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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

	Fo	or ca	lendar year 2013 or tax year beginning			2013	and end	lina							, 20
_			of foundation	-		,	, 4.1.4 0.1.4	9	Α	Employer ide	entifi	ıcatır	on nur	nber	,
201		THE	PETER AND DEVON BRIGER FOUN	דידעת	ON TT					26-1586	598	16			
2			per and street (or P O box number if mail is not delivere			-	Room/su	***	-	Telephone n				niotion) no l
8			· ·	u 10 311 e	et address)		1100m/su	ire.	"						•
			BCRS ASSOCIATES, LLC								(21	. 2)	44	0-0	800
>			WATER STREET - 9TH FLOOR												
¥	(City o	r town, state or province, country, and ZIP or foreign po	stal cod	e										
Σ									С	If exemption a pending, check	pplica	ation is	5		
. 12	! 1	NEW	YORK, NY 10005							pending, check	i ilere	. •		• •	
	6	Che	ck all that apply: Initial return	T	Initial return	of a former p	ublic cha	rity	_						
돌고	:	One	Final raturn	-	Amended re	•	Jubilo Crie	·····y	D	1 Foreign orga					. – 🗀
급열			Final return	-						Foreign org 85% test, ch					
23	,		ck all that apply: Initial return	<u></u> l	Name chang					computation					. ▶∟
更に	ዟ								Е	If private foun	dation	n statı	us was '	termina	ited —
8	1	S	ection 4947(a)(1) nonexempt charitable trust		Other taxable pr		tion			under section					
_	ĭ	Fair	market value of all assets at J Acco	unting	method: X C	ash Acc	rual		F	If the foundati	on is	ın a f	tnom-06	h termi	nalion
		end	of year (from Part II, col (c), line	ther (specify)					under section !					
					nn (d) must be oi	cash basis.)									٠,
	Б	_	Analysis of Revenue and Expenses (The									Γ (d) Dis	burs	ements
	L	arti	total of amounts in columns (b), (c), and (d)	("	Revenue and	(b) Net inve	estment	(djusted net		`	• •	charı	
			may not necessarily equal the amounts in	۱ ۴	expenses per books	incom	ne	·		ncome N				urpos	
	-,		column (a) (see instructions))								• •	—	(cash	bası	s only)
9	.	1	Contributions, gifts, grants, etc , received (attach schedule) .		389,210	<u> </u>						<u> </u>			
2014	:	2	Check Lift the foundation is not required to attach Sch B	<i>'-</i>		<u> </u>		<u> </u>	`	2 .	~	<u>_</u> "	<u> </u>	<u> </u>	_ <u></u>
2		3	Interest on savings and temporary cash investments		2,738		2,738.					A	TCH	1	
90		4	Dividends and interest from securities		-								À		3
8				\vdash								\vdash			
_			Gross rents	9		* .	1					·			, ;;
3	-		Net rental income or (loss)		368,935							⊢			
\geq	흼	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 370 - 034	- ;	200,933		,	ļ							
	티		assets on line 6a 370,034.	L.`	* *	3		ļ				<u> </u>			
ñ	Revenue	7	Capital gain net income (from Part IV, line 2) .		<u> </u>	36	8,935.					L			
VALUNED MAY	۳	8	Net short-term capital gain									<u> </u>			
2	-	9	Income modifications · · · · · · · · · · ·				,	1							ļ 1
\$	ŀ	10 a	Gross sales less returns												j
•	-	ь.	and allowances • • • • • Less Cost of goods sold									 			
-	-			-								<u> </u>			
	-		Gross profit or (loss) (attach schedule)	-				_	_			-			
	- 1	11	Other income (attach schedule)		760,883.	37	0 673	1 7	10	IVED		┼			
	4	12	Total. Add lines 1 through 11		760,003.	37				· 1 '9 L L	0				
	-	13	Compensation of officers, directors, trustees, etc			 	<u> [꽃 </u>	ļ				βI			
	اي	14	Other employee salaries and wages					1 <u>/</u> 1	9	0 2014	- [6	Ы			
	ses	15	Pension plans, employee benefits					L_ ¯			_ []	2			
	5 1		Legal fees (attach schedule) ATCH 2		26,412.			=]:	=1			26,412
	짋	h	Accounting fees (attach schedule)ATCH 3		4,400.		2,200	70	<u> </u>	MIT		广			2,200
	Administrative Ex		Other professional fees (attach schedule)		·	i	(C)	1	11		_	-		_	
	듦		·									\vdash			
	딇	17	Interest					 				\vdash			
	ᆲ	18	Taxes (attach schedule) (see instructions)					-				 			
	ĒΙ	19	Depreciation (attach schedule) and depletion.					<u> </u>				├			
	욉	20	Occupancy									$oxed{oxed}$			
	and	21	Travel, conferences, and meetings									$oxed{oxed}$			
	ē	22	Printing and publications												-
	~4	23	Other expenses (attach schedule) ATCH . 4		309.										309
	틹	24	Total operating and administrative expenses.		-	<u> </u>			_			\vdash			
		24			31,121.		2,200.	l				1			28,921
	- 1		Add lines 13 through 23	 	225,000.	 	_,	 				-			25,000
	- 1	25	Contributions, gifts, grants paid	-		 	2 200	<u> </u>				 			
	4	26	Total expenses and disbursements. Add lines 24 and 25	ļ	256,121.	ļ	2,200.	<u> </u>			<u> </u>	 			53,921
	-	27	Subtract line 26 from line 12	_	_	1						ĺ			
		а	Excess of revenue over expenses and disbursements	L	504,762.							<u></u>			
	- [b	Net investment income (if negative, enter -0-)			36	9,473.					_			
	- [Adjusted net income (if negative enter -0-)								d	\Box			i

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

Page 2

Part II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
T CIT U	Dalance Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bear	ng			
2		cash investments	2,655,513.	2,772,164	. 2,772,164
3	Accounts receivable ▶				
	Less allowance for dou	btful accounts ▶			
4					and the transport of the same
	Less allowance for dou	btful accounts >	- "		
5					
6		officers, directors, trustees, and other			
		tach schedule) (see instructions)			
7	• • •	eceivable (attach schedule)			
		btful accounts ▶			
<u>s</u>		e			
ssets 6 8		eferred charges			
A 10 a		e government obligations (attach schedule)			
1.02	Investments - corporate	stock (attach schedule) ATCH 5	710,500.	710,500	. 1,331,820
٦	Investments - corporate	honds (attach schedule)			
11	Investments - land, building	bonds (attach schedule)	3, 1	V 3	, ~ ~
	and equipment basis Less accumulated deprecia	sition			
	(attach schedule)			<u></u>	
12 13	Investments - mortgage	loans			+
14	Land, buildings, and	ach schedule)		`\$	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	equipment basis Less accumulated deprecia	tion •			
	(attach schedule)				
15	Other assets (describe)			
16	I otal assets (to be	completed by all filers - see the age 1, item I)	3 366 013	3,482,664	4 103 004
+-	<u> </u>		3,366,013.	3,402,004	4,103,984
17		ccrued expenses			-
18					4
<u>8</u> 19					-l -
틝20		rs, trustees, and other disqualified persons			-
Liabilities 20 21 21		tes payable (attach schedule)			-
22	Other liabilities (describe	· -)	-		- ;
					d **
23		s 17 through 22)	Ų		4
		low SFAS 117, check here.			
န္မ	•	24 through 26 and lines 30 and 31.			
Balances 25					- !
[25	Temporarily restricted .		_		4
26	· · · · · · · · · · · · · · · · · · ·				_
Assets or Fund 52 52 52 52 52 52 52 52 52 52 52 52 52		not follow SFAS 117, ▶ X			i
5	check here and com	plete lines 27 through 31.	2 266 212	2 422 554	
27 27	Capital stock, trust princ	cipal, or current funds	3,366,013.	3,482,664	-
9 28 28	Paid-in or capital surplus, or	land, bldg , and equipment fund			4
č 29	Retained earnings, accumi	lated income, endowment, or other funds			4
9 30		balances (see instructions)	3,366,013.	3,482,664	∴
7 31	Total liabilities and	net assets/fund balances (see			
			3,366,013.	3,482,664	•
		inges in Net Assets or Fund		T	
		alances at beginning of year - Part	II, column (a), line 30 (r	must agree with	2 255 555
	, , ,				3,366,013
	er amount from Part I,				504,762
3 Oth	er increases not includ	ded in line 2 (itemize) ▶		3	
4 Add	l lines 1, 2, and 3	line 2 (itemize) ► ATCH 6		4	3,870,775
		` '			388,111
6 Tota	al net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (I	b), line 30 6	3,482,664

(a) List an					Page 3
	s and Losses for Tax on Inv		(b) How	(a) Data	
	nd describe the kind(s) of property sold (brick warehouse, or common stock, 200	• •	acquired P - Purchase	(c) Date	(d) Date sold (mo, day, yr)
CER DADE TH COUR	<u> </u>		D - Donation	(mo, day, yr)	
b	2022		 		
c _			-		
d					
e			-		
(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) minu	
a					
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
a					
b					
С					
d					
е					
2 Capital gain net income or		gain, also enter in Part I, line 7			260 025
. •	· · · · · · · · · · · · · · · · · · ·	(loss), enter -0- in Part I, line 7	2		368,935.
	n or (loss) as defined in sections 12 irt I, line 8, column (c) (see insti				
Part I, line 8		<u></u>	3		0
Part V Qualification	Under Section 4940(e) for Red	duced Tax on Net Investment I	ncome		
If section 4940(d)(2) applies,	, leave this part blank.				
	the section 4942 tax on the distribution of qualify under section 4940(e).	• •	ase period	1?	Yes X No
If "Yes," the foundation does	not qualify under section 4940(e).	Do not complete this part	•		Yes X No
If "Yes," the foundation does 1 Enter the appropriate am (a)	not qualify under section 4940(e). sount in each column for each year	Do not complete this part see the instructions before making	•	es. (d)	
If "Yes," the foundation does 1 Enter the appropriate am	not qualify under section 4940(e).	Do not complete this part	any entri	es. (d) Distribution ra	itio
If "Yes," the foundation does 1 Enter the appropriate am (a) Base penod years	not qualify under section 4940(e). sount in each column for each year (b)	Do not complete this part ; see the instructions before making (c)	any entri	es. (d)	itio
If "Yes," the foundation does 1 Enter the appropriate am (a) Base penod years Calendar year (or lax year beginning in)	not qualify under section 4940(e). sount in each column for each year (b) Adjusted qualifying distributions 202, 509. 213, 834.	Do not complete this part ; see the instructions before making (c) Net value of nonchantable-use assets 3,694,178. 3,880,013.	any entri	es. (d) Distribution ra (col (b) divided by	ol (c)) 0.054818 0.055112
If "Yes," the foundation does 1 Enter the appropriate am (a) Base penod years Calendar year (or tax year beginning in) 2012	not qualify under section 4940(e). count in each column for each year (b) Adjusted qualifying distributions 202,509. 213,834. 815,285.	Do not complete this part ; see the instructions before making (c) Net value of nonchantable-use assets 3,694,178. 3,880,013. 3,630,495.	any entri	es. (d) Distribution ra (col (b) divided by	o.054818 0.055112 0.224566
If "Yes," the foundation does 1 Enter the appropriate am (a) Base period years Calendar year (or lax year beginning in) 2012 2011	not qualify under section 4940(e). count in each column for each year (b) Adjusted qualifying distributions 202,509. 213,834. 815,285. 441,870.	Do not complete this part; see the instructions before making (c) Net value of nonchantable-use assets 3,694,178. 3,880,013. 3,630,495. 2,471,093.	any entri	es. (d) Distribution ra (col (b) divided by	o. 054818 0.055112 0.224566 0.178816
If "Yes," the foundation does 1 Enter the appropriate am (a) Base period years Calendar year (or tax year beginning in) 2012 2011 2010	not qualify under section 4940(e). count in each column for each year (b) Adjusted qualifying distributions 202,509. 213,834. 815,285.	Do not complete this part ; see the instructions before making (c) Net value of nonchantable-use assets 3,694,178. 3,880,013. 3,630,495.	any entri	es. (d) Distribution ra (col (b) divided by	o.054818 0.055112 0.224566
If "Yes," the foundation does 1 Enter the appropriate am (a) Base period years Calendar year (or tax year beginning in) 2012 2011 2010 2009 2008	not qualify under section 4940(e). count in each column for each year (b) Adjusted qualifying distributions 202,509. 213,834. 815,285. 441,870. 974,472.	Do not complete this part; see the instructions before making (c) Net value of nonchantable-use assets 3, 694, 178. 3, 880, 013. 3, 630, 495. 2, 471, 093. 3, 106, 464.	any entri	es. (d) Distribution ra (col (b) divided by	o. 054818 0.055112 0.224566 0.178816
If "Yes," the foundation does 1 Enter the appropriate am Base penod years Calendar year (or lax year beginning in) 2012 2011 2010 2009 2008 2 Total of line 1, column (d)	not qualify under section 4940(e). count in each column for each year (b) Adjusted qualifying distributions 202,509. 213,834. 815,285. 441,870.	Do not complete this part ; see the instructions before making (c) Net value of nonchantable-use assets 3, 694, 178. 3, 880, 013. 3, 630, 495. 2, 471, 093. 3, 106, 464.	any entri	es. (d) Distribution ra (col (b) divided by	o. 054818 0.055112 0.224566 0.178816 0.313692
If "Yes," the foundation does 1 Enter the appropriate am (a) Base period years Calendar year (or lax year beginning in) 2012 2011 2010 2009 2008 2 Total of line 1, column (d) 3 Average distribution ratio	not qualify under section 4940(e). sount in each column for each year (b) Adjusted qualifying distributions 202, 509. 213, 834. 815, 285. 441, 870. 974, 472.	Do not complete this part ; see the instructions before making (c) Net value of nonchantable-use assets 3, 694, 178. 3, 880, 013. 3, 630, 495. 2, 471, 093. 3, 106, 464.	any entri	es. (d) Distribution re (col (b) divided by	o. 054818 0.055112 0.224566 0.178816 0.313692
If "Yes," the foundation does 1 Enter the appropriate am (a) Base period years Calendar year (or tax year beginning in) 2012 2011 2010 2009 2008 2 Total of line 1, column (d) 3 Average distribution ratio number of years the foun	not qualify under section 4940(e). sount in each column for each year (b) Adjusted qualifying distributions 202, 509. 213, 834. 815, 285. 441, 870. 974, 472.	Do not complete this part ; see the instructions before making (c) Net value of nonchantable-use assets 3,694,178. 3,880,013. 3,630,495. 2,471,093. 3,106,464.	any entri	es. (d) Distribution re (col (b) divided by	o. 0.054818 0.055112 0.224566 0.178816 0.313692 0.827004
If "Yes," the foundation does 1 Enter the appropriate am (a) Base period years Calendar year (or lax year beginning in) 2012 2011 2010 2009 2008 2 Total of line 1, column (d) Average distribution ratio number of years the foun	not qualify under section 4940(e). count in each column for each year (b) Adjusted qualifying distributions 202,509. 213,834. 815,285. 441,870. 974,472. control of the 5-year base period - divided adation has been in existence if less ancharitable-use assets for 2013 fro	Do not complete this part ; see the instructions before making (c) Net value of nonchantable-use assets 3,694,178. 3,880,013. 3,630,495. 2,471,093. 3,106,464.	any entri	es. (d) Distribution ra (col (b) divided by	0.054818 0.055112 0.224566 0.178816 0.313692 0.827004 0.165401
If "Yes," the foundation does 1 Enter the appropriate am (a) Base period years Calendar year (or lax year beginning in) 2012 2011 2010 2009 2008 2 Total of line 1, column (d) 3 Average distribution ratio number of years the foun 4 Enter the net value of nor 5 Multiply line 4 by line 3	not qualify under section 4940(e). count in each column for each year (b) Adjusted qualifying distributions 202,509. 213,834. 815,285. 441,870. 974,472. control of the 5-year base period - divided adation has been in existence if less ancharitable-use assets for 2013 fro	Do not complete this part ; see the instructions before making (c) Net value of nonchantable-use assets 3, 694, 178. 3, 880, 013. 3, 630, 495. 2, 471, 093. 3, 106, 464. e the total on line 2 by 5, or by the sthan 5 years om Part X, line 5	2 3	es. (d) Distribution ra (col (b) divided by	0.054818 0.055112 0.224566 0.178816 0.313692 0.827004 0.165401 084,828.
If "Yes," the foundation does 1 Enter the appropriate am (a) Base period years Calendar year (or lax year beginning in) 2012 2011 2010 2009 2008 2 Total of line 1, column (d) Average distribution ratio number of years the foun 4 Enter the net value of nor 5 Multiply line 4 by line 3 6 Enter 1% of net investme	not qualify under section 4940(e). count in each column for each year (b) Adjusted qualifying distributions 202,509. 213,834. 815,285. 441,870. 974,472.) for the 5-year base period - divide idation has been in existence if less incharitable-use assets for 2013 fro	Do not complete this part ; see the instructions before making (c) Net value of nonchantable-use assets 3, 694, 178. 3, 880, 013. 3, 630, 495. 2, 471, 093. 3, 106, 464. et the total on line 2 by 5, or by the sthan 5 years om Part X, line 5	2 3 4	es. (d) Distribution ra (col (b) divided by	0.054818 0.055112 0.224566 0.178816 0.313692 0.827004 0.165401 084,828.

orm	990-PF (2013) THE PETER AND DEVON BRIGER FOUNDATION II 26-158			Page 4
Par	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ction	s)
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	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		7,3	389.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of \mathcal{I}			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		7,	389.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	_	7,.	389.
6	Credits/Payments			
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 438 .			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c 6, 951.			
d	Backup withholding erroneously withheld			200
7	Total credits and payments. Add lines 6a through 6d		7,.	389.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	-	-	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0 -
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			
11	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ Refunded ▶ 11			
	t VII-A Statements Regarding Activities			T
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No X
	or intervene in any political campaign?	1a		
· "b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the	ا ا		х
	definition)?	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			х
	Did the foundation file Form 1120-POL for this year?	1c		<u> </u>
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \blacktriangleright \$ 0 (2) On foundation managers \blacktriangleright \$ 0			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
_	Touridation managers 5	2		x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			
_	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	1		
3	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		N/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
5	If "Yes," attach the statement required by General Instruction T.		_	
e	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
6	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			
	with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
	Enter the states to which the foundation reports or with which it is registered (see instructions)		_	
Ja	DE,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
J	of each state as required by General Instruction G ^o If "No," attach explanation	8ь_	Х	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
٠	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (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 schedule listing their names and			1
	addresses	10		Х
			0-PF	(2013)

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b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2013?

N/A

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Part VIII	Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	nagers, Highly Paid Emplo	yees,
3 Five	highest-paid independent contractors for professional services (see inst	ructions). If none, enter "NONE	i."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			NONE
Total numb	per of others receiving over \$50,000 for professional services	>	
Part IX-A	Summary of Direct Charitable Activities		
	ndation's four largest direct charitable activities during the tax year. Include relevant statistical is and other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 PLEA	SE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIF	RECT	
CHAR	ITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPO	ORT, BY	
CONT	RIBUTIONS, OTHER ORGANIZATIONS EXEMPT UNDER INTERN	IAL	NONE
2 REVE	NUE CODE SECTION 501(C)(3).		
N/A			
3 N/A			
4 N/A			
4 - 17 - 1			
Part IX-B	Summary of Program-Related Investments (see instructions)		
_	e two largest program-related investments made by the foundation during the tax year on lines 1 ai	nd 2	Amount
1 N/A			
			NONE
2 N/A			
All other pro	ogram-related investments. See instructions		
3 N/A			
Total, Add	lines 1 through 3	<u> </u>	L

Form **990-PF**(2013)

Form 990-PF (2013)

6

253,921.

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.

Form 990-PF (2013) Page 9 Part XIII Undistributed Income (see instructions) (d) (b) (c) (a) Corpus Years prior to 2012 2012 2013 Distributable amount for 2013 from Part XI, 196,852. Undistributed income, if any, as of the end of 2013 NONE a Enter amount for 2012 only Total for prior years 20______,20_____,20____ NONE Excess distributions carryover, if any, to 2013 776,118 a From 2008 318,315. **b** From 2009 633,760. c From 2010 64,181. **d** From 2011 17,862. e From 2012 1,810,236 Qualifying distributions for 2013 from Part XII, 253,921. line 4 ▶ \$ a Applied to 2012, but not more than line 2a _ _ _ b Applied to undistributed income of prior years (Election required - see instructions)..... c Treated as distributions out of corpus (Election 196,852. d Applied to 2013 distributable amount 57,069 e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2013 Ä. (If an amount appears in column (d), the same 3 amount must be shown in column (a)) Enter the net total of each column as indicated below: 1,867,305 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions Undistributed income for 2012 Subtract line NONE f Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be NONE distributed in 2014 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2008 not 776,118 applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2014. 1,091,187 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 318,315. a Excess from 2009 . . . 633,760. b Excess from 2010 . . .

Form 990-PF (2013)

c Excess from 2011 . . .

d Excess from 2012 . . .

e Excess from 2013 . . .

64,181.

17,862.

57,069.

JSA 3E1490 1 000

factors:

c Any submission deadlines:

Form 990-PF (2013)

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

Form 990-PF (2013)

Page 11

3 Grants and Contributions Paid Dur	ing the Year or Appr	oved for I	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	T	Amount
	any foundation manager or substantial contributor	recipient	contribution	
Name and address (home or business) a Paid during the year SEE LIST ATTACHED	if recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount 225,000.
Total		.,	▶_3a	225,000.
Total			▶ 3b	1

Page 12

Part XVI Enter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
-			,			
_						
c	<u> </u>					
d						
e				+		
f g Fees	and contracts from government agencies					
-	ship dues and assessments					
	on savings and temporary cash investments			14	2,738.	
4 Dividend	ds and interest from securities					
	al income or (loss) from real estate					
a Debt	-financed property					
	debt-financed property					· · · · · · · · · · · · · · · · · · ·
6 Net renta	l income or (loss) from personal property .			ļ		
7 Other in	vestment income					
8 Gain or (I	oss) from sales of assets other than inventory			18	368,935.	
9 Net inco	me or (loss) from special events			ļ		
	rofit or (loss) from sales of inventory					
11 Other re	venue a					. -
ь						
_						
d						
e					371 . 673	
12 Subtotal	Add columns (b), (d), and (e)				371,673.	371,673
12 Subtotal 13 Total. Ad See worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci	ulations)			13	371,673
2 Subtotal 3 Total. Ad See worksh Part XVI-	Add columns (b), (d), and (e)	ulations)	complishment of Ex	kempt Purp	oses	
2 Subtotal 3 Total . Ad See worksh	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calci	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. At See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. At See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. At See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. As See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. As See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. As See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. As See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. At See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. As See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. At See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. At See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. At See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. At See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. At See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. At See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. At See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. At See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. At See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. At See works! Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th
2 Subtotal 3 Total. Ad See worksh Part XVI- Line No.	Add columns (b), (d), and (e)	ulations) to the Ac	complishment of Ex	kempt Purp	oses e) of Part XVI-A contribu	ited importantly to th

Part	XVII	Information R Exempt Orga		ransfers	To and	Transact	ions a	nd F	Relati	onsh	ps With Non	char		B
ır		organization direction 501(c) of the Contions?	-		-		-	-		-			Yes	No
	•	s from the reportir	ng foundation t	o a nonch	aritable ex	empt orgai	nızation d	of:						
('	1) Cash)	· · · · · · · ·									1a(1)		Х
		r assets										1a(2)		X
		ansactions:										; ;	ļ	
		s of assets to a no										1b(1)		X
		hases of assets from										1b(2)		X
(;	3) Rent	al of facilities, equ	ipment, or othe	r assets .								1b(3)	1	X
(4	4) Rein	bursement arrang	ements		• • • • •	· • • • • •						1b(4)	$\overline{}$	X
(;	b) Loar	ns or loan guarante	es	 	draiona aa			• •				1b(5)	1	X
		ormance of service of facilities, equipr										1b(6)	'	X
		nswer to any of the										L 1c	fair m	<u> </u>
V	alue of	the goods, other	assets, or sen	vices give	n by the r	eporting fo	undation	n. If	the for	undatio	n received less	than	fair m	narke
		any transaction o												
(a) Line	no	(b) Amount involved	<u> </u>	noncharitab	le exempt org	anization	+ '		tion of tra	ansfers,	transactions, and sha	ring arra	angeme	nts
			N/A				N/A							
		 	-				ł		-					
			-				1							
	+	<u> </u>					1					-		
	+				-				-					
	+			-			 							
														
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			ļ				<u> </u>							
							<u> </u>							
			ļ				ļ							
d	escribe	oundation directly od in section 501(c) complete the follo	of the Code (other than	section 50)1(c)(3)) or 				•••	• • • • • • •		es X] No
		(a) Name of organizatio	<u> </u>	N / D	(b) Type of o	organization				(c) D	escription of relation	ship		
				N/A										
				<u> </u>				 -					-	
				1										
	Under p	enalties of penjury, I declarate of	are that I have exam	nined this retu	arn, including a	accompanying s	chedules an	nd state	ements, a	nd to the	e best of my knowled	ge and l	belief, it	is true
Sign			(Carici Cilia)								May the IR			-
Here		19/		>	5/13/2	<u>14</u>	DIR	ECT	OR			reparer	shown	
. 1010	Signal	ture of officer or trustoe-		0	ate		Title				(see instruction	ns)? X	Yes	No
	' T	Print/Type preparer's na	ime	Prepa	rer's signature				Dater i		Check If	PTIN		
Paid		JOHN D. COOK			Ox				Date S	114	121000 [] 11	P014	5018	12
Prepa	rer 🖯		CRS ASSOCI	ATES, I	TC //					Firr	n's EIN ▶ 13-4			
Use C		Firm's address > 77	WATER ST	REET, 9	TH FLO)R				1				

Form 990-PF (2013)

Phone no 212-440-0800

10005

NEW YORK, NY

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

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/torm990

OMB No 1545-0047

Employer identification number

THE PETER AND DEVON E	BRIGER FOUNDATION II	26-1586986				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundary	tion				
	501(c)(3) taxable private foundation					
Note. Only a section 501(c)(7), instructions. General Rule	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See				
	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or the contributor. Complete Parts I and II.	or more (in money or				
Special Rules						
under sections 509(a)	3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support to (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 200 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form II	e year, a contribution of				
during the year, total	7), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitates, or the prevention of cruelty to children or animals. Complete Parts I, II,	ble, scientific, literary,				
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.						
990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2, of its Form 990; or check the box on line be certify that it does not meet the filing requirements of Schedule B (Form 99	of its Form 990-EZ or on its				
For Paperwork Reduction Act Notice,	see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2013)				

Employer identification number 26-1586986

Part I	Contributors (see instructions). Use duplicate copies of Par	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	PETER L. BRIGER C/O BCRS ASSOC, LLC; 77 WATER ST-9TH FL NEW YORK, NY 10005	\$347,372.	Person X Payroll X Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _	PETER L. BRIGER C/O BCRS ASSOC, LLC; 77 WATER ST-9TH FL NEW YORK, NY 10005	\$41,270.	Person X Payroll X Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PETER L. BRIGER C/O BCRS ASSOC, LLC; 77 WATER ST-9TH FL NEW YORK, NY 10005	\$568	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

JSA

Employer identification number 26-1586986

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 13,741 SHS SCIQUEST 347,372. 05/16/2013 (a) No. (c) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 1,102 SHS BROOKFIELD ASSET MGMT INC. _2_ 41,270. 09/18/2013 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 29 SHS BROOKFIELD PPTY PTRS L.P. _3_ 568 09/18/2013 (a) No. (c) (b) (d) from FMV (or estimate) **Date received** Description of noncash property given Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) **Date received** Description of noncash property given Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

Name of organization THE PETER AND DEVON BRIGER FOUNDATION II

Employer identification number 26-1586986

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.									
	For organizations completing Part III, contributions of \$1,000 or less for the	e year. (Enter this in	formation once. S	charitable, etc., ee instructions.) ► \$						
	Use duplicate copies of Part III if addit	ional space is need	ed.							
(a) No from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held						
	(e) Transfer of gift									
	Transferee's name, address, at	nd ZIP + 4	Relatio	nship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
	(e) Transfer of gift									
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
	(e) Transfer of gift									
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
(a) No from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held						
		(e) Transf	er of gift							
	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee							
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2013)						

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

OMB No 1545-0092

Department of the Treasury Internal Revenue Service

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

Name	of estate or trust			Employer identifi	cation	number
T	HE PETER AND DEVON BRIGER FOUNDATION	26-15869	86			
	: Form 5227 filers need to complete only Parts I and II.					
Par	Short-Term Capital Gains and Losses - Ass	ets Held One Year	r or Less			
the li	nstructions for how to figure the amounts to enter on nes below form may be easier to complete if you round off cents note dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fro Form(s) 8949, Pai line 2, column (g		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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	44,415.				44,415.
	Totals for all transactions reported on Form(s) 8949 with Box B checked					
	Totals for all transactions reported on Form(s) 8949 with Box C checked				T	
4	Short-term capital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4	
5	Net short-term gain or (loss) from partnerships, S cor	porations, and other	estates or trusts		5	
6	Short-term capital loss carryover. Enter the amount Carryover Worksheet	nt, if any, from line	e 9 of the 2012		6	(
7	Net short-term capital gain or (loss). Combine line 17, column (3) on the back				7	44,415.
Par		ets Held More Tha	an One Year			
the li	nstructions for how to figure the amounts to enter on nes below	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss	from	(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off cents note dollars	(sales price)	(or other basis)	Form(s) 8949, P line 2, column	art II, (g)	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	325,619.	1,099.			324,520.
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	884, 6252, 6781, and	j 8824		11	
12	Net long-term gain or (loss) from partnerships, S corp	porations, and other e	estates or trusts		12	
13	Capital gain distributions				13	
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover Enter the amoun Carryover Worksheet	t, if any, from line	14 of the 2012	Capital Loss	15	(
16	Net long-term capital gain or (loss). Combine lines					, , , , , , , , , , , , , , , , , , ,

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

Schedule D (Form 1041) 2013

324,520.

Schedule	D (Form 1041) 2013				Page 2
Part I	Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(2) Total
	Caution: Read the instructions before completing this pa	art.	(see instr.)	or trust's	(3) Total
7 No	et short-term gain or (loss)	17			44,415.
8 No	et long-term gain or (loss):				
a To	otal for year	18a			324,520.
b Ui	recaptured section 1250 gain (see line 18 of the wrksht)	18b			
c 28	% rate gain	18c			
9 To	etal net gain or (loss). Combine lines 17 and 18a	19			368,935.
lote:	f line 19, column (3), is a net gain, enter the gain on Form 1041, line 4	(or Fo	rm 990-T, Part I, line	4a) If lines 18a and	19, column (2), are ne
jains, g necessai	o to Part V, and do not complete Part IV. If line 19, column (3), is a n V	et ioss	s, complete Part IV ar	io the Capital Loss C	arryover vvorksneet, as
Part I					
0 E	nter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P	art I, I	ne 4c, if a trust), the si	maller of:	
a Ti	ne loss on line 19, column (3) or b \$3,000			20 ()
lote: <i>l</i>	f the loss on line 19, column (3), is more than \$3,000, or if Form 1041, yover Worksheet in the instructions to figure your capital loss carryover	page	1, line 22 (or Form 99	0-T, line 34), is a los	s, complete the Capita
Part V					
	041 filers. Complete this part only if both lines 18a and 19 in coll		2) are gains or an a	mount is entered in	Part Lor Part II and
	an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor			iniount is entered in	i Fait I UI Fait II aiiu
	: Skip this part and complete the Schedule D Tax Worksheet in the i				
	r line 18b, col (2) or line 18c, col. (2) is more than zero, or				
	Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
Form 9	90-T trusts. Complete this part only if both lines 18a and 19 a	re ga	ns, or qualified divi	dends are included	in income in Part I
	990-T, and Form 990-T, line 34, is more than zero. Skip this part	and c	omplete the Sched u	ıle D Tax Workshe	et in the instructions
f either	line 18b, col. (2) or line 18c, col. (2) is more than zero.				
1 E	nter taxable income from Form 1041, line 22 (or Form 990-T, line 3	4)	. 21		<u> </u>
22 Er	nter the smaller of line 18a or 19 in column (2)	•		*	
bı	at not less than zero				
	nter the estate's or trust's qualified dividends				
fro	om Form 1041, line 2b(2) (or enter the qualified				
	ridends included in income in Part I of Form 990-T) 23				
	dd lines 22 and 23				
	the estate or trust is filing Form 4952, enter the		-	*	
	nount from line 4g, otherwise, enter -0 > 25			,	
	ubtract line 25 from line 24 If zero or less, enter -0-		. 26		
	ubtract line 26 from line 21 If zero or less, enter -0-				
	nter the smaller of the amount on line 21 or \$2,450				
	nter the smaller of the amount on line 27 or line 28				
	ubtract line 29 from line 28. If zero or less, enter -0- This amount is		•	▶ 30	
	nter the smaller of line 21 or line 26		1 1 1		
	ubtract line 30 from line 26		32		
3 Er	nter the smaller of line 21 or \$11,950		33		
	dd lines 27 and 30				
	ubtract line 34 from line 33. If zero or less, enter -0-				
	nter the smaller of line 32 or line 35				
	ultiply line 36 by 15%			▶ 37	
	nter the amount from line 31		· · · · · · · · · · · · · · · · · · ·		
	dd lines 30 and 36		· 		
	ubtract line 39 from line 38. If zero or less, enter -0-				
	ultiply line 40 by 20%		•	41	
	gure the tax on the amount on line 27. Use the 2013 Tax Rate Schedule for I		1 1	· · · · · · · · · · · · · · · · · · ·	
	d Trusts (see the Schedule G instructions in the instructions for Form 1041)		i I		
	d lines 37, 41, and 42		• +		
	gure the tax on the amount on line 21 Use the 2013 Tax Rate Schedule for f		•		
	d Trusts (see the Schedule G instructions in the instructions for Form 1041)		l I		
	ix on all taxable income. Enter the smaller of line 43 or line 44 h		• ———	Schedule	
	line 1a (or Form 990-T line 36)		011 1 01111 1 0 7 1 ,	≥ 45	

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or 26-1586986 print PETER & DEVON BRIGER FOUNDATION II Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the due date for c/o BCRS ASSOCIATES, LLC; 77 WATER STREET - 9TH FLOOR filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See NEW YORK, NY 10005 instructions Enter the Return code for the return that this application is for (file a separate application for each return) 04 Application **Application** Return Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 • The books are in the care of ► BCRS ASSOCIATES, LLC Telephone No. ► 212-440-0811 Fax No. ► N/A • If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . . . ▶ □ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15 , 20 14 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ➤ X calendar year 20 13 or ► □ tax year beginning , 20 ____, and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return 2 ☐ Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a |\$ 7,389.00 If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b |\$ 438,00 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using

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

EFTPS (Electronic Federal Tax Payment System). See instructions.

6,95100

3c |\$

instructions.

Sales and Other Dispositions of Capital Assets

▶Information about Form 8949 and its separate instructions is at www.lrs.gov/form8949.

OMB No. 1545-0074

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

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

THE PETER AND DEVON BRIGER FOUNDATION II

Social security number or taxpayer identification number 26-1586986

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

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 reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

\mathbb{H}	• •	transactions repo transactions not		=	ving basis was not i	reported to the IF	RS		
1	(a) Description of (Example 100 sl	f property	(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 enter a co See the sepa	any, to gain or loss. amount in column (g), de in column (f) irate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
	(Example 100 st		(, cay, y.)	(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	SCHEDULE	ATTACHED	09/18/2013	10/18/2013	44,415.				44,415
									-
			-						
									-
-		-							
_								-	
_									
ac yc	t negative amo our Schedule D, I	mounts in columnunts) Enter each	n total here an above is check	d include on ed), line 2 (if	44.415.				44.415

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

THE PETER AND DEVON BRIGER FOUNDATION II

26-1586986

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 reported on Form(s) 1099-B showing basis was not reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

- 1 - 1	(r) Lung-term transactions	ioi reporteu i	o you on i or	III 1033°D			_	
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 enter a coo See the sepa	any, to gain or loss. amount in column (g), de in column (f) rate instructions.	Gain or (loss). Subtract column (e) from column (d) and
		, , , , ,	(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	SCHEDULE ATTACHED	VAR	VAR	325,619.	1,099.			324,520
						<u> </u>		
		-						
		-						
		<u> </u>			**			
		<u> </u>						
(sı	tals. Add the amounts in collubtract negative amounts). Ellude on your Schedule D, lin	nter each tota	I here and					
ch	ecked), line 9 (if Box E above Box F above is checked) ▶	e is checked),	or line 10	325,619	1,099.			324,520.

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

PETER & DEVON BRIGER FOUNDATION II CHARITABLE CONTRIBUTIONS FYE 12/31/2013

EIN: 26-1586986

DATE	CONTRIBUTION	CITY, STATE	AMOUNT
8/14/2013	HOSPITAL FOR SPECIAL SURGERY	NEW YORK, NY	200,000.00
12/17/2013	THE SAN FRANCISCO GENERAL HOSPITAL FOUNDATION	SAN FRANCISCO, CA	25,000 00
	TOTAL CONTRIBUTIONS PAI	:D *	\$ 225,000.00

* 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.

REALIZED GAIN LOSS PAGE 1 OF 1

	2013
= =	11-Dec-201
Devon Fdn	13 To 3
r & De	an-2013
r Peter &	1 01-J
Briger	From

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Base Currency USD

Realized Gams/Losses Description	Trade Date	Date Sold / Covered	Q.	Proce	Proceeds (Base)	Cost (Cost (Base)	Gain/Los	Gaın/Loss (Base)	Gain Type
BROOKFIELD PPTY PARTNERS L P CMN	18-Sep-13	3 18-Oct-13	-13	\$ 62	568.10	45	•	↔	568 10	568 10 Short-Term
BROOKFIELD ASSET MANAGEMENT IN CMN	18-Sep-13	3 18-Oct-13	_	,102 \$	43,846.82	\$		€	43,846 82	43,846 82 Short-Term
TOTAL SHORT-TERM				ω	44,414.92	es l	.	₩	44,414.92	
SCIQUEST, INC CMN	28-Jul-04	18-Oct-13		,031 \$	23,701.14	€9	82.48	↔	23,618 66	23,618 66 Long-Term
SCIQUEST, INC CMN	28-Jul-0			1,031 \$	23,701.14	€9	82.48	€9	23,618 66	Long-Term
SCIQUEST, INC. CMN	28-Jul-0	18-Oct-13		,547 \$	35,563.21	₩	123.76	€9	35,439 45	Long-Term
SCIQUEST, INC CMN	28-Jul-04			\$ 625,	46,033.51	↔	126.32	₩	45,907 19	45,907 19 Long-Term
SCIQUEST, INC. CMN	28-Jul-0			,763 \$	63,517.22	€9	221.04	₩	63,296.18	63,296.18 Long-Term
SCIQUEST, INC CMN	28-Jul-04	t 18-Oct-13		\$ 368	66,551 70	↔	231 60	€9	66,320 10	Long-Term
SCIQUEST, INC CMN	28-Jul-04	t 18-Oct-13		\$,895	66,551.70	₩	231 60	₩	66,320 10	Long-Term
TOTAL LONG-TERM				မာ	325,619.62	\$ 1,	,099.28	\$	324,520.34	1



BRIGER PETER & DEVON FDN II Holdings

Period Ended December 31, 2013

CASH, DEPOSITS & MONEY MARKET FUNDS								
	Quantity	Market Price	Market Value / Accrued Income	Unit Cost	Adjusted Cost / Original Cost	Unrealized Gain (Loss)	Unrealized Yield to Maturity / Gain (Loss) Current Yield	Estimated Annual Income
							:	
DEPOSITS & MONEY MARKET FUNDS								
DEPOSITS								
GOLDMAN SACHS BANK DEPOSIT (BDA)⁴	2,770,039.19	1.0000	2,770,039.19	1.0000	2,770,039.19	000	0 0807	2,234 49
TOTAL CASH, DEPOSITS & MONEY MARKET FUNDS			2,770.039.19		2,770,039.19			2,234.49
PUBLIC EQUITY								
	Ottobality	Market Price	Market Value /	Unit Cost	Cost Basis	Unrealized Gain (Loss)	Dividend	Estimated Annual Income
US EQUITY								
US STOCKS								
BROOKDALE SENIOR LIVING, INC. CMN (BKD)	49,000 00	27 1800	1,331,820 00		710,500.00			
					Adjusted Cost / *	Unrealized		Estimated
			Market Value		Original Cost	Gain (Loss)		Annual Income
TOTAL PORTFOLIO			4,101,859.19	,	3,480,539.19	0.00		2,234.49

THE PETER AND DEVON BRIGER FOUNDATION II 26-1586986

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

		NS AND LC			INVEST	IPI	Date	Date sold
Kind of F				ription		or D	acquired	Date SOIU
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over		Gain or (loss)	
expenses of sale	allowable	basis	12/31/69	12/31/69	adı basıs	╁	(loss)	
		SEE SCHEDUL	E ATTACHED			Р	09/18/2013	10/18/2013
		PROPERTY TY	PE: SECURIT	PIES				
44,415.						$\ \ $	44,415.	
		SEE SCHEDUL	E ATTACHED			P	VAR	VAR
†		PROPERTY TY		'IES		$\lceil \rceil$		
325,619.		1,099.					324,520.	
						$\ \ $		
						$\ \ $		
TOTAL GAIN(I	oss)			• • • • • • • • • •		$\ \ $	368,935.	
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THE PETER AND DEVON BRIGER FOUNDATION II

EIN: 26-1586986

SUPPLEMENTARY STATEMENTS

PART: XV

LINE: 2

SUPPLEMENTAL INFORMATION

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 THESE ORGANIZATIONS BASED UPON THEIR KNOWLEDGE OF THE ORGANIZATIONS' 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

INVESTMENTS	
CASH]	
ON TEMPORARY	
NO	
INTEREST	
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PART	
990PF,	
FORM	

ADJUSTED NET INCOME		
NET INVESTMENT INCOME	2,738.	2,738.
REVENUE AND EXPENSES PER BOOKS	2,738.	2,738.
DESCRIPTION	INTEREST ON BANK DEPOSIT ACCOUNTS	TOTAL

	NET INVESTMENT INCOME	-	
	REVENUE AND EXPENSES PER BOOKS	26,412.	26,412.
FORM 990PF, PART I - LEGAL FEES	DESCRIPTION	SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP	TOTALS

ATTACHMENT 2 PAGE 22

THE PETER AND DEVON BRIGER FOUNDATION II

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CHARITABLE PURPOSES	2,200.	2,200.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	2,200.	2,200.
REVENUE AND EXPENSES PER BOOKS	4,400.	4,400.
		TOTALS
DESCRIPTION	BCRS ASSOCIATES, LLC	

ATTACHMENT 4 PAGE 24

FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE PURPOSES 284.	309.
ADJUSTED NET INCOME	
NET INVESTMENT INCOME	
REVENUE AND EXPENSES PER BOOKS 284.	309.
	TOTALS
. STATE	L .
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DESCRIPTION CT CORPORATION DELAWARE SECRETARY OF STATE	

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ENDING	1,331,820.	
ENDING BOOK VALUE	710,500.	
BEGINNING BOOK VALUE	710,500.	
DESCRIPTION	SEE LONG POSITION ATTACHED TOTALS	

ATTACHMENT 5 PAGE 25

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

DESCRIPTION

AMOUNT

EXCESS OF FMV OVER DONOR'S COST BASIS OF SECURITIES GIFTED TO THE FOUNDATION 388,111.

TOTAL

388,111.

EXPENSE ACCT AND OTHER ALLOWANCES	0	0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0	0
COMPENSATION	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR/PART-TIME	DIRECTOR/PART-TIME	GRAND TOTALS
NAME AND ADDRESS	PETER L. BRIGER C/O BCRS ASSOCIATES, LLC 77 WATER STREET - 9TH FLOOR NEW YORK, NY 10005	DEVON BRIGER C/O BCRS ASSOCIATES, LLC 77 WATER STREET - 9TH FLOOR NEW YORK, NY 10005	

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THE.	Prirk	ANII	Dr. VON	BKIL-F.K	FOUNDATION	

26-1586986

ATTACHMENT 8

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

PETER L. BRIGER; C/O BCRS ASSOCIATES, LLC 77 WATER STREET - 9TH FLOOR, NEW YORK, NY 10005