

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 04/13/2009	Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent	Calendar Year Covered by Report 2010	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	<p>Fee for Late Filing Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.</p> <p>Reporting Periods Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.</p> <p>Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable.</p> <p>Nominees, New Entrants and Candidates for President and Vice President: Schedule A--The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing. Schedule B--Not applicable. Schedule C, Part I (Liabilities)--The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing. Schedule C, Part II (Agreements or Arrangements)--Show any agreements or arrangements as of the date of filing. Schedule D--The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p>
Reporting Individual's Name	Last Name Berry		First Name and Middle Initial Morrell John			
Position for Which Filing	Title of Position Director		Department or Agency (If Applicable) Office of Personnel Management			
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code) 1900 E St. N.W. Washington, D.C. 20415		Telephone No. (Include Area Code) 202-606-1700			
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Title of Position(s) and Date(s) Held					
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination Not Applicable	Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Certification	Signature of Reporting Individual <i>John Morrell Berry</i>			Date (Month, Day, Year) 4/7/11		
Other Review (If desired by agency)	Signature of Other Reviewer <i>Heidi Stubbitt, Principal Sp Ethics official</i>			Date (Month, Day, Year) 6/15/11		
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official <i>AK</i>			Date (Month, Day, Year) 6/15/2011		
Office of Government Ethics Use Only Date: 12/12/2011	Signature <i>[Signature]</i>			Date (Month, Day, Year) 2/25/12		
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)						
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>						
(Check box if comments are continued on the reverse side) <input type="checkbox"/>						
Agency Use Only <i>Rec'd 4-7-11</i>						
OGE Use Only SEP 7 2011						

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Assets and Income		Valuation of Assets at close of reporting period										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																													
BLOCK A		BLOCK B										BLOCK C																													
For you, your spouse, and dependent children, report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 in income during the reporting period, together with such income. For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse). None <input checked="" type="checkbox"/>		None (or less than \$1,001)		\$1,001 - \$15,000		\$15,001 - \$50,000		\$50,001 - \$100,000		\$100,001 - \$250,000		\$250,001 - \$500,000		\$500,001 - \$1,000,000		Over \$1,000,000*		None (or less than \$201)		\$201 - \$1,000		\$1,001 - \$2,500		\$2,501 - \$5,000		\$5,001 - \$15,000		\$15,001 - \$50,000		\$50,001 - \$100,000		\$100,001 - \$1,000,000		Over \$1,000,000*		Over \$5,000,000		Other Income (Specify Type & Actual Amount)		Date (Mo., Day, Yr.) Only if Honoraria	
		BLOCK A		BLOCK B										BLOCK C																											
		BLOCK A		BLOCK B										BLOCK C																											
Examples																																									
Central Airlines Common																						x																			
Doe Jones & Smith, Hometown, State																						x																			
Kempstone Equity Fund																						x																			
IRA: Heartland 500 Index Fund																						x																			
1	Congressional Federal Credit Union: Money Market Account, checking & savings																					x																			
2	Bank of America: Money Market Account																					x																			
3	Smithsonian Institution Defined Contribution Plan:																					x																			
4	TIAA Traditional.																					x																			
5	CREF stock																					x																			
6	CREF Social Choice	x																						x																	

* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

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Part I: Transactions

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.

Do not report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

None

	Identification of Assets		Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)						Certificate of divestiture			
			Purchase	Sale	Divestiture		\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$1,000,000,000
	Example	Central Airlines Common				2/1/99										
1		National Fish & Wildlife Foundation 401(k) Defined Contribution Plan:														
2		American Funds Fundamental Inv.		X		11/01/10	X									
3		American Funds Europacific		X		11/01/10		X								
4		Franklin Templeton Conservative Target		X		11/01/10	X									
5		American Funds Growth Fund A		X		11/01/10		X								

*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

Part II: Gifts, Reimbursements, and Travel Expenses

For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$335 and (2) travel-related cash reimbursements received from one source totaling more than \$335. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by

the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the total value from one source, exclude items worth \$134 or less. See instructions for other exclusions.

None

	Source (Name and Address)	Brief Description	Value
Examples	Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	\$500
	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	\$350
1	Curtis Yee	Wood carving of St. John (partner)	\$1,500.00
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3			
4			
5			

Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

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Part I: Transactions

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)								Certificate of divestiture	
		Purchases	Sale	Exchange		\$0 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
1	National Fish & Wildlife Foundation 401(k) Defined Contribution Plan (continued):														
2	Van Kempen Mid Cap Growth		X		11/01/10			X							
3															
4															
5															
6															
7															
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*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

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Part I: Liabilities			Category of Amount or Value (x)											
Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.			None <input checked="" type="checkbox"/>											
Examples	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	\$0-\$10,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000
	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.									
	John Jones, Washington, DC	Promissory note	1999	10%	on demand									
1														
2														
3														
4														
5														

*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate.

Part II: Agreements or Arrangements		
Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.		None <input type="checkbox"/>
Example	Status and Terms of any Agreement or Arrangement	Parties
	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doe Jones & Smith, Hometown, State
1	I will continue to participate in my TIAA-CREF Retirement account defined contribution plan & group supplemental annuity (a defined contribution plan). Neither my former employer, nor I will make any further contributions.	Smithsonian Institution
2	In 2010 I sold all the assets in my National Fish & wildlife Foundation 401(k) defined contribution plan and rolled them over into my Federal Government Thrift Savings Plan account.	National Fish & Wildlife Foundation
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Date	Parties	Status and Terms of any Agreement or Arrangement
7/85	Doe Jones & Smith, Hometown, State	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.
11/05	Smithsonian Institution	I will continue to participate in my TIAA-CREF Retirement account defined contribution plan & group supplemental annuity (a defined contribution plan). Neither my former employer, nor I will make any further contributions.
11/10	National Fish & Wildlife Foundation	In 2010 I sold all the assets in my National Fish & wildlife Foundation 401(k) defined contribution plan and rolled them over into my Federal Government Thrift Savings Plan account.

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Part I: Positions Held Outside U.S. Government

Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples	Nat'l Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
1	Smithsonian Institution	non-profit	Director, National Zoological Park	11/2005	04/2009
2					
3					
4					
5					
6					

Part II: Compensation in Excess of \$5,000 Paid by One Source

Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other

non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

None

	Source (Name and Address)	Brief Description of Duties
Examples	Doe Jones & Smith, Hometown, State	Legal services
	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
1	Smithsonian Institution	Director of the National Zoological Park
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