRY FOUNDATION INC

20-3942107

C/O JUDY WORRELL

Noncash Property (see instructions)

, -1-,-			
(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
			<del>-</del>
(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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Name-of organization Employer identification number BERRY FOUNDATION INC C/O JUDY WORRELL 20-3942107 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating Part III more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part i (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## BERRY FOUNDATION 23-7078074 12/31/10

The Berry Foundation was established to expend funds to recognized charitable organizations. The charitable contributions are made at the discretion of the officers of the Foundation. No grants, scholarships, fellowships, or other similar benefits are awarded and no application forms have been designed for such purposes. All funds of the Foundation are invested in interest-bearing instruments and all income earned is expended to charities. A schedule of 2010 donations is attached to the Form 990-PF.

FORM 990-PF DIVIDENT	DS AND	INTER	EST	FROM	SECUR	RITIES	STATEMEN'	r 1
SOURCE		GROSS	AMO	OUNT		TAL GAINS	COLUMN AMOUN	
BANK OF AMERICA FIDELITY BANK	·		3,	9. ,877.		0.	3	9. ,877.
TOTAL TO FM 990-PF, PART I,	LN 4		3	886.		0.	3	,886.
FORM 990-PF		TAX	ES		_		STATEMEN:	г 2
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVI NT INC	EST-	(C) ADJUSTED NET INCOM		<b>FABLE</b>
FED TAXES		175.			0.			0.
TO FORM 990-PF, PG 1, LN 18		175.	_		0.			0.
FORM 990-PF	0	THER E	XPE	NSES			STATEMENT	г 3
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVI NT INC	EST- COME	(C) ADJUSTED NET INCOM		<b>FABLE</b>
ANNUAL REPORT MISCELLANEOUS CHECKS		40. 39. 23.			0. 0. 0.			40. 0. 0.
TO FORM 990-PF, PG 1, LN 23		102.			0.			40.

# BERRY FOUNDATION 2010 GIFTS

2010	Check #	Name	Amt	Cls	Address
1/22	1377	Numana, Inc	300	В	P O Box 572, ElDorado, KS 67042
4/15	1379	Communities in Schools	300	В	412 S Main, Suite 212, 67202
4/16	1380	Alzheimers Assoc	300	Α	455 Sherman St #500, Denver CO 80203
6/15	1383	M D Anderson Cancer Center	100	Α	1515 Holcombe Blvd , Houston, TX 77030
7/1	1384	Jr Achievement	350	Α	435 S Broadway, 67202
7/29	1385	AED Foundation	7500	Α	615 W 22nd, Oakbrook, IL
7/29	1386	Jayhawk Area Council BSA	300	Α	1020 SE Monroe, Topeka, KS 66601
7/29	1387	Quivira Council BSA	300	Α	1555 E 2nd, 67201
7/29	1388	Communities in Schools	1,000	В	412 S Main, Suite 212, 67202
7/29	1389	Episcopal Social Services	250	Α	233 S St Francis, 67202
7/29	1390	Exploration Place	500	С	300 N. McLean Blvd, 67203
7/29	1391	Flint Hills Center for Public Policy	1,000	Α	250 N Water, Suite 216, 67202
7/29	1392	Flint Hills Therapeutic Riding Ctr	500	Α	P O Box 782622, 67278
7/29	1394	HopeNet	1,000	Α	2501 E Central, Suite 2, 67214
7/29	1395	KS Aviation Museum	250	Α	3350 George Washington Blvd, 67210
7/29	1396	KS Council on Economic Edu	200	Α	1845 N Fairmount, 67208
7/29	1397	Lord's Diner	1,000	Α	520 N Broadway, 67214
7/30	1398	Morning Star Ranch	1,500	В	1176 Banner Rd , Florence, KS 66851
7/30	1399	Prairie View	300	Α	Box 467, Newton, KS 67114
7/30	1400	Three Trees	1,000	Α	8100 E 22nd N , Suite 100, 67226
7/30	1401	YMCA of Topeka	250	Α	421 SW Van Buren, Topeka, KS 66603
8/6	1402	Victory in the Valley	200	Α	3755 E Douglas, 67218
8/6	1403	Wichita Crime Commission	600	Α	125 N Market, Suite 1115, 67202
8/6	1404	Greater Wichita YMCA	250	Α	3330 N Woodlawn, 67220
8/6	1405	YMCA of Greater K C	250	Α	3100 Broadway, Suite 1020, KC, MO 64111
8/6	1406	Youth Entreprenuers of KS	1,000	Α	4111 E 37th St N , Suite D101, 67220
8/6	1407	United Way of the Plains	8,250	Α	245 N Water, 67202
8/31	1408	Quivira Council BSA	5,000	Α	1555 E 2nd, 67201
8/31	1409	Presbytery of Southern KS	15,000	Α	3521 W 21st St N, Wichita, KS 67203
8/31	1410	United Methodist Open Door	5,000	Α	P O Box 2756, 67201
8/31	1411	Rainbows United	5,000	Α	340 S Broadway, 67202
8/31	1412	Newman University Athletics	400	В	3100 McCormick, Wichita, KS 67213
8/31	1413	KS Family Policy Council	500	Α	2250 N Rock Rd , Ste 118 #250, 67226
8/31	1414	WSU Foundation	50	В	1845 N. Fairmount, 67208
8/31	1415	American Heart Assoc	100	Α	7272 Greenville Ave , Dallas, TX 7520
8/31	1416	Catholic Charities	200	Α	532 N Broadway, Wichita 67214
8/31	1417	Goodwill Industries	500	Α	3636 N Oliver, Wichita, 67208
8/31	1418	Sedgwick County Zoo	900	С	5555 Zoo Blvd , 67
10/6	1419	Habitat for Humanity	120	Α	P O. Box 114, Wichita, 67201
10/26	1420	KS Aviation Museum	500	Α	3350 George Washington Blvd, 67210
12/22	1421	KS Family Policy Council	1,000	Α	2250 N Rock Rd , Ste 118 #250, 67226
12/22	1422	American Heart Assoc	300	Α	7272 Greenville Ave , Dallas, TX 7520
12/22	1423	Amigos de SER	100	В	1020 N Main, Suite B, 67203
12/22	1424	Big Brothers Big Sisters	500	Α	310 E 2nd St , 67202
12/22	1425	Botanica	500	С	701 N Amidon, 67203
12/22	1426	Historic Wichita Cowtown	500	С	1871 Sım Park Dr , 67203
12/22	1427	Fundamental Learning Center	1,500	В	917 S Glendale, 67218
12/22	1428	Heartspring	1,000	Α	8700 E 29th St N, 67226
12/22	1429	Harry Hynes Memorial Hospice	300	Α	630 N. St Francis, 67214
12/22	1431	Kansas Cosmosphere	1,000	С	1100 N Plum, Hutchinson, KS 67501
12/22	1432	Kansas Foodbank	500	Α	806 E. Boston, 67211

12/22	1433 KS Independent College Fund	1,000	В	700 S Kansas Ave , Suite 511, Topeka, KS 66603
12/22	1434 KPTS	235	Α	P O Box 288, 67201
12/22	1435 Music Theatre of Wichita	1,500	С	225 W Douglas, 67202
12/22	1436 Rotary Club of Wichita	500	Α	106 W Douglas, 67202
12/22	1437 Salvation Army	500	Α	310 N Market, 67202
12/22	1438 Urban League	500	Α	1802 E 13th, 67214
12/22	1439 Wichita Art Museum	1,000	С	619 Stackman, 67203
12/22	1440 Wichita Symphony Society	1,500	С	225 W Douglas, 67202
12/22	1441 Wichita Education Foundation	1,500	В	c/o The Chamber, 350 W Douglas, 67202
12/22	1442 Youth Horizons	1,000	Α	1601 E Douglas, 67211
12/22	1443 Wichita Childrens Home	1,000	Α	810 N Holyoke, 67208
12/22	1444 WSU Foundation	1,500	В	1845 N Fairmount, 67208
12/22	1445 United Way of the Plains	8,250	Α	245 N Water, 67202
12/22	1446 United Way of the Ozarks	300	Α	320 N Jefferson, Springfield, MO 65806
12/22	1447 United Way of Greater Topeka	900	Α	P O Box 4188, Topeka, KS 66604
12/22	1448 Tulsa Area United Way	850	Α	P O Box 1859, Tulsa, OK 74101
	Total	91,255		

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# Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If yo	u are filing for an Automatic 3-Month Extension, complet	te only Pa	ort I and check this box		▶	X		
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).								
Do no	Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.							
Electr	Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation							
require	ed to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically file F	orm 8	368 to request an ex	tension		
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Tran	sfers /	Associated With Cer	taın		
Persor	nal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on the	ne elec	tronic filing of this f	orm,		
visit w	ww.irs.gov/efile and click on e-file for Charities & Nonprofits	·						
Part	I Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).					
A corp	oration required to file Form 990-T and requesting an auton	natic 6-mc	onth extension - check this box and com	plete				
Part I	only				. ▶			
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	ICs, and t	rusts must use Form 7004 to request an	exten	sion of time			
Туре	Name of exempt organization	<del></del>		Emp	loyer identification	number		
print	BERRY FOUNDATION INC				oyer identification			
p.m.	C/O JUDY WORRELL			2	0-3942107			
File by th	ie Number dans August and Book	ee Instruct	tions					
filing you	1 3223 N. HYDRAULIC, BOX 829	00 11101100						
return, S instruction	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.					
	WICHITA, KS 67201-0829							
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 4		
Applic	ation	Return	Application			Return		
Is For		Code	Is For			Code		
Form 9	190	01	Form 990-T (corporation)			07		
Form 9		02	Form 1041-A			08		
Form 9		03						
Form 9		04	Form 5227			10		
-	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	990-T (trust other than above)	06	Form 8870			12		
	JUDY WORRELL	1				<del></del>		
• The	books are in the care of BERRY COMPANIES	32:	23 N. HYDRAULIC - WI	CHI	TA, KS 672	01		
	ephone No. ► (316) 832-0171		FAX No. ▶					
	e organization does not have an office or place of business	s in the Ur	nited States, check this box		·			
• If th	is is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) . If thi	s is fo	r the whole group, o	heck this		
box ▶	. If it is for part of the group, check this box	and atta	ich a list with the names and EINs of all	memb	ers the extension is	for		
	request an automatic 3-month (6 months for a corporation	•	to file Form 990-T) extension of time unt tion return for the organization named a		The evidence of			
-		t organiza	tion return for the organization harned a	bove.	The extension			
	s for the organization's return for:  ► X calendar year 2010 or							
,			d anding					
	tax year beginning	, an	a enong		<b>-</b> •			
<b>2</b> i	f the tax year entered in line 1 is for less than 12 months, c  Change in accounting period	heck reas	on: Initial return Fina	l retur	n			
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			175		
-	nonrefundable credits. See instructions.		<del></del>	3a	\$	175.		
	f this application is for Form 990-PF, 990-T, 4720, or 6069,			_		-		
-	estimated tax payments made. Include any prior year overp			3b	\$	5.		
	170							
	oy using EFTPS (Electronic Federal Tax Payment System) son. If you are going to make an electronic fund withdrawal w			3c	S for payment and	170.		
Cautio	m. II you are going to make <u>an electronic tuno withdrawal</u> w	viin inis Fo	Jim 0000, See Form 0453-EO and Form	00/8	LO for payment inst	TUCTIONS.		

Form 8868 (Rev_ 1-2011)				<u></u>	Page 2		
• If you are filing for an Additional (Not Automate)	atic) 3-Month Extension, o	complete only Part II and check this b	ох		<b>►</b> X		
Note. Only complete Part II if you have already to	peen granted an automatic	3-month extension on a previously filed	i Form	8868.			
• If you are filing for an Automatic 3-Month Ex							
Part II Additional (Not Automati	c) 3-Month Extensio	n of Time. Only file the original (no o	opies r	needed).			
Name of exempt organization  Type or DEDDY FOLINDATION IN	·C		Empl	loyer identificat	ion number		
print C/O JUDY WORRELL 20-3942107							
File by the	o If a P.O. box see instruc	tions.			<del></del>		
due date for 3223 N. HYDRAULIC,							
return. See City, town or post office, state, and	ZIP code. For a foreign add	iress, see instructions.			<del></del>		
wichita, KS 67201-	0829						
	and the second						
Enter the Return code for the return that this app	plication is for (file a separa	te application for each return)	•		0 4		
Application	Return	Application			Return		
Is For	Code	Is For			Code_		
Form 990	01						
Form 990-BL	02	Form 1041-A			08		
Form 990-EZ	03	Form 4720			09		
Form 990-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870			12		
STOP! Do not complete Part II if you were not	aiready granted an autor	natic 3-month extension on a previou	usty file	d Form 8868.			
	ORRELL						
• The books are in the care of ▶ BERRY	COMPANIES 32:	23 N. HYDRAULIC - WI	CHI	TA, KS 6	7201		
Telephone No. ► (316) 832-017	1	FAX No. ▶					
• If the organization does not have an office or	place of business in the Ur	ited States, check this box			<b>▶</b> □		
● If this is for a Group Return, enter the organiz	ation's four digit Group Exe	emption Number (GEN) If the	is is foi	r the whole grou	p, check this		
box . If it is for part of the group, check	this box ▶ 🔲 and atta	ch a list with the names and EINs of all	memb	ers the extensio	n is for		
4 I request an additional 3-month extension	of time until NOVEM	BER 15, 2011.					
5 For calendar year 2010, or other tax year	ear beginning	, and ending					
6 If the tax year entered in line 5 is for less ti	han 12 months, check reas	on. Initial return	Final r	eturn			
Change in accounting period							
7 State in detail why you need the extension	١						
ADDITIONAL TIME IS NE	EDED TO GATHE	R COMPLETE AND ACCUR	RATE	INFORMA	TION.		
A 1611 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DE 000 X 4700 0000						
8a If this application is for Form 990-BL, 990-	PF, 990-1, 4720, or 6069, e	nter the tentative tax, less any		1 _	175.		
nonrefundable credits. See instructions	T 4700 6000 4		8a	\$			
b If this application is for Form 990-PF, 990-	·						
tax payments made. Include any prior yea	r overpayment allowed as a	a credit and any amount paid	0.	<u> </u>	175.		
previously with Form 8868.  c Balance due. Subtract line 8b from line 8a	- Indudo vous poumont with	h this form if required by upper	8b	\$			
c Balance due. Subtract line 85 from line 85 EFTPS (Electronic Federal Tax Payment S	. , ,	in this form, it required, by using	0-	\$	0.		
CETTES (Electronic Federal Tax Fayitient S		d Verification	8c	1 4			
Under penalties of penjury, I declare that I have examin	ed this form, including accomp		e best o	f my knowledge ai	nd belief,		
it is true, correct, and complete, and that I am authorize	ed to prepare this form						
Signature -	Title ▶		Date	<b>&gt;</b>			
				Form 8868	(Rev. 1-2011)		

023842 01-24-11