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Form **990-PF**

EXTENDED TO AUGUST 15, 2016 Return of Private Foundation

or Section 4947(a)(1) Tr ust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made p ublic.

Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2015 or tax year beginning , and ending

| Name of foundation | | | | | A Employer identification | number | |
|---|----------|--|------------------------------------|-----------------|-----------------------------------|---|--|
| Ð | ומים | EN SEA FOUNDATION | 46-0800568 | | | | |
| | | nd street (or P O box number if mail is not delivered to street a | | | | | |
| Number and street (or PO box number if mail is not delivered to street address) 2020 N. BRAMBLEWOOD ST | | | | | B Telephone number 316 – 265 – 33 | 11 | |
| | | own, state or province, country, and ZIP or foreign p | ostal code | · , | | C If exemption application is po | |
| | | HITA, KS 67206 | | | | , | |
| G C | heck | all that apply: Initial return | Initial return of a fo | ormer public c | harity | D 1. Foreign organizations | , check here |
| | | Final return | Amended return | | | 2 Carnina avanamations | ahaa tha REN/ taat |
| | | Address change | Name change | | | Foreign organizations me check here and attach co- | mputation . |
| H_C | _ | type of organization: X Section 501(c)(3) ex | | | | E If private foundation sta | |
| 1 | _ | | Other taxable private founda | | | under section 507(b)(1) | • • |
| | | arket value of all assets at end of year J Accounting | - | Accr | ual | F If the foundation is in a | |
| (fr ▶ | | Part II, col. (c), line 16) 0t 700,750. (Part I, colui | her (specify) | | | under section 507(b)(1) | (B), check here |
| | rt I | Analysis of Revenue and Expenses | | | unatmant | (a) Admoted set | (d) Disbursements |
| L | | (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) | (a) Revenue and expenses per books | (b) Net in inco | | (c) Adjusted net income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received | 1,249,195. | | | N/A | (Cash Dasis Orny) |
| | 2 | Check If the foundation is not required to attach Sch B | 1,240,100. | | | 14/11 | |
| | 3 | Interest on savings and temporary cash investments | 206. | | 206. | <u> </u> | STATEMENT 2 |
| | 4 | Dividends and interest from securities | | | | | 15 17 18 5 |
| | 5a | _ | | | | | 227 94 |
| | Ь | Net rental income or (loss) | | , | 1 1 | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | <625.> | , , | 14 | 11 11 | STATEMENT 1 |
| nue | b | Gross sales price for all assets on line 6a 566,445. | | | | | THE TO THE THE |
| Revenue | 7 | Capital gain net income (from Part IV, line 2) | , t | 17 | 0,509. | , , , , , | |
| Ä | 8 | Net short-term capital gain | | 84 11 | | | |
| | 9 | Income modifications . | | * , ' , ' | | 1 12/21 | E11/22 |
| | 10a | Gross sales less returns and allowances | | | <u> </u> | 15 | |
| | | <u> </u> | | | | <u>loljun</u> | 200 700 |
| | | Gross profit or (loss) | | <u> </u> | | | 1 J 2016 101 |
| | 11 | Other income . | 1,248,776. | 17 | 0,715. | - 103D 7 | N I |
| | 12 | Total. Add lines 1 through 11 | 1,240,770. | | 0,713. | | 10. |
| | 13 14 | Compensation of officers, directors, trustees, etc Other employee salaries and wages | | | | | 10. |
| | | Pension plans, employee benefits | | | | | |
| S | | Legal fees | | | | | · |
| nse. | | Accounting fees STMT 3 | 1,000. | | 0. | | 1,000. |
| Exper | C | Other professional fees STMT 4 | 200,591. | 20 | 0,591. | | 0. |
| Б | 17 | Interest | 92. | | 0. | | 0. |
| ministrative | 18 | Taxes STMT 5 | 12,216. | | 0. | | 40. |
| ist | 19 | Depreciation and depletion . | | | | | |
| Ē | | Occupancy . | | | | | |
| Ā | | Travel, conferences, and meetings | | | | | |
| anc | | Printing and publications | 010 | | | | <u> </u> |
| Ë | 23 | Other expenses STMT 6 | 818. | | 0. | | 0. |
| Operating | 24 | Total operating and administrative | 214 717 | 20 | 0 E01 | li | 1 040 |
| ŏ | O.E. | expenses. Add lines 13 through 23 | 214,717. 993,977. | | 0,591. | | 1,040. 993,977. |
| | | Contributions, gifts, grants paid Total expenses and disbursements. | 333,311. | | | | 333,311. |
| | ŁU | Add lines 24 and 25 | 1,208,694. | 20 | 0,591. | | 995,017. |
| | 27 | | 2,200,004. | | - , - , | , (| 223,027. |
| | | Excess of revenue over expenses and disbursements | 40,082. | | | | |
| | | Net investment income (if negative, enter -0-) | | | 0. | - | |
| | | Adjusted net income (if negative, enter -0-) | , | | | N/A | |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2015)



46-0800568

700,750.

Form 990-PF (2015)

Form 990-PF (2015)

BEREN SEA FOUNDATION

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), Ine 30

| Part IV Cap | ital Gains and | Losses for Tax on In | vestm ent | Income | | | | | , | | |
|---|---|---|---|--------------------------------------|------------|--|----------------------------------|--|--------------|--|--|
| | (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (b) How acquired P - Purchase D - Donation | | | | (c) Date | e acquired day, yr.) | (d) Date sold (mo., day, yr.) | | | | |
| | D Dynaudi | | | VAR | | 05/15/15 | | | | | |
| b a where it | CORPORATIO | IN | | | + | | VAIC | 1005 | 03/13/13 | | |
| C | | | | | | | | | | | |
| d | | | | | | | | | | | |
| _ e | | | | | <u> </u> | | | | <u> </u> | | |
| (e) Gross sal | es price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | (h) (e) pli | Gain or (loss us (f) minus | (g) | | |
| | 66,445. | | | 395,93 | 6. | | | | 170,509. | | |
| <u>b</u> | | | | | | | | | | | |
| d _ | | | | | | | | | | | |
| е | | | | | | | | | | | |
| Complete only fo | r assets showing gair | n in column (h) and owned by t | | | | | | (CoL (h) gain | | | |
| (i) F.M.V. as of | 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (1) col. (1), if any | | C | oı. (k), but Losse: | ol. (k), but not less than -0-) or Losses (from col. (h)) | | | |
| | | as 01 125 1105 | 0461 | | | | | | | | |
| <u>a</u> b | | | | | | | | | 170,303. | | |
| C | | | | | | | | | | | |
| d | | | | | | | | | | | |
| _e | | | <u> </u> | | | - | | | | | |
| 2 Capital gain net in | come or (net capital l | oss) { If gain, also enter oss) | r in Part I, line I- ın Part I, line | 7 7 | } | 2 | | | 170,509. | | |
| 3 Net short-term ca | pital gam or (loss) as | defined in sections 1222(5) an | | | | 1 | | | | | |
| If gain, also enter | in Part I, line 8, colun | | , | | } | | | 37/3 | | | |
| If (loss), enter -0- | in Part I, line 8 | r Section 4940(e) for | Reduced | Tax on Net | Inves | 3 tment Inc | ome | N/A | <u> </u> | | |
| L | | dations subject to the section 4 | | | | | | | | | |
| | • | • | 10-10(α) ταν στι | not myosunont in | | | | | | | |
| If section 4940(d)(2) | applies, leave this pai | rt blank. | | | | | | | | | |
| | | 942 tax on the distributable am | | | riod? | | | | Yes X No | | |
| | | der section 4940(e). Do not co | | | ntrioc | | | | | | |
| | | olumn for each year; see the in | istructions bei | ore making any e | (c) | | | | (d) | | |
| Base pe Calendar year (or f | (a) Priod years lax year beginning in) | (b) Adjusted qualifying dis | tributions | Net value of no | | able-use asset | s | (d) Distribution ratio (col. (b) divided by col. (c)) | | | |
| | 014 | 56 | 2,079. | | | 556,83 | | | | | |
| 20 | 013 | | 6,510. | | | 308,75 | | | 1.867203 | | |
| | 012 | 38 | 8,003. | | | 32 | 7. | <u> </u> | 186.553517 | | |
| | 011 | | | | | | | | | | |
| 2 | 010 | | | | | | | T | | | |
| 2 Total of line 1, co | lumn (d) | | | | | | 2 | 1, | 189.430138 | | |
| | | base period - divide the total o | on line 2 by 5, | or by the number | r of year: | S | | 1 | | | |
| the foundation ha | s been in existence if | less than 5 years | | | | | 3 | | 396.476713 | | |
| | | | | | | | | | 533 F7F | | |
| 4 Enter the net value | e of noncharitable-use | e assets for 2015 from Part X, I | line 5 | | | | 4 | | 533,575. | | |
| 5 Multiply line 4 by | line 3 | | | | | | 5 | 21 | 1,550,062. | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | • | | | | | | | |
| 6 Enter 1% of net in | ivestment income (1% | 6 of Part I, line 27b) | | | | | 6_ | | 0. | | |
| 7 Add lines 5 and 6 | | | | | | | 7 | 21 | 1,550,062. | | |
| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | <u> </u> | 1 | | | |
| 8 Enter qualifying d | | · · | | | • | | _8_ | <u> </u> | 995,017. | | |
| If line 8 is equal to See the Part VI in | | 7, check the box in Part VI, line | : 1b, and comp | olete that part usin | ng a 1% | tax rate. | | | | | |

| Form 990-PF (2015) BEREN SEA FOUNDATION | | <u>46-0800</u> | | Page 4 |
|--|---|----------------|-------------|----------------|
| Part VI Excise Tax Based on Investment Income (Section 49 | 40(a), 4940(b), 4940(e), or 49 | 48 - see ir | structio | ons) |
| 1a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 an | id enter "N/A" on line 1. | | | 1 |
| Date of ruling or determination letter: (attach copy of letter if | necessary-see instructions) | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here | | 1 | | 0. |
| of Part I, line 27b | 1 | | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter | 4% of Part I, line 12, col. (b). | 1 | | - |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. | | 2 | | 0. |
| 3 Add lines 1 and 2 | , o o , | 3 | | 0. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only | Others enter -O-) | 4 | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | , others unter 0 / | 5 | | 0. |
| 6 Credits/Payments: | | | | <u> </u> |
| | 6a 7,652. | Ì | | ļ |
| a 2015 estimated tax payments and 2014 overpayment credited to 2015 | | | • | |
| b Exempt foreign organizations - tax withheld at source | 6b | 1. | , | İ |
| c Tax paid with application for extension of time to file (Form 8868) | 6c | } ` | , | 1 |
| d Backup withholding erroneously withheld | _6d _ | | · | <u> </u> |
| 7 Total credits and payments. Add lines 6a through 6d | | _7_ | | 652. |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is a | attached | 8 | | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | ▶ | 9 | | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 」 ▶ | 10 | 7 <u>,</u> | 652. |
| 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax | 7,652. Refunded | 11 | | 0. |
| Part VII-A Statements Regarding Activities | | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local le | egislation or did it participate or intervene | เก | Ye | es No |
| any political campaign? | | | 1a | X_ |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political pur | rposes (see instructions for the definition) | ? | 1b | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities | and copies of any materials published | or | 1 | - |
| distributed by the foundation in connection with the activities. | · · · · · · · · · · · · · · · · · · · | | | |
| c Did the foundation file Form 1120-POL for this year? | | | 10 | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during | the year: | - | 1 | |
| (1) On the foundation. > \$ 0 . (2) On foundation manag | | | | . (h. in) |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expe | | | | |
| managers.▶\$ 0. | • | | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to th | e 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 governir | ng instrument, articles of incorporation, or | | | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the char | | | 3 | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the y | | - | 4a | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | N/A | 4b | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the ye | ar? | , | 5 | X |
| | ur: | • | 1 | — [|
| If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied | d outhor: | | 1 1 | |
| | u cilia. | | | |
| By language in the governing instrument, or Divided the significant that off satural companies the same statement as that as most de- | stary directions that conflict with the state | low | | |
| By state legislation that effectively amends the governing instrument so that no manda | nory directions that connict with the state | idw | 6 3 | |
| remain in the governing instrument? | | | | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," | complete Part II, col. (c), and Part XV | | 7 2 | - |
| | | | | 1 1 |
| Ba Enter the states to which the foundation reports or with which it is registered (see instru- | ctions) - | | 17. | -1 1 |
| KS | · | | | 1 1 |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to th | e Attorney General (or designate) | | 1-1- | لنسك |
| of each state as required by General Instruction G? If "No," attach explanation | | | 8b 2 | <u> </u> |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of | f section 4942(j)(3) or 4942(j)(5) for calei | ndar | | |
| year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes | ," complete Part XIV | | 9 | X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sch | nedule listing their names and addresses | | 10 | X |

| P | art VII-A Statements Regarding Activities (continued) | | | |
|----|--|----------|----------|----------|
| | | | Yes | No |
| 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 | <u></u> | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | 1 | } | } |
| | If "Yes," attach statement (see instructions) | 12 | <u> </u> | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | <u> </u> |
| | Website address ► BERENSEAFOUNDATION.ORG | | | |
| 14 | The books are in care of ► THE FOUNDATION Telephone no. ► 316 – 26 | | | |
| | Located at ► 2020 N. BRAMBLEWOOD ST, WICHITA, KS ZIP+4 ►67 | 1206 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in leu of Form 1041 - Check here | | | · 🗀 |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | , |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | <u> </u> | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| | foreign country | <u> </u> | | <u> </u> |
| P | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | <u></u> | Yes | No |
| 1: | a During the year did the foundation (either directly or indirectly): | 1 ' | ł | { |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 1 | (| ٠. |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | , | İ | 1 |
| | a disqualified person? Yes 🔀 No | 1 | ł | ł . |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1 | | 1. |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | , | · . | ١, , |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | } | 1 | 2 . |
| | for the benefit or use of a disqualified person)? | } . | ľ | ļ |
| | (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.) | 1 3 | . , ; | 1,5 |
| 1 | b If any answer is "Yes" to 1a(1)-(6), did any of the acts fall to qualify under the exceptions described in Regulations | , | | <u> </u> |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| | 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 | | | 1 |
| | before the first day of the tax year beginning n 2015? | 1c | <u> </u> | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | 1 | | - |
| | defined in section 4942(j)(3) or 4942(j)(5)): | | , | 1 |
| ; | a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | 1. | | |
| | before 2015? Yes X No | 1 | | |
| | If "Yes," list the years $lacksquare$,,,,,, | | , | 1 |
| į | b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | ; | | l |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | 1. |
| | statement - see instructions.) N/A | 2b | | <u> </u> |
| | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 1. | } | |
| | > | 1 | l | 1 |
| 3 | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | , s | 4 |
| | during the year? | | ļ | |
| | b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after | | , | ļ , . |
| | 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 | | | 1 |
| | 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, | Ľ. | , | |
| | Form 4720, to determine if the foundation had excess business holdings in 2015.) | 3b | | |
| 4 | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| ļ | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2015? | 4b | | X |

| Form 990-PF (2015) BEREN SEA FOUNDATION | Farm 4700 May 5 - 5 | | 46-08005 | 68 Pa | ge 6 |
|---|---|---|--|-------------------------------------|------------------|
| Part VII-B Statements Regarding Activities for Which | rorm 4/20 May Be H | lequired (contin | ued) | | |
| 5a During the year did the foundation pay or incur any amount to: | 40.45(-)\0 | | [V] | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | | | es X No | | |
| (2) Influence the outcome of any specific public election (see section 4955); | or to carry on, directly or indir | | es X No | | |
| any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purpose | .c? | | es X No | | |
| • • | • | 10 | ES A NO | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization of the standard (AVA) (AVA) (see instructions) | on described in Section | | es X No | 1. | |
| 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary | | | ES LAL NO | | |
| the prevention of cruelty to children or animals? | y, or educational purposes, or | | es X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify up | nder the excentions described | | 55 [22] 110 | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instr | | mnogolations | N/A | 5b | <u> </u> |
| Organizations relying on a current notice regarding disaster assistance check | | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption | | uned | · · · | | |
| expenditure responsibility for the grant? | | N/A □ Y6 | es 🗆 No | | |
| If "Yes," attach the statement required by Regulations section 53.494 | | , | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | • • | | İ | | |
| a personal benefit contract? | | Ye | es X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a | personal benefit contract? | | | 6b | X |
| If "Yes" to 6b, file Form 8870. | | | F | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax | shelter transaction? | Ye | es X No | | _ |
| b if "Yes," did the foundation receive any proceeds or have any net income attrib | | | | 7b | _ |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors | ees, Foundation M a | nagers, Highly | - | | |
| List all officers, directors, trustees, foundation managers and their | | | | | |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expen account, o allowanc | se ther es |
| ADAM E. BEREN | PRESIDENT | | | | |
| 2020 N BRAMBLEWOOD | | | | | |
| VICHITA, KS 67206 | 1.00 | 0. | 0. | | 0. |
| ADAM E. BEREN | SECRETARY | | | | |
| 2020 N BRAMBLEWOOD | _ | 1 | | | |
| VICHITA, KS 67206 | 1.00 | 0. | 0. | | 0. |
| ELLEN BEREN | TREASURER | | 1 | | |
| 1739 DUCK CROSS COVE | | | } | ł | _ |
| VICHITA, KS 67206 | 1.00 | 0. | 0. | | 0. |
| | _ | | | | |
| Compensation of five highest-paid employees (other than those in | cluded on line 1). If none. | enter "NONE." | | | _ |
| | (b) Title, and average | | (d) Contributions to employee benefit plans | (e) Expen | se |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | and deferred compensation | account, o allowanc | ther |
| NONE | | | | | |
| | 7 | | | | |
| | | | | | |
| | | | <u> </u> | <u> </u> | |
| | | | | | |
| | | <u> </u> | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Fatal number of other ampleures and area \$50,000 | | | | <u> </u> | 0 |
| Total number of other employees paid over \$50,000 | | | | | U |

| Form 990-PF (2015) BEREN SEA FOUNDATION | 46-080 | <u> </u> |
|--|---------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation M and Paid Employees, and Contractors (continued) | gers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| | (b) Type of Service | (C) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | <u> </u> |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | on such as the | Expenses |
| 1 N/A | | ·· · |
| 1 | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| s | | |
| | | |
| | | |
| 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 | | |
| M/A | | |
| | | |
| 0 | | |
| 2 | | |
| | | |
| All other program related investments. Can instructions | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |

Total. Add lines 1 through 3

٠,

| For | m 990-PF (2015) BEREN SEA FOUNDATION | <u>46-0800568</u> | Page 8 |
|-----------|--|-----------------------------|-------------|
| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou | ndations, see instructions) |) |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | • |
| а | Average monthly fair market value of securities | 1a | 0. |
| b | Average of monthly cash balances | 1b 541 | 0. ,701. |
| C | Fair market value of all other assets | 1c | |
| đ | Total (add lines 1a, b, and c) | 1d 541 | ,701. |
| 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 | 3 541 | ,701. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 8 | ,126. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 533 | ,575. |
| 6 | Minimum investment return Enter 5% of line 5 | | ,679. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar | nd certain | |
| | foreign organizations check here and do not complete this part.) | 0.0 | C 17 0 |
| 1 | Minimum investment return from Part X, line 6 | 1 26 | ,679. |
| 2a | | 4 1 | |
| b | · · · · · · · · · · · · · · · · · · · | | ^ |
| _ | Add lines 2a and 2b | 2c | 0. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | ,679. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | | ,679. |
| 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 26 | ,679. |
| <u> P</u> | Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a 995 | ,017. |
| b | 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 | |
| | 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 | 4 995 | ,017. |
| 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 | 6 995 | ,017. |
| | 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 | |
| | 4940(e) reduction of tax in those years. | | |

Form **990-PF** (2015)

Part XIII Undistributed Income (see instructions)

| | | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
|--|------------------------------------|---|----------------------------|--|--|
| 1 Distributable amount for 20° | 15 from Part YI | Corpus | Tours prior to Evil | | |
| line 7 | is ituiti Fatt Ai, | | | | 26,679. |
| 2 Undistributed income, if any, as o | f the end of 2015 | | | | |
| a Enter amount for 2014 only | | - | | 0. | |
| b Total for prior years: | | | _ | | |
| , _, | | | 0. | | |
| 3 Excess distributions carryov | er, if any, to 2015: | | • | , | |
| a From 2010 | | | | • | |
| b From 2011 | | , | | ~ | |
| c From 2012 | 387,987. | | | <u> </u> | |
| d From 2013 | 566,951. | | ı | | |
| e From 2014 | 544,416. | 1,499,354. | • | , - a | , |
| f Total of lines 3a through e | | 1,499,304. | | · | |
| 4 Qualifying distributions for | | , | v | <u>'</u> | , |
| Part XII, line 4: ► \$ | 995,017. | • | | 0. | |
| a Applied to 2014, but not mo | l l | | <u> </u> | , 1 | |
| b Applied to undistributed inc years (Election required - St | | 1 ^ | 0. | | |
| c Treated as distributions out | | | | - 111 | , |
| (Election required - see inst | l. | 0. | , , | , i , i <u>, i , </u> | 1 |
| d Applied to 2015 distributab | | i i | 12 1 1 1 | the state of the state of | 26,679. |
| e Remaining amount distribu | | 968,338. | 1 (1) | The state of the s | |
| 5 Excess distributions carryover at | oplied to 2015 | 0. | | | 0. |
| (If an amount appears in column must be shown in column (a)) | (d), the same amount | | | | |
| 6 Enter the net total of each indicated below: | column as | | | The state of the s | 1000 · 1 |
| a Corpus Add lines 3f, 4c, and 4e | Subtract line 5 | 2,467,692. | | | a land of the state of |
| b Prior years' undistributed in | | | | | |
| line 4b from line 2b | | The second second | 0. | A Comment | A Company of the Comp |
| c Enter the amount of prior \ | ears' | | | | |
| undistributed income for w | hich a notice of | j - 51 1 | | | |
| deficiency has been issued the section 4942(a) tax has | , or on which s been previously | | | | |
| assessed . | _ | ···· | 0. | · <u> </u> | |
| d Subtract line 6c from line 6 | Sb. Taxable | , | 0. | | |
| amount - see instructions | 1 | <u> </u> | 0. | | |
| e Undistributed income for 2 | | * 1 × | | 0. | |
| 4a from line 2a. Taxable ar | | | | <u> </u> | |
| f Undistributed income for 2 | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | , , | | |
| lines 4d and 5 from line 1. | This amount must | , | ` | | 0. |
| be distributed in 2016 | | | | | |
| 7 Amounts treated as distrib | | | , | | |
| corpus to satisfy requirem | | | | , | |
| section 170(b)(1)(F) or 49 may be required - see inst | | 0. | <u> </u> | | <u> </u> |
| 8 Excess distributions carry | | | | | , |
| not applied on line 5 or lin | | 0. | | | |
| 9 Excess distributions carry | | | | 7 | |
| Subtract lines 7 and 8 fro | | 2,467,692. | , | | |
| 10 Analysis of line 9: | • | | | | |
| a Excess from 2011 | | | , | | |
| b Excess from 2012 | 387,987. | | | | |
| c Excess from 2013 | 566,951. | | | | |
| d Excess from 2014 | 544,416. | | • | 1 | |
| e Excess from 2015 | 968,338. | | <u> </u> | | Form 990-PF (2015 |

| Form 990-PF (2015) BEREN SEA FOUNDATION Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) | | | 46-0800568 Page 1 | | | |
|--|-----------------------------|-----------------------------|--|-------------------------------|---------------------|--|
| | | | II-A, question 9) | N/A | | |
| 1 a If the foundation has received a ruling of | | | | | | |
| foundation, and the ruling is effective fo | | - | ▶ | | | |
| b Check box to indicate whether the found | | ng foundation described | | 4942(j)(3) or 49 | 942(j)(5) | |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | | |
| income from Part I or the minimum | (a) 2015 | (b) 2014 | (c) 2013 | (d) 2012 | (e) Total | |
| investment return from Part X for | | | | | ĺ | |
| each year listed | ļ | | | <u> </u> | | |
| b 85% of line 2a | | | | | | |
| c Qualifying distributions from Part XII, | | | İ | | | |
| line 4 for each year listed | | | | | | |
| d Amounts included in line 2c not | | | | | | |
| used directly for active conduct of | | ļ | | | | |
| exempt activities | | | | | | |
| e Qualifying distributions made directly | | | | | | |
| for active conduct of exempt activities. | | | 1 | | | |
| Subtract line 2d from line 2c | 1 | | | | | |
| 3 Complete 3a, b, or c for the | | | | | | |
| alternative test relied upon: a "Assets" alternative test - enter: | | 1 | 1 | | | |
| (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 minmum investment return | | | | | | |
| shown in Part X, line 6 for each year | | ! | | | | |
| listed | | | | | | |
| c "Support" alternative test - enter: | | | | | | |
| Total support other than gross investment income (interest, | | | | | | |
| dividends, rents, payments on | 1 | | | | | |
| securities loans (section | | | | | | |
| 512(a)(5)), or royalties) | <u> </u> | _ | | | | |
| (2) Support from general public and 5 or more exempt | | | | | | |
| organizations as provided in | | | | | | |
| section 4942(j)(3)(B)(iii) | | <u> </u> | | | | |
| (3) Largest amount of support from | | | | | | |
| an exempt organization | | | | | | |
| (4) Gross investment income | | la this mark arrive | if the foundation | bod \$5 000 av mar | in in accets | |
| Part XV Supplementary Info at any time during t | | | ir the foundation | nau \$5,000 or mor | e in assets | |
| | | uctions., | | | | |
| 1 Information Regarding Foundation | | | | | | |
| a List any managers of the foundation where year (but only if they have contributed to the property of the | | | tributions received by the | toundation before the clos | se of any tax | |
| | ποτε αιαπ φο,σοσ). (σε σ | codon cor (d,z,:,) | | | | |
| SEE STATEMENT 8 | 400/ | | /or on orgality loves north | an of the augustantia of a pe | | |
| b List any managers of the foundation who other entity) of which the foundation has | | | (or an equally large portion | on or the ownership of a pa | armership or | |
| = * | Sa 1070 of grador into or | | | | | |
| NONE | | Out almostic star D | | | | |
| 2 Information Regarding Contribut | | | | | anta fau frieda. If | |
| Check here X if the foundation of the foundation makes gifts, grants, etc. | | | | | | |
| | | | | | 10. | |
| a The name, address, and telephone num | ber or e-mail address of t | ne person to whom appi | ications should be addres | ssea. | | |
| | | | | | | |
| h. The form in which amiliantions should be | a aubmitted and informa | tion and materials they s | hould include | · ···· | | |
| b The form in which applications should be | DE SUDITIILLEO AND INIOTHIA | | | | | |
| c Any submission deadlines: | c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on award | ls, such as by geographic | al areas, charitable fields | , kınds of institutions, or | other factors: | | |
| | | | | | | |
| | | | | | | |

≥ 3b

ο.

Total

Part XV Supplementary Information Grants and Contributions Paid During the Year Continuation) Recipient If recipient is an individual, Foundation status of Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) recipient FIDELITY CHARITABLE GIFT FUND NONE PUBLIC GENERAL P.O. BOX 770001 CINCINNATI, OH 45277-0053 350,000. KANSAS UNIVERSITY - HILLEL PUBLIC NONE BEREN NEXT GEN 722 NEW HAMPSHIRE LAWRENCE, KS 66044 16,425. 366,425. Total from continuation sheets

| FORM 99U-PF (2015) BEREN SEA FOON | | · · · | | 40- | 0600566 Page 12 |
|--|--|-----------------------|-----------------|---------------------------------|-------------------|
| Part XVI-A Analysis of Income-Produ | cing Activitie | es | | | |
| Enter gross amounts unless otherwise indicated. | Unrelated business income | | | ded by section 512, 513, or 514 | (e) |
| | (a) Business | (b) Amount | Exclu- sion | (d) | Related or exempt |
| 1 Program service revenue: | code | - Amount | code | Amount | function income |
| a | - - | | | | |
| b | - | | 1 | <u> </u> | <u> </u> |
| C | - | | | | |
| d | - | | <u> </u> | | |
| e | - | | | | |
| f | - | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | ├ ── | | |
| 3 Interest on savings and temporary cash | | | 14 | 206 | |
| investments | | | 1 <u>1 4</u> | 206. | |
| 4 Dividends and interest from securities | | | - | | |
| 5 Net rental income or (loss) from real estate: | | | ┼ ┤ | | |
| a Debt-financed property | | | + | | |
| b Not debt-financed property6 Net rental income or (loss) from personal | | | | | |
| property | | | 1 1 | | |
| 7 Other investment income | | | + + | | |
| 8 Gain or (loss) from sales of assets other | | | 1 - | | |
| than inventory | | | 18 | <625.> | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | 1 | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| C | | | | | |
| d | 1 1 | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | <419.> | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | - | | | . 13 | <419.> |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | · = · · · · · |
| Part XVI-B Relationship of Activities | to the Accom | plishment of Exc | empt | Purposes | |
| | | | | | -lab |
| Line No Explain below how each activity for which inc the foundation's exempt purposes (other than | | | A CONTIID | ruled importantly to the accom | piisninent or |
| the fourtedators exempt purposes (other man | rby providing fund. | 3101 0001 purp 0000). | | | |
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Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| 1 Did th | e organization directly or indir | rectly engage in any of the following | ig with any other organizatio | in described in secti | on 501(c) of | <u> </u> | res | NO |
|--------------------|----------------------------------|---|----------------------------------|-----------------------|-------------------------------------|-----------------|----------|-------------|
| the Co | ode (other than section 501(c) |)(3) organizations) or in section 52 | ?7, relating to political organi | zations? | | | į | |
| a Trans | fers from the reporting founda | ation to a noncharitable exempt or | ganization of: | | | | | |
| (1) C | ash | | | | | 1a(1) | | <u>X</u> _ |
| (2) 0 | ther assets | | | | ı | 1a(2) | | <u>X</u> |
| b Other | transactions: | | | | | | | |
| (1) S | ales of assets to a noncharitat | ble exempt organization | | | | 1b(1) | | <u>X</u> |
| (2) P | urchases of assets from a nor | ncharitable exempt organization | | | | 1b(2) | | _X_ |
| (3) R | ental of facilities, equipment, | or other assets | | | | 1b(3) | | _X |
| (4) R | eimbursement arrangements | | | | | 1b(4) | | <u>X</u> _ |
| (5) L | oans or loan guarantees | | | | | 1b(5) | | X |
| (6) P | erformance of services or mei | mbership or fundraising solicitatio | ns | | | 1b(6) | | X |
| c Sharir | ng of facilities, equipment, mai | iling lists, other assets, or paid em | ployees | | | 1c | | X |
| d If the | answer to any of the above is | "Yes," complete the following sche | dule. Column (b) should alv | ways show the fair n | narket value of the goods, ot | her asset | is, | |
| | | oundation. If the foundation receive | | | | | | |
| colum | n (d) the value of the goods, o | other assets, or services received. | | | | | | |
| a) Line no | (b) Amount involved | (c) Name of noncharitable | e exempt organization | (d) Description | of transfers, transactions, and sha | arıng aman | gemen | ts |
| | | N/A | | | | | | |
| | | | | | | | | |
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| 0 1-41 | 4 | | | | | | | |
| | • | tly affiliated with, or related to, one | | zanons described | | 7 v | T | No |
| | | r than section 501(c)(3)) or in sect | ion 52/7 | | | _ Yes | Δ | א ר |
| _b_IT "Yes | s," complete the following sche | | (h) Tune of organization | | (a) Decorretion of relationship | in | | |
| | (a) Name of org | janization | (b) Type of organization | | (c) Description of relationshi | ıb. | | |
| | N/A_ | | | | | | | |
| | <u> </u> | | | | | | | — |
| | | | | | ··· | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | that I have examined this return, including aplete Declaration of preparer (other than | | | a May | the IRS dis | | |
| Sign ª Here ∣ | Main | E 27/1 | | | show | vn below (s | ee inst | r)? |
| | 1 / wm L | -400 | <u>6/23/16</u> | Presid | EMT | Yes | <u> </u> | ∫No |
| | Signature of officer or trustee | | Date | Title | | | | |
| | Print/Type preparer's na | | ignature | Date | Check if PTIN | | | |
| . | BRIAN A. W | ILKINSON, // // | Ly UM | 1/12-111 | self- employed | | | |
| Paid | CPA | M | M Mur | 6/20/16 | | 7448 | | |
| Prepare | Titti o nanto - OO | & COMPANY, LLC | l | • | Firm's EIN ► 48-09 | 7019 | 5 | |
| Use On | | | | | <u> </u> | | | |
| | Firm's address ► 34 | 5 RIVERVIEW, SU | ITE 520 | | | <u></u> | | |
| | | CHITA, KS 67203 | | | Phone no. (316) | 267- | 92: | 11 |
| | | | | | | rm 990 - | | |
| | | | | | | | | - |

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2015

Name of the organization

BEREN SEA FOINDATION

Employer identification number

| I | BEREN SEA FOUNDATION | 46-0800568 | | | |
|---|--|---|--|--|--|
| Organization type (check | k one). | | | | |
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundat | ion | | | |
| | 527 political organization | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | 501(c)(3) taxable private foundation | | | | |
| • • | n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a S | pecial Rule. See instructions. | | | |
| | tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution my one contributor. Complete Parts Land II. See instructions for determining a co | - | | | |
| Special Rules | | | | | |
| sections 509(a)(any one contrib | tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of EZ, line 1. Complete Parts I and II | e 13, 16a, or 16b, and that received from | | | |
| year, total contri | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receinbutions of more than \$1,000 exclusively for religious, charitable, scientific, literary of cruelty to children or animals Complete Parts I, II, and III. | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | |
| but it must answer "No" certify that it does not me | on that is not covered by the General Rule and/or the Special Rules does not file Ston Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ of eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | or on its Form 990-PF, Part I, line 2, to | | | |
| LHA For Paperwork Re | eduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. | Schedule B (Form 990, 990-EZ, or 990-PF) (2015) | | | |

Name of organization

Employer identification number

BEREN SEA FOUNDATION

46-0800568

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | ADAM & ELLEN BEREN 1729 DUCK CROSS COVE WICHITA, KS 67206 | \$30,000. | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | ADAM & ELLEN BEREN 1729 DUCK CROSS COVE WICHITA, KS 67206 | \$102,000. | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | ADAM & ELLEN BEREN 1729 DUCK CROSS COVE WICHITA, KS 67206 | \$ 40,125. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | ADAM & ELLEN BEREN 1729 DUCK CROSS COVE WICHITA, KS 67206 | \$10,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | ADAM & ELLEN BEREN 1729 DUCK CROSS COVE WICHITA, KS 67206 | \$ 567,070. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | ADAM & ELLEN BEREN 1729 DUCK CROSS COVE WICHITA, KS 67206 | \$ <u>500,000</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions) |

Name of organization

Employer identification number

BEREN SEA FOUNDATION

46-0800568

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed | |
|------------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 5 | 14000 SH AMEREN CORPORATION | | |
| | | \$ 567,070. | 05/15/15 |
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from | (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 |
| | | | |
| | | \$ | |

Employer identification number

| | SEA FOUNDATION | | | 46-0800568 | | |
|---------------------------|--|--|-----------------------|-------------------------------------|---------------|--|
| Part III | Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of | columns (a) through (e) and the follo | owing line entry. | For organizations | 100 for | |
| | completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional | , charitable, etc., contributions of \$1,000 o | r less for the year (| Enter this info once } \(\Psi \) | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | 1 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | (e) Transfer of gi | ft | | · | |
| _ | Transferee's name, address, ar | nd ZIP + 4 | Relation | nship of transferor to transferee | - | |
| | | | | | | |
| | | | | | | |
| a) No. | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | í | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | (e) Transfer of gi | ft | | | |
| | Transferee's name, address, ar | nd 7IP + 4 | Relatio | nship of transferor to transferee | | |
| | Transfer co o marne, address, a | | | iomp or various or to damage of | | |
| [, | | | | | | |
| | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | 1 | |
| Part I | | | | | | |
| | | | | | | |
| | | | | | | |
| - | | (e) Transfer of gi | | <u> </u> | | |
| | | | | | | |
| - | Transferee's name, address, ar | nd ZIP + 4 | Relation | nship of transferor to transferee | | |
| | | | | | | |
| | | | | | | |
| (a) No. | | | | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | 1 | |
| | | | | | | |
| | | | | | - | |
| | | | | | | |
| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, at | nd ZIP + 4 | Relatio | nship of transferor to transferee | | |
| | | | | 1 | | |
| | | | | | | |
| | | | | | | |

| FORM 990-PF GAIN OF | R (LOSS) F | ROM SALE | OF | ASSE | TS | | STA | ATEMENT | L —- |
|--|--------------------------|---|----------|---------------|----------------------|----------------|------------------|---|----------------|
| (A) DESCRIPTION OF PROPERTY | | | P | MANN ACQUI | | DA ACQU | TE IRED | DATE SO | アレ |
| AMEREN CORPORATION | | | | TANOC | ED | VARI | OUS | 05/15/ | 15 |
| GROSS VAI | (C) LUE AT OF ACQ. | (D) EXPENSE SALE | | D | (E) EPRE | c. | GAIN | (F) I OR LOSS | 3 |
| 566,445. | 567,070. | | 0. | • | | 0. | | <62 | 5.3 |
| CAPITAL GAINS DIVIDENDS FROM | PART IV | | | | | | | | 0. |
| TOTAL TO FORM 990-PF, PART I | , LINE 6A | | | | | | | <62 | 5.3 |
| | | | | | | | :=-== | | - - |
| FORM 990-PF INTEREST ON SAV | RE' | EMPORARY (A) VENUE BOOKS | | ET IN | (B) | | A | (C) ADJUSTED | |
| | RE' | (A) VENUE | NE | ET IN | (B) VESTI | | A | (C) ADJUSTED | |
| SOURCE | RE' | (A) VENUE BOOKS | NE | ET IN | (B) VESTI | MENT | A | (C) ADJUSTED | |
| SOURCE BANK OF AMERICA | RE' PER | (A) VENUE BOOKS | NE | ET IN | (B) VESTI | MENT 206. | A NE | (C) ADJUSTED | |
| SOURCE BANK OF AMERICA TOTAL TO PART I, LINE 3 | RE' PER | (A) VENUE BOOKS 206. 206. TING FEE | NES S | ET IN | (B) VESTI COME | MENT 206. | STA | (C) ADJUSTED ET INCOMI | 3 BLE |
| SOURCE BANK OF AMERICA TOTAL TO PART I, LINE 3 FORM 990-PF | ACCOUNT | (A) VENUE BOOKS 206. 206. TING FEE NET I S MENT | NES S | ET IN | (B) VESTI COME | MENT 206. 206. | STA | (C) ADJUSTED ET INCOME ATEMENT (D) CHARITAL | 3 BLE |

| • | | | | | |
|-------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|
| FORM 990-PF (| OTHER PROFES | SIONAL FEES | STATEMENT 4 | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| CONSULTING | 200,591. | 200,591. | | 0. | |
| TO FORM 990-PF, PG 1, LN 16C | 200,591. | 200,591. | | 0. | |
| FORM 990-PF | TAX | ES | S | TATEMENT 5 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| FEDERAL TAXES FRANCHISE TAXES | 12,176. 40. | | | 0. 40. | |
| TO FORM 990-PF, PG 1, LN 18 | 12,216. | 0. | | 40. | |
| FORM 990-PF | OTHER E | XPENSES | s | TATEMENT 6 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| LICENSES & FEES AMORTIZATION | 49. 769. | | | 0. | |
| TO FORM 990-PF, PG 1, LN 23 | 818. | 0. | | 0. | |
| | | | | | |

| FORM 990-PF DEPRECIATION OF ASSE | TS NOT HELD FOR | INVESTMENT | STATEMENT 7 |
|---|------------------------|-----------------------------|------------------|
| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
| ORGANIZATIONAL COSTS ORGANIZATIONAL COSTS | 7,985. 3,559. | 1,818. 711. | 6,167. 2,848. |
| TOTAL TO FM 990-PF, PART II, LN 14 | 11,544. | 2,529. | 9,015. |

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 8

NAME OF MANAGER

ADAM E. BEREN ADAM E. BEREN

ELLEN BEREN