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990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter Social Security numbers on this form as it may be made public. OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

Open to Public Inspection

F		lendar year 2013 or tax year beginning	04	4/01 , 2013, and en	ding		03/31, 2014
	Name	e of foundation			1	Employer identifi	cation number
_	THE	RESA A. & THOMAS W. BERRY FO	DUNDATION			13-343793	0
	Numb	per and street (or P O box number if mail is not delivered	ed to street address)	Room/si	uite E	3 Telephone numb	er (see instructions)
	C/C	BCRS ASSOCIATES, LLC				(21	2) 440-0800
	77	WATER STREET		9ТН	FL		
_	City o	r town, state or province, country, and ZIP or foreign po	ostal code				
	NEW	YORK, NY 10005			C	If exemption applica pending, check here	ation is
- C		eck all that apply: Initial return	Initial return	of a former public ch	<u> </u>		
·	One	Final return	Amended re	•	ם וווי	1 Foreign organizat	
		Address change	Name chang			2 Foreign organiza 85% test, check h	ere and attach
—	Che	eck type of organization X Section 501				computation .	▶ □
ï	- 1	Section 4947(a)(1) nonexempt charitable trust	Other taxable pr		E	If private foundation	
1			ounting method. X C)(1)(A), check here . P
•		C	Other (specify)	asii Acciuai			in a 60-month termination
			, column (d) must be on			under section 507(b)	(1)(B), check here . ►
		Analysis of Revenue and Expenses (The		l casii basis j	\perp		(d) Disbursements
	CIL	total of amounts in columns (b), (c), and (d)	(a) Hevende and	(b) Net investment	(c)	Adjusted net	for charitable
		may not necessarily equal the amounts in	expenses per books	ıncome		income N/A	purposes
4	_	column (a) (see instructions))	-				(cash basis only)
5	1	Contributions, gifts, grants, etc., received (attach schedule) . Of self. The foundation is not required to	NONE		-		
7	2	Check ► attach Sch B	76.	76	+		תרט 1
~	3	Interest on savings and temporary cash investments	/6.	/ 6	+		ATCH 1
	4	Dividends and interest from securities					
ンにア	١.	Gross rents			+		-06 W (CD -1
	Ь	Net rental income or (loss)	-287		+		ECEIVED ,
	b b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 197, 577			-		
彎	_	assets on line 6a			-	ial se	
캺	7	Capital gain net income (from Part IV, line 2) .			-		P 1 5 2014 1
€	8	Net short-term capital gain			-	1 1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
゙゙゙゙゙゙゙゙	9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·			 	1 0	SIDEN UT
76	-	and allowances • • • •			- 	1	
	l	Less Cost of goods sold .			\vdash		
		Gross profit or (loss) (attach schedule)					<u> </u>
	11	Other income (attach schedule)	-211.	76	-		· · · · · · · · · · · · · · · · · · ·
_	12	Total Add lines 1 through 11	211.		+		
	13	Compensation of officers, directors, trustees, etc			-		
ës	14 15 16 a	Other employee salaries and wages			+		
ens	15	Pension plans, employee benefits			+		
Exp		Legal fees (attach schedule)	2,750.	1,375	1	· · · · · · · · · · · · · · · · · · ·	1,375.
ē	b	Accounting fees (attach schedule)ATCH 2	2,730.	1,575			1,375.
aţ	_ C	Other professional fees (attach schedule)			-		
str	17	Interest			 		
Ξ	18	Taxes (attach schedule) (see instructions)			+	-	
Administrative	19	Depreciation (attach schedule) and depletion.					
		Occupancy					
and	21	Travel, conferences, and meetings			1		
Ď	22	Printing and publications		<u> </u>	 		
Operating	23	Other expenses (attach schedule)		<u></u>			
)er	24	Total operating and administrative expenses.	2,750.	1 375			1 275
ŏ		Add lines 13 through 23	17,650.	1,375	 		1,375.
	25	Contributions, gifts, grants paid		1 275	 		17,650.
_	26	Total expenses and disbursements Add lines 24 and 25	20,400.	1,375	 	0	19,025.
	27	Subtract line 26 from line 12	20 (11]	
		Excess of revenue over expenses and disbursements	-20,611.		1		
		Net investment income (if negative, enter -0-)					
_	С	Adjusted net income (if negative, enter -0-)			1	q	

JSA For Paperwork Reduction Act Notice, see instructions. 3E1410 1 000

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Page 2

Part II	Balance Sheets description column should be for end-of-year	Beginning of year	End of	year
	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 (Cash - non-interest-bearing	_0.	300.	
	Savings and temporary cash investments	45,389.	222,344.	222,344.
	Accounts receivable			,
lι	ess allowance for doubtful accounts ▶			
	Pledges receivable			
	ess allowance for doubtful accounts ▶			
	Grants receivable			
	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)			
	Other notes and loans receivable (attach schedule) 🕨			
	ess allowance for doubtful accounts ▶			
8 I	nventories for sale or use			
9 F	Prepaid expenses and deferred charges			
	nvestments - U.S. and state government obligations (attach schedule)			·
ь	nvestments - corporate stock (attach schedule) ATCH 3	197,864.	0.	0.
11	nvestments - corporate bonds (attach schedule)nvestments - land, buildings, and equipment basis			
£ (_ess_accumulated depreciation			
12 I	nvestments - mortgage loans			
13	nvestments - other (attach schedule)			
14 L	and, buildings, and			
Ļ	equipment basis ess accumulated depreciation attach schedule)			
15	Other assets (describe)			
16 T	Fotal assets (to be completed by all filers - see the			
	nstructions Also, see page 1, item I)	243,253.	222,644.	222,644
	Accounts payable and accrued expenses		,	
				; ;
	Grants payable			•
	Deferred revenue			
	oans from officers, directors, trustees, and other disqualified persons .			
21 N	Mortgages and other notes payable (attach schedule) \dots			4
22 (Other liabilities (describe)			,
23 1	Total liabilities (add lines 17 through 22)	0	0	
	Foundations that follow SFAS 117, check here . ▶		/ √ √	ı
a	and complete lines 24 through 26 and lines 30 and 31.			
24 U	Unrestricted		1 , 7	
25 1	Temporarily restricted			
	Permanently restricted			
	Foundations that do not follow SFAS 117, • X			**,
	check here and complete lines 27 through 31.			
	Capital stock, trust principal, or current funds	243,253.	222,644.	
28 F	· [, , , , , , , , , , , , , , , , , , , ,		
	Paid-in or capital surplus, or land, bldg, and equipment fund			
	Retained earnings, accumulated income, endowment, or other funds	243,253.	222,644.	
	Total net assets or fund balances (see instructions)	243,233.	222,044.	
	Total liabilities and net assets/fund balances (see	042.052	222 644	
11	nstructions)	243,253.	222,644.	
	Analysis of Changes in Net Assets or Fund E			
	net assets or fund balances at beginning of year - Part I			
end-d	of-year figure reported on prior year's return)		1	243,253
Enter	r amount from Part I, line 27a			-20,611
Othe	r amount from Part I, line 27a r increases not included in line 2 (itemize) ► ATCH 4		3	2
Add I	lines 1, 2, and 3			222,644
	eases not included in line 2 (itemize) ▶		5	• • • • • • • • • • • • • • • • • • • •
	net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b)		222,644.
· otal	assets or raise salatioes at one of year fille 4 millus	o, . arch, column (b)	,, 0	Form 990-PF (2013)

Page 3

P	art IV Capital Gains	s and Losses for Tax on Inve	estment Income	- n:		
	, ,	d describe the kind(s) of property sold (,	(b) How acquired	(c) Date acquired	(d) Date sold
_		orick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D Donation	I (ma dou ur)	(mo , day, yr)
<u>1a</u>	SEE PART IV SCHE	DULE				
_b	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
_c	<u> </u>					_
_d	<u> </u>					
_e	<u> </u>		T			
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_ <u>a</u>						
<u>b</u>				-		
_d						
_е		abauma ana na saluma (b) and auma	d by the ferrodation on 12/21/60			
_	Complete only for assets	showing gain in column (h) and owne	(k) Excess of col (i)		Gains (Col (h) g (k), but not less	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col (j), if any		Losses (from co	
 a				 	·	
b						
_ <u>~</u>						
_ <u>v</u>						
_ <u>_</u>						
_		. (If	gain, also enter in Part I, line 7			
2	Capital gain net income or		(loss), enter -0- in Part I, line 7	2		-287.
3	Net short-term capital gair	n or (loss) as defined in sections 12				
	If gain, also enter in Pa	rt I, line 8, column (c) (see insti	ructions) If (loss), enter -0- in)	1		
	-		· · · · · ·	3		0
P	art V Qualification	Under Section 4940(e) for Rec	duced Tax on Net Investment I	ncome		
W		the section 4942 tax on the distribution qualify under section 4940(e)	- - •	ase period	d?	Yes X No
_		ount in each column for each year		a any ontr		
<u> </u>	(a)			Jany entr	(d)	
_	Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	atio
_	2012	28,037.	220,512.		(cor (b) divided by	0.127145
_	2011	19,215.	235,710.			0.081520
	2010	175,800.	297,201.			0.591519
_	2009	29,282.	402,718.			0.072711
_	2008	47,425.	444,490.			0.106695
_			· · · · · · · · · · · · · · · · · · ·			
2	Total of line 1, column (d)		2		0.979590
3		for the 5-year base period - divide	the total on line 2 by 5, or by the		· ·	
		dation has been in existence if less		3		0.195918
	·					
4	Enter the net value of nor	ncharitable-use assets for 2013 fro	m Part X, line 5	4		217,881.
			, , , , , , , , , , , , , , , , , , , ,			
5	Multiply line 4 by line 3			5		42,687.
	, , ,					
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
		-7.	,		-	
7	Add lines 5 and 6			7		42,687.
8	Enter qualifying distribution	ons from Part XII, line 4		8		19,025.
_	If line 8 is equal to or gr Part VI instructions	eater than line 7, check the box i	n Part VI, line 1b, and complete t	hat part	using a 1% ta	rate See the

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8b

Enter the states to which the foundation reports or with which it is registered (see instructions)

NJ,

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation.

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete

Х

X

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19,025.

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

Enter 1% of Part I, line 27b (see instructions) Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

	n 990-PF (2013)	-4\			Page 9
Pε	rt XIII Undistributed Income (see instru			-	
1	Distributable amount for 2013 from Part XI,	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
	line 7				10,894.
2	Undistributed income, if any, as of the end of 2013				
	Enter amount for 2012 only			NONE	
b	Total for prior years 20,20,20		NONE		-11. *
3	Excess distributions carryover, if any, to 2013				
а	From 2008				
b	From 2009 9,212.				
С	From 2010				
d	From 2011				
		220,219.			
	Total of lines 3a through e	220,219.	·*		^
4	Qualifying distributions for 2013 from Part XII, line 4 > \$				
а	Applied to 2012, but not more than line 2a				\$
b	Applied to undistributed income of prior years (Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2013 distributable amount				10,894.
	Remaining amount distributed out of corpus	8,131.			*/
5	Excess distributions carryover applied to 2013				
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:		*	,	
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	228,350.		» ?	8
	Prior years' undistributed income Subtract				
С	Inne 4b from line 2b Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	,			*
d	Subtract line 6c from line 6b Taxable				
е	amount see instructions. Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount see instructions.			NONE	
f	Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014				NONE
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)	25,464.			
9	Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	202,886.			
10	Analysis of line 9				
	Excess from 2009 9,212.				
ь	Excess from 2010 161,008.				
С	Excess from 2011				
	Excess from 2012 17,073.				
	Excess from 2013 8,131.				

Form 990-PF(2013)

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factors

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

Page **11**

Form 990-PF (2013) Part XV Supplementary Information ((continued)			Page 11
3 Grants and Contributions Paid Duri	ng the Vear or Anni	oved for I	Future Dayment	
Recipient	If recipient is an individual,	Foundation	dture rayment	
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
SEE SCHEDULE ATTACHED				17,650.
		1		
	<u></u>			
Total				17,650.
b Approved for future payment				
Tatal		<u> </u>		
Total	<u> </u>		<u> ▶ 3b</u>	

Page 12

Part XVI	-A Analysis of Income-Produ	cing Activ	vities			
	amounts unless otherwise indicated	Unrela	ated business income	Excluded b	y section 512, 513, or 514	(e)
Zintor given		(a)	(b)	(c)	(d)	Related or exempt
1 Program	n service revenue	Business code	Amount	Exclusion code	Amount	function income (See instructions)
•		<u> </u>				(Occ manucions)
		· -				
						
				†		
			<u></u>			
-	and contracts from government agencies					
	ship dues and assessments			1,	3.0	
	on savings and temporary cash investments	<u> </u>		14	76.	
	ds and interest from securities					
	al income or (loss) from real estate					
	-financed property					
b Not o	debt-financed property					
	Il income or (loss) from personal property .					
	vestment income					
	loss) from sales of assets other than inventory			18	-287.	
9 Net inco	ome or (loss) from special events					
	rofit or (loss) from sales of inventory.					
	venue a					
			-			
				1		
e	Add columns (b), (d), and (e)			1	-211.	
						-211.
	dd line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calc		• • • • • • • • • • • •			
Part XVI			complishment of Ex	kempt Purp	oses	· · · · · · · · · · · · · · · · ·
						
Line No.	Explain below how each activit					
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	tunds for such purpose	s) (See instructions)
N/A						
			-			
						
	 					· · · · · · · · · · · · · · · · · · ·
			-	·		
				_	·····	
						
		-	-··			
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Part	XVII	Information R Exempt Orga		ansfers To a	nd Transact	ions and	d Relation	ships V	Vith Non	chari	itable	•
1 [old the	organization direc	tly or indirectly	engage in any	of the followin	g with an	y other orga	nization	described		Yes	No
		on 501(c) of the Co ations?	ode (other than	section 501(c)(organization	ns) or in s	ection 527,	relating to	o political			
	-	rs from the reportir	ng foundation t	o a noncharitable	e exempt organ	nization of.						
		h 								1a(1)		X
		er assets								1a(2)		X
		ansactions										
(1) Sale	es of assets to a no	oncharitable exe	empt organization						1b(1)		Х
(2) Pur	chases of assets fr	om a nonchari	table exempt orga	anization					1b(2)		X
(3) Ren	tal of facilities, equ	ipment, or othe	r assets	· · · · · · · · · · · · · · · · · · ·					1b(3)		X
(-	4) Heii	mbursement arrang	ements	<i></i> .						1b(4)	I I	X
(:	5) Loa 6) Dori	ns or loan guarante	es				• • • • • • •			1b(5)		X
		formance of service of facilities, equipr								1b(6)		X
		nswer to any of the								1c	foir m	
		f the goods, other										
		any transaction o										
(a) Line	-	(b) Amount involved	T	noncharitable exemp		T.	cription of trans					
		N/A				N/A						
					·							
			<u> </u>									
	-		-			-						
					· · · · · · · · · · · · · · · · · · ·							
							· · · · · · · ·	·				
			ļ									
		oundation directly								—	[v	 7
		ed in section 501(c) ' complete the follo		otner than section	n 501(c)(3)) or	in section	15277	• • • • •	L	Ye	es X] NO
		(a) Name of organizatio	· · · · · · · · · · · · · · · · · · ·	(b) Туре	e of organization			(c) Descript	on of relations	hip		
				N	/A							
							_					
		_		<u></u>								
	Under	penalties of perjury, I declarance and complete Declaration of	are that I have exam f preparer other than	nined this return, includ taxpayer) is based on all	ling accompanying si Information of which	chedules and preparer has a	statements, and ny knowledge	the best o	if my knowledg	e and b	elief, it	ıs true,
Sign	 	Thomas ea	116000	9/	3/14	шрисп			May the IRS	discus	s this	return
Here		119mar-	<u> </u>		9/17	TRUST	TEE		with the pre	· [37		below
	Signa	ature of officer or trustee	V	Date	,	Title			(see instructions	s)? X	Yes	No
	1	Print/Type preparer's na	me	Prepater's sign	atura		Date	TIN		
Paid	[JOSEPH BULGE		1 Topasi s sign	-(B	P	8/29)	Che NU self	™ "		6694	2
Prepa	arer	Firm's name ► BC	RS ASSOCIA	ATES. LIC	-	$\overline{}$	101-1	Firm's EIN	33 40			
Use C	L	1 111110 1141110	WATER ST		LOOR			I IIII S EIN	, ,		- :	
	1			NY		100	005	Phone no	212-44	10-0	800	
		-							For	m 99 0)-PF (2013)

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THERESA A. & THOMAS W. BERRY FOUNDATION 13-3437930

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of P				cription		IPI	Date	Date sold
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	or D	acquired Gain	
price less expenses of sale	allowable	other	as of	as of	FMV over		or (loss)	
expenses or sale	allowable	basis	12/31/69	12/31/69	adı basıs	$\dagger\dagger$	(IOSS)	
		SEE ATTACHE	D SCHEDULE			Р	VAR	VAR
		PROPERTY TY	PE: SECURI	ries -				
5,300.		4,496.					804.	
		CEE AMMAGUE					113 D	
		SEE ATTACHE PROPERTY TY		rtre		P	VAR	VAR
192,277.		193,368.	II. DECORE			Н	-1,091.	
						Ш	_,	
						Ш		
. 						Ш		
OTAL GAIN(LO	oss)		• • • • • • • • • •			$\ \cdot\ $	-287.	
i								
						11		
						П		
						$\ \ $		
						$\ \ $		
						$\ \ $		
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						Н		
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İ								
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SUPPLEMENTARY STATEMENTS

PART: XV LINE: 2 SUPPLEMENTARY STATEMENTS

THE ORGANIZATION'S PRIMARY ACTIVITY IS TO SUPPORT BY CONTRIBUTIONS, OTHER ORGANIZATIONS QUALIFYING FOR EXEMPTION UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. THE TRUSTEES CHOOSE THSE ORGANIZATIONS BASED UPON THEIR KNOWLEDGE OF THE ORGANIZATION'S ACTIVITIES. NO CONTRIBUTIONS, GRANTS GIFTS LOANS OR SCHOLARSHIPS ARE MADE TO INDIVIDUALS. THE ORGANIZATION DOES NOT PRESENTLY RECEIVE APPLICATIONS OR CONDUCT PROGRAMS FOR DONATIONS IN ITS ACTIVITIES.

ATTACHMENT 1

ADJUSTED NET INCOME		
NET INVESTMENT INCOME	2.	76.
REVENUE AND EXPENSES PER BOOKS	2.	76.
DESCRIPTION	INTEREST ON UNION CENTER CHECKING INTEREST ON BDA	TOTAL

ATTACHMENT 2

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE	1,375.	1,375.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	1,375.	1,375.
REVENUE AND EXPENSES PER BOOKS	2,750.	2,750.
		TOTALS
DESCRIPTION	BCRS ASSOCIATES, LLC	

- CORPORATE STOCK PART II FORM 990PF, BEGINNING BOOK VALUE DESCRIPTION

ENDING BOOK VALUE

ENDING FMV

SEE LONG POSITION

NONE

197,864.

197,864.

TOTALS

NONE

ATTACHMENT 3 PAGE 17

2.

ATTACHMENT	4	

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

AMOUNT DESCRIPTION

ROUNDING

2. TOTAL

ATTACHMENT

PART VIII

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	•
THERESA A. BERRY C/O BCRS ASSOCIATES, LLC 77 WATER STREET 9TH FL NEW YORK, NY 10005	TRUSTEE/PART-TIME	0	0	0	
THOMAS W. BERRY C/O BCRS ASSOCIATES, LLC 77 WATER STREET 9TH FL NEW YORK, NY 10005	TRUSTEE/PART-TIME	0	0	0	
BARRIE A. WIGMORE C/O BCRS ASSOCIATES, LLC 77 WATER STREET 9TH FL NEW YORK, NY 10005	TRUSTEE/PART-TIME	0	0	0	
	GRAND TOTALS	0	0	0	

ATTACHMENT 6

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

THOMAS W. BERRY; C/O BCRS ASSOCIATES LLC 77 WATER STREET - 9TH FLOOR. NEW YORK, NEW YORK 10005

SCHEDULE D. (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10

2013 ▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041

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

THERESA A. & THOMAS W. BERRY FOUNDATION

Part | Short-Term Capital Gains and Losses - Assets Held One Year or Less

Note: Form 5227 filers need to complete only Parts I and II

Employer identification number

OMB No 1545-0092

13-3437930

the I	instructions for how to figure the amounts to enter on ines below form may be easier to complete if you round off cents	(d) Proceeds	(e) Cost	(g) Adjustment to gain or loss Form(s) 8949, F	from	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with
	hole dollars	(sales price)	(or other basis)	line 2, column		column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
	Totals for all transactions reported on Form(s) 8949 with Box A checked	5,300.	4,496.			804.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					-
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4	
5 6	Net short-term gain or (loss) from partnerships, S cor Short-term capital loss carryover Enter the amoun Carryover Worksheet	nt, if any, from line	e 9 of the 2012	Capital Loss	5	(
7	Net short-term capital gain or (loss). Combine line line 17, column (3) on the back	here and on	7	804.		
Pai	Long-Term Capital Gains and Losses - Ass	ets Held More Tha	n One Year		, ,	00::
	instructions for how to figure the amounts to enter on ines below	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss	S from	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents hole dollars	(sales price)	(or other basis)	Form(s) 8949, P line 2, column	art II,	combine the result with column (g)
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked	192,277.	193,368.			-1,091.
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Long-term capital gain or (loss) from Forms 2439, 46	84, 6252, 6781, and	i 8824		11	
12	Net long-term gain or (loss) from partnerships, S corp	orations, and other e	states or trusts		12	
13	Capital gain distributions				13	
14 15	Gain from Form 4797, Part I				14	
, 5	Carryover Worksheet	· · · · · · · · · · · ·			15	()
16	Net long-term capital gain or (loss). Combine lines line 18a, column (3) on the back	8a through 15 in	column (h) Enter I	here and on	16	-1,091.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2013

Sche	dule D (Form 1041) 2013						Page 2
Pa	rt III Summary of Parts I and II		(1) Ber	neficiaries'	(2) Es	tate's	
	Caution: Read the instructions before completing this pa	ırt	(see	e instr)	or tru	ıst's	(3) Total
17	Net short-term gain or (loss)	17					804.
18	Net long-term gain or (loss):						
	Total for year	18a					-1,091.
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>1</u> 8b					
		18c					
19	• , ,	19					-287.
gains	e: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 of sign to Part V, and do not complete Part IV. If line 19, column (3), is a new ssary	(or Fo. et loss	rm 990-T, s, complet	Part I, line i e Part IV an	4a) If lines d the Capi i	18aa al Los	nd 19, column (2), are net i s Canyover Worksheet, as
Pa	rt IV Capital Loss Limitation						
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa	art I, III	ne 4c, ıf a	trust), the sr	naller of		
a Note	The loss on line 19, column (3) or b \$3,000			(a. F 00		20	(287.)
Loss	Carryover Worksheet in the instructions to figure your capital loss carryover	oage	1, line 22	(or Form 99	0-1, line 34), is a	loss, complete the Capital
Pai		s					
Forr	n 1041 filers. Complete this part only if both lines 18a and 19 in colu		2) are ga	uns, or an a	mount is e	entere	d in Part I or Part II and
ther	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more	thar	zero				
	tion: Skip this part and complete the Schedule D Tax Worksheet in the ir	nstruc	tions if				
	ther line 18b, col (2) or line 18c, col (2) is more than zero, or						
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero			وروانا الماسية والمراور			ded to toward on Dead
of F	n 990-T trusts. Complete this part only if both lines 18a and 19 ar orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part a	e gai	ns, or qu omplete	iaillied divid	Jenos are	includ Vorks	ted in income in Part i
ıf eıt	her line 18b, col (2) or line 18c, col (2) is more than zero	and c	ompiete	the Schedu	ie D Tax v	VOIKS	meet in the instructions
 21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34	4)	21	· · · · · · · · · · · · · · · · · · ·			····
22	Enter the smaller of line 18a or 19 in column (2)	*)	` _ '	<u> </u>	······································		
	but not less than zero						
23	Enter the estate's or trust's qualified dividends						
	from Form 1041, line 2b(2) (or enter the qualified						
	dividends included in income in Part I of Form 990-T) . 23						
24	Add lines 22 and 23						
25	If the estate or trust is filing Form 4952, enter the						
	amount from line 4g, otherwise, enter -0 \blacktriangleright 25		ļ				
26	Subtract line 25 from line 24 If zero or less, enter -0-		26				
27	Subtract line 26 from line 21 If zero or less, enter -0-		· -				
28	Enter the smaller of the amount on line 21 or \$2,450						
29	Enter the smaller of the amount on line 27 or line 28						
30	Subtract line 29 from line 28 If zero or less, enter -0- This amount is t					30	
31	Enter the smaller of line 21 or line 26			 			
32	Subtract line 30 from line 26		32				
33	Enter the smaller of line 21 or \$11,950	• • •					
34	Add lines 27 and 30		34				
35	Subtract line 34 from line 33 If zero or less, enter -0-		35				
36	Enter the smaller of line 32 or line 35						
37	Multiply line 36 by 15%				🕨	37	
38	Enter the amount from line 31						
39	Add lines 30 and 36		39				
40	Subtract line 39 from line 38 If zero or less, enter -0-		40				
41	Multiply line 40 by 20%				•	41	
42	Figure the tax on the amount on line 27 Use the 2013 Tax Rate Schedule for E		1				
	and Trusts (see the Schedule G instructions in the instructions for Form 1041).		42				
43	Add lines 37, 41, and 42						
44	Figure the tax on the amount on line 21 Use the 2013 Tax Rate Schedule for Es						

Schedule D (Form 1041) 2013

and Trusts (see the Schedule G instructions in the instructions for Form 1041) 44

Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule

Form 8949

Sales and Other Dispositions of Capital Assets

►Information about Form 8949 and its separate instructions is at www irs gov/form8949

20**13**

illächment Seguence No. 12A

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

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

Sequence No 12

Name(s) shown on return

THERESA A. & THOMAS W. BERRY FOUNDATION

Social security number or taxpayer identification number

13-3437930

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on
the statement even if it is not reported to the IRS. Refere you check Box A. B. or C. below, determine whether you received any statement(s) and it so

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part I Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term.

transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions)

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

X (A) Short-term transactions rep (B) Short-term transactions rep (C) Short-term transactions not	orted on Form(s) 1099-B shov	ving basis was not)	
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the	If you enter an a enter a coo	iny, to gain or loss mount in column (g), le in column (f) rate instructions	(h) Gain or (loss) Subtract column (e)
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed (Mo , day, yr)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
SEE ATTACHED SCHEDULE	VAR	VAR	5,300.	4,496.			804
				-			
2 Totals Add the amounts in column act negative amounts) Enter each your Schedule D, line 1b (if Box A Box B above is checked), or line 3	ı total here an above is check	d include on ed), line 2 (if	5,300.	4,496.			804.

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side.)

Social security number or taxpayer identification number

THERESA A. & THOMAS W. BERRY FOUNDATION

13-3437930

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term Part II transactions, see page 1

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need X (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions				was not repor	ted to the IRS	•	
(F) Long-term transactions	not reported	to you on For	m 1099-B	·			
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	If you enter an a	any, to gain or loss. amount in column (g), de in column (f) arate instructions.	Gain or (loss) Subtract column (e) from column (d) and
(Example 100 SII X12 G0)	(MO, Oay, yi)	(Mo , day, yr)	(see instructions)	see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
SEE ATTACHED SCHEDULE	VAR	VAR	192,277.	193,368	•		-1,091
					:		
-							
		-					
	1						

(if Box F above is checked) ▶ Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

192,277

193,368

-1,091.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10

THERESA A. AND THOMAS W BERRY FOUNDATION CHARITABLE CONTRIBUTIONS EIN. 13-3437930 FYE 3/31/14

DATE	PAYEE/CITY,STATE	AMOUNT
29-Mar-13	NEW JERSEY FOUNDATION FOR THE AGING TRENTON, NJ	1,000 00
8-Apr-13	ST HUBERT'S ANIMAL WELFARE CENTER MADISON, NJ	200 00
28-May-13	COLLEGE OF ST ELIZABETH MORRISTOWN, NJ	600 00
31-May-13	LIBERTY SCIENCE CENTER JERSEY CITY, NJ	1,500 00
3-Jun-13	SAGE ELDERCARE, INC SUMMIT, NJ	100 00
14-Jun-13	BROWN UNIVERSITY PROVIDENCE, RI	10,000 00
9-Oct-13	NEW JERSEY FOUNDATION FOR THE AGING TRENTON, NJ	2,500 00
15-Oc†-13	NEW JERSEY HISTORICAL SOCIETY NEWARK, NJ	500 00
5-Mar-14	ST HUBERT'S ANIMAL WELFARE CENTER MADISON, NJ	250 00
10-Mar-14	NEW JERSEY FOUNDATION FOR THE AGING TRENTON, NJ	1,000 00

\$17,650 00

*ALL CONTRIBUTIONS WERE MADE TO THE GENERAL PURPOSE FUND OF PUBLIC CHARITABLE ORGANIZATIONS THAT WERE CLASSIFIED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

BERRY THERESA A THOMAS FDTN From 01-Apr-2013 To 31-Mar-2014

Base Currency USD

Realized Gains/Losses Description	Trade Date Da	Date Sold / Covered C	Qty	Proceeds (Base)	Cost (Base)	Gain/Loss (Base) Gain Type	Gaın Type
GS GROWTH STRATEGY PORTFOLIO INSTITUTIONAL SHARES TOTAL SHORT-TERM	28-Dec-12	22-Nov-13	412 094	5,299 53 5,299.53	4,495 95 4,495.95	803 58 803.58	803 58 Short-Term 803.58
GS GROWTH STRATEGY PORTFOLIO INSTITUTIONAL SHARES GS GROWTH STRATEGY PORTFOLIO INSTITUTIONAL SHARES GS GROWTH STRATEGY PORTFOLIO INSTITUTIONAL SHARES GS GROWTH STRATEGY PORTFOLIO INSTITUTIONAL SHARES GS GROWTH STRATEGY PORTFOLIO INSTITUTIONAL SHARES GS GROWTH STRATEGY PORTFOLIO INSTITUTIONAL SHARES	19-Dec-08 30-Dec-10 18-Dec-09 29-Dec-11 19-Dec-08	22-Nov-13 22-Nov-13 22-Nov-13 22-Nov-13 22-Nov-13 22-Nov-13	1116 450 953 458 03 489 499 678 077 929 449	14 35 5,799 26 5,890 27 6,294 96 8,720 07	8 59 4,847 75 4,438 31 4,831 36 5,221 19 7,156 76	99 94, t 94, t 94, 4	5 76 Long-Term 951 51 Long-Term 451 96 Long-Term 463 60 Long-Term 498 88 Long-Term 795 95 Long-Term
GS GROWTH STRATEGY PORTFOLIO INSTITUTIONAL SHARES TOTAL LONG-TERM	14-Jan-08		11,944 48	153,605 95 1 92,277.57	166,864 32 193,368 28		13,258 37) Long-Term (1,090 71)

(Rev January 2014)

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

OMB No 1545-1709

Department of the Treasury

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www irs.gov/form8868.

	0,100 00,1100					
	are filing for an Automatic 3-Month Extension,					▶ X
	are filing for an Additional (Not Automatic) 3-N c omplete Part II unless you have already been					rm 8868
					-	
a corpor 8868 to Return f	nic filing (e-file). You can electronically file Formation required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Personates). For more details on the electronic filing of the section of the electronic filing of the section of the electronic filing of the electronic fil	nal (not aut forms liste al Benefit (omatic) 3-month ext d in Part I or Part II Contracts, which m	ension of time You of with the exception of ust be sent to the	can electronic of-Form 8870 IRS in paper	cally file Form 0, Information r format (see
Part I	Automatic 3-Month Extension of Tim	e, Only su	bmit original (no c	opies needed).		
A corpo Part I on	ration required to file Form 990-T and reque	esting an a	automatic 6-month	extension-check th	nis box and	complete
	corporations (including 1120-C filers), partners	hips, REMI	Cs, and trusts must i	use Form 7004 to red	quest an exte	nsion of time
to file ind	come tax returns.					
	N-mark to the state of the stat			Enter filer's identifyir		
Type or	Name of exempt organization or other filer, see			Employer identification	n number (EIN)	or
print	Number, street, and room or suite no If a P O	FOUNDAT	ION	13-3437930 Social security numbe	w (CCAB	
File by the	I	r (55N)				
due date for filing your	C/O BCRS ASSOCIATES, LLC; 77 City, town or post office, state, and ZIP code. For					
return See		or a loreign a	iddress, see instruction	5		
instructions	NEW YORK, NY 10005					
Enter the	Return code for the return that this application	is for (file a	separate application	for each return) .		. 04
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	90 or Form 990-EZ	01	Form 990-T (corpo	ration)	07	
Form 99		02	Form 1041-A			08
	720 (individual)	03		Form 4720 (other than individual)		
Form 99		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
Telepho • If the or • If this is for the w	one No ► 212-440-0811 rganization does not have an office or place of be for a Group Return, enter the organization's for hole group, check this box ►	Fousiness in ur digit Gro it is for par	the United States, cl up Exemption Numb	er (GEN)	 If ti	►□ his is attach
	request an automatic 3-month (6 months for a co		required to file Form	990-T) extension of t	ıme	
	ntil NOVEMBER 17 , 20 14 , to file the exe					dension is
	r the organization's return for	pr organi			1110 01	101,0101110
	calendar year 20 or					
	_					
•	🛛 tax year beginning APRIL 1	, 20	13, and ending	MARCH 31	, 20) 14
	the tax year entered in line 1 is for less than 12 i	months, ch	eck reason Initia	l return 🔲 Final retu		
	Change in accounting period					
	this application is for Forms 990-BL, 990-PF, 99	0-T, 4720,	or 6069, enter the te	entative tax, less any		
	onrefundable credits. See instructions.				3a \$	371.00
	this application is for Forms 990-PF, 990-T,				1 - 1	
	stimated tax payments made Include any prior yalance due. Subtract line 3b from line 3a Include				3b \$	371.00
	TPS (Electronic Federal Tax Payment System).			ii required, by using	3c \$	0.00

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions