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OMB No 1545-0052

Department of the Treasury

Internal Revenue Service

## **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. ► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

For	cale	ndar year 2014, or tax year beginning 10-	01-2014	, aı	nd ending 0	9-30-2015				
		ındatıon			A Employer id	entification numb	er			
IH	OMAS V	V BRIGGS FOUNDATION INC			62-6039986					
Num	ber and	street (or P O box number if mail is not delivered to street address	s) Room/suite		<b>B</b> Telephone nu	mber (see instructio	ns)			
		H MAIN NO 500	, resin, saits		(901) 680-0276					
Cıtı	or town	, state or province, country, and ZIP or foreign postal code			C If exemption	annlication is nendin	ng, check here 🕨 🦵			
		N 38103			C II exemption	аррисацоп із репаш	ig, check field F			
		<u> </u>					_			
GCI	песк а	Il that apply   Initial return   Initial return of a	former public charity	<b>'</b>		ganızatıons, check h	•			
		Address change Name change				ganizations meeting k here and attach co				
_		pe of organization Section 501(c)(3) exempt priva				indation status was i n 507(b)(1)(A), chec				
S	ection	4947(a)(1) nonexempt charitable trust Other taxa				. , , , , ,				
		ret value of all assets at end From Part II, col. (c),	I Cash I Accr	ual		ition is in a 60-mont n 507(b)(1)(B), chec				
		\$ 15,052,854   (Part I, column (d) must	be on cash basis.)		under section	1 307(B)(1)(B), elle	sk field ,			
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc , received (attach								
		schedule)	58,347							
	2	Check ► ☐ If the foundation is <b>not</b> required to attach								
		Sch B								
	3	Interest on savings and temporary cash investments	30,657		30,657					
	4	Dividends and interest from securities	208,347		208,347					
	5a	Gross rents								
ds	b	Net rental income or (loss)	1 000 670							
Reveilue	6a	Net gain or (loss) from sale of assets not on line 10	1,089,670							
	b	Gross sales price for all assets on line 6a 2,265,303								
ě	7	Capital gain net income (from Part IV, line 2)			1,062,111					
	8	Net short-term capital gain								
	9	Income modifications								
	10a	Gross sales less returns and allowances								
	b	Less Cost of goods sold								
	c	Gross profit or (loss) (attach schedule)								
	11	Other Income (attach schedule)								
	12	Total. Add lines 1 through 11	1,387,021		1,301,115					
	13	Compensation of officers, directors, trustees, etc	53,800		17,933		35,867			
. 6	14	Other employee salaries and wages								
Š	15	Pension plans, employee benefits								
Expenses	16a	Legal fees (attach schedule)	<b>95</b> 23,718		7,906		15,812			
Ë		Accounting fees (attach schedule)  Other professional fees (attach schedule)	<b>95</b> 4,422		4,422		15,812			
€	17	Interest	9,296		9,296		0			
trat	18	Taxes (attach schedule) (see instructions)	22,524		1,473		2,946			
Ē	19	Depreciation (attach schedule) and depletion			0					
<u>Ē</u>	20	Occupancy	18,169		6,056		12,113			
Ψ	21	Travel, conferences, and meetings								
and Administrative	22	Printing and publications								
	23	Other expenses (attach schedule)	168,974		133,607		14,868			
Operating	24	Total operating and administrative expenses.	_							
Ē		Add lines 13 through 23	301,546		180,693		81,606			
0	25	Contributions, gifts, grants paid	495,584				792,530			
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	797,130		180,693		874,136			
	27	Subtract line 26 from line 12	·		•					
	a	Excess of revenue over expenses and disbursements	589,891							
	Ь	Net investment income (if negative, enter -0 -)			1,120,422					
	C	Adjusted net income (If negative, enter -0 -)					<u> </u>			

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	(=, ===================================	(2) 2233 3333	(-,
	2	Savings and temporary cash investments	20,303	162,798	162,798
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable 🟲			
	•	Less allowance for doubtful accounts 🕨			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	<b>'</b>	Less allowance for doubtful accounts			
_		Inventories for sale or use			
sets	8			1,453	1,453
w. I	9	Prepaid expenses and deferred charges		1,433	1,433
⋖	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans		AST	
	13	Investments—other (attach schedule)	16,276,345	14,884,496	14,884,496
	14	Land, buildings, and equipment basis - 4,990			
		Less accumulated depreciation (attach schedule) • 883		4,107	
	15	Other assets (describe	2,974	0	<b>€</b> 5 0
	16	<b>Total assets</b> (to be completed by all filers—see the			
_		Instructions Also, see page 1, item I)	16,302,035		15,052,854
	17	Accounts payable and accrued expenses		5,887	
ņ	18	Grants payable		396,629	
abilities	19	Deferred revenue			
ē	20	Loans from officers, directors, trustees, and other disqualified persons			
L	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	693,575	402,516	
S		Foundations that follow SFAS 117, check here			
Balance		and complete lines 24 through 26 and lines 30 and 31.			
lar	24	Unrestricted	15,608,460	14,650,338	
	25	Temporarily restricted			
Fund	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here 🕨 🦵			
ō		and complete lines 27 through 31.			
913	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances (see instructions)	15,608,460	14,650,338	
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions)	16,302,035	15,052,854	
Pa	rt II	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column	n (a), line 30 (must a	gree	
		with end-of-year figure reported on prior year's return)		1	15,608,460
2		Enter amount from Part I, line 27a		2	589,891
3		Other increases not included in line 2 (itemize)		3	0
4		Add lines 1, 2, and 3			16,198,351
5		Decreases not included in line 2 (itemize)			1,548,013
6		Total net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), l	ine 30 <b>. 6</b>	14,650,338

<u> </u>	90-PF (2014)	nd Loc	ses for Tax on Inve	stmont Income			Page 3
	(a) List and describe t	he kınd(s	of property sold (e g , re ommon stock, 200 shs M	al estate,	(b) How acquired P—Purchase	(c) Date acquired	(d) Date sold
	*		Offilifion stock, 200 sits it		D—Donation	(mo , day, yr )	(mo , day, yr )
1a	See Additional Data T	able					
b							
С							
d							
е						<u> </u>	
(e) Gross sales price			(f) Depreciation allowe (or allowable)	1 1-1	t or other basıs kpense of sale		or (loss) ) mınus (g)
а	See Additional Data Table						
b							
С							
d							
e							
Со	mplete only for assets sh	nowing ga	ıın ın column (h) and owne	d by the foundatio	n on 12/31/69	(I) Gains (Col	(h) gain minus
(i)	FM V as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col (ı) col (j), ıf any		less than -0-) <b>or</b> om col (h))
<u>а</u>	See Additional Data Ta	able	40 01 12/01/09	3,01	(3), a	,	. , ,
d							
е			,	If gaın, also enter			
					,	2	1,002,11
3	•	•	loss) as defined in section 8, column (c) (see instru				1,002,11
	If gain, also enter in Pa in Part I, line 8 .	art I, line	8, column (c) (see ınstru	ctions) If (loss), e	nter -0 -	3	1,002,11
Part	If gain, also enter in Pa in Part I, line 8 . V Qualification Ui	art I, line	·	ctions) If (loss), e	nter -0 -	3 ent Income	1,002,11
<b>Part</b> For opt	If gain, also enter in Pa in Part I, line 8 . V Qualification Ui	art I, line nder Se	8, column (c) (see instru  ction 4940(e) for R  ndations subject to the se	ctions) If (loss), e	nter -0 -	3 ent Income	1,002,11
Part for opt	If gain, also enter in Pain Part I, line 8  V Qualification Unional use by domestic pron 4940(d)(2) applies, less foundation liable for the	art I, line  nder Servate four	8, column (c) (see instru  ction 4940(e) for R  ndations subject to the se	ctions) If (loss), e  ctions of the control of any	nter -0	ant Income	T,002,111
Part For opt section fas the Tyes,	If gain, also enter in Pain Part I, line 8  V Qualification Unional use by domestic pron 4940(d)(2) applies, less foundation liable for the the foundation does not	nder Security and the security at the security at the security is a security to the security of the security o	8, column (c) (see instru  cction 4940(e) for R  ndations subject to the se  part blank  4942 tax on the distributa	ections) If (loss), ections) If (loss), ection 4940(a) tax	nter -0 -	3 ent Income Income ) eriod?	1,062,111
Part for opt section as the "Yes, 1 Ent	If gain, also enter in Pain Part I, line 8  V Qualification Unional use by domestic pron 4940(d)(2) applies, less foundation liable for the the foundation does not	nder Servate four section at the true this to the true this to the true this to the true true true true true true true tru	8, column (c) (see instruction 4940(e) for Rendations subject to the separt blank 4942 tax on the distribute under section 4940(e) Do	ections) If (loss), ections) If (loss), ection 4940(a) tax	nter -0  Net Investment on net investment year in the base por part ore making any ent	3 ent Income Income ) eriod?	Γ Yes <b>Γ</b> No
Part for opt section as the "Yes, 1 Ent	If gain, also enter in Pain Part I, line 8  V Qualification Unional use by domestic properties, less foundation liable for the the foundation does not ter the appropriate amount (a)  period years Calendar	nder Servate four section at the true this to the true this to the true this to the true true true true true true true tru	8, column (c) (see instru  ction 4940(e) for R  ndations subject to the se  part blank  4942 tax on the distribute  under section 4940(e) Do  n column for each year, se  (b)	ections) If (loss), ections) If (loss), ections dection 4940(a) tax able amount of any onot complete this ee instructions before	nter -0  Net Investment on net investment year in the base por part ore making any ent	ant Income Income ) eriod? ries (d) Distribution	Γ Yes <b>Γ</b> No
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Part for options as the "Yes,  1 Entitle Base year (of the second of the	If gain, also enter in Pain Part I, line 8  V Qualification Unional use by domestic properties of 4940 (d)(2) applies, less foundation liable for the the foundation does not ter the appropriate amount (a)  period years Calendar for tax year beginning in)  2013  2012  2011  2010  2009  Total of line 1, column A verage distribution rather number of years the Enter the net value of Multiply line 4 by line.	art I, line  nder Se  rivate fou eave this section a t qualify the Adjuste  (d). atio for the foundari noncharif 3	8, column (c) (see instru  cection 4940(e) for R  ndations subject to the se  part blank  4942 tax on the distributa  under section 4940(e) Do  n column for each year, se  (b)  d qualifying distributions  824,013  767,966  759,386  739,722  665,808	ctions) If (loss), e  ceduced Tax or  ection 4940(a) tax  able amount of any o not complete this ee instructions bef  (c)  Net value of noncha	nter -0 - n Net Investment  on net investment  year in the base propert  ore making any ent  ritable-use assets  15,863,086  14,744,255  14,007,187  14,556,130  13,159,151   the 2 by 5, or by  rs  the 2 by 5, or by  rs	ant Income Income Income)  eriod?  ries  (d) Distribution (col (b) divided)	Yes V No  n ratio by col (c)) 0 051945 0 052086 0 054214 0 050819 0 050597 0 25966 0 05193 15,847,75 823,00
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	990-PF (2014)			age <b>4</b>
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here Fand enter "N/A" on line 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		1	1,204
	here Fand enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
3	Add lines 1 and 2		1	1,204
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		1	1,204
6	C redits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 5,240			
b	Exempt foreign organizations—tax withheld at source 6b			
c	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			5,240
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here T if Form 2220 is attached.			1
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			5,965
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 2015 estimated tax Refunded 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	it participate or intervene in any political campaign?	. 1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions			
	for definition)?	1b		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
_	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
_	(1) On the foundation  \$\bigs\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
е	on foundation managers $\blacktriangleright$ \$0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
2				NO
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. 3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes	140
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5	103	No
•	If "Yes," attach the statement required by General Instruction T.	<u> </u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or	\	\ \	<u> </u>
	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	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)  TN			
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	<u> </u>	. 33	
٦	or 4942(J)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)?			
	If "Yes," complete Part XIV	. 9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses.	. 10		No

1 0 1 111	330 11 (2021)			age c
	t VII-A Statements Regarding Activities (continued)			Τ
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		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ► <u>WWW THOMASWBRIGGSFOUNDATION COM</u>			
14	The books are in care of ►MARGARET CRADDOCK Telephone no ►(901	) 680-	0276	
	Located at ►119 SOUTH MAIN NO 500 MEMPHIS TN ZIP+4 ►38103			
46				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here	• • •	• • '	
	and enter the amount of tax-exempt interest received or accrued during the year		1	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	t 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.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?    Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days )			
b	If any answer is "Yes" to $1a(1)-(6)$ , did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	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 before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years > 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to <b>all</b> years listed, answer "No" and attach statement—see instructions )	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
ь	If "Yes," did it have excess business holdings in 2014 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			
	ıf the foundation had excess business holdings in 2014.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2014?	4b		No

Pa	rt VII-B Sta	tements Rega	rdir	ng Activities for	Wh	ich Form 4720	May	Be Required (cont	inued	')	1 age O
5a	During the year	did the foundation	n pay	or incur any amoun	t to						
	(1) Carry on pro	paganda, or othe	rwise	attempt to influenc	e leg	ıslatıon (section 49	45(e	:)) <sup>?</sup>	√ No		
	(2) Influence th	e outcome of any	spec	ıfıc publıc election (	see	section 4955), or to	car	ry			
	on, directly	or indirectly, any	voter	registration drive?.				<b>┌</b> Yes <b>┌</b>	√ No		
	(3) Provide a gi	ant to an individu	al for	travel, study, or oth	ners	ımılar purposes?		☐ Yes Ϝ	√ No		
	(4) Provide a gi	ant to an organiza	ition	other than a charita	ble,	etc , organization de	scrib	ped			
	ın section 4	945(d)(4)(A)? (s	ee ins	structions)				<b>┌</b> Yes <b>┌</b>	√ No		
	(5) Provide for a	any purpose other	than	religious, charitabl	e, sc	ientific, literary, or					
	educational	purposes, or for t	he pr	evention of cruelty t	to ch	ıldren or anımals?.		Yes 🔽	√ No		
b	If any answer is	"Yes" to 5a(1)-(	5), d	ıd <b>any</b> of the transad							
	Regulations sec	tion 53 4945 or i	nac	urrent notice regard	ling c	lısaster assıstance	(see	instructions)?		5b	
	O rganizations r	elyıng on a curren	t not	ice regarding disast	eras	sistance check her	e	▶↑	- [		
С				4), does the foundat							
								T Yes [	- <sub>No</sub>		
				y Regulations section							
6a				ceive any funds, dire			prer	niums on			
									√ No		
ь	•							benefit contract?		6b	No
	If "Yes" to 6b, fi			,	•	., .			ŀ		-
7a	•		vas tl	ne foundation a party	v to a	nrohibited tax shel	lter ti	ransaction? <b>TYes F</b>	- No		
								the transaction?		7b	
								n Managers, Highly			ovees
Pa		Contractors			-,	ustees, i suitae				р.	, , , ,
1	List all officers,	directors, trustee	s, foı	ındation managers a	nd t	heir compensation (	see i	nstructions).			
				Title, and average		c) Compensation		(d) Contributions to	(e) E:	xpense	account,
	(a) Name and	daddress	1	hours per week evoted to position	(1			mployee benefit plans I deferred compensation			wances
See	Addıtıonal Data T	ahle		.voccu to position		• ,	una	deterred compensation			
	Additional Data 1	чыс	1								
			┨								
									-		
			-								
_2_	Compensation of	five highest-paid	emp	loyees (other than	thos	e included on line 1-	-see	instructions). If none, er	nter "N	ONE."	
<b>/</b>	<b>.</b> N			(b) Title, and aver	age			(d) Contributions to	(-) [		
(a		ss of each emplo nan \$50,000	/ee	hours per week		(c) Compensation	on	employee benefit plans and deferred	1	•	account, wances
	<b>F</b>	····· + · · / · · · /		devoted to positi	on			compensation			
NON	1E										
				1							
									-		
								<u> </u>			
Tota	ı <b>I</b> number of other	employees paid o	vers	\$50,000					1		0

Part VIII Information About Officers, Directors, Transcription and Contractors (continued)	Paid Employees,	
3 Five highest-paid independent contractors for professional serv	ices (see instructions). If none, enter "NONE".	
(a) Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional servi	ces	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Inclu	do relevant statistical information such as the number of	
organizations and other beneficiaries served, conferences convened, research paper		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investmen		
Describe the two largest program-related investments made by the foundation d	luring the tax year on lines 1 and 2	A mount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 15.890.446 1h 198.644 1c 1d 16.089.090 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 16.089.090 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 241.336 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 15.847.754 5 792,388 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here  $\blacktriangleright \Gamma$  and do not complete this part.) 792.388 1 Tax on investment income for 2014 from Part VI, line 5. . . . . . 11.204 2a Income tax for 2014 (This does not include the tax from Part VI). . . 3.069 2c 14.273 3 3 778.115 4 Λ 4 5 5 778.115 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 778.115 7 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . . . 1a 874.136 1b 0 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 874,136 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 11,204 862,932 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

Р	art XIII Undistributed Income (see instr	uctions)			r age <b>s</b>
	,	(a)	(b)	(c)	(d)
		Corpus	Years prior to 2013	2013	2014
1	Distributable amount for 2014 from Part XI, line 7				778,115
2	Undistributed income, if any, as of the end of 2014				
а	Enter amount for 2013 only			0	
b	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2014				
а		4			
Ь	From 2010	4			
	From 2011	4			
	From 2013	219,128			
	Qualifying distributions for 2014 from Part	213/123			
7	XII, line 4 <b>&gt;</b> \$ 874,136				
а	Applied to 2013, but not more than line 2a			0	
	Applied to undistributed income of prior years		0		
_	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election	0			
_	required—see instructions)				770.445
	Applied to 2014 distributable amount	06.034			778,115
	Remaining amount distributed out of corpus	96,021			
5	Excess distributions carryover applied to 2014	0			0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	315,149			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
d	Subtract line 6c from line 6b Taxable amount		0		
	-see instructions		0		
е	Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see				
	Instructions			0	
f	Undistributed income for 2014 Subtract				
	lines 4d and 5 from line 1 This amount must				0
_	be distributed in 2015				0
/	Amounts treated as distributions out of corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may	_			
	be required - see instructions)	0			
8	Excess distributions carryover from 2009 not	8,030			
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	307,119			
10	Analysis of line 9				
a					
b	Excess from 2011	5			
C	Excess from 2012 45,311				
d		4			
е	Excess from 2014 96,021				

	art XIV Private Operating Four	idations (see in	istractions and r	art vii A, questic	)	
1	If the foundation has received a ruling or d					
	foundation, and the ruling is effective for 2	•	<del>-</del>			
	Check box to indicate whether the organiza	ation is a private of	perating foundation	n described in sectio	on <b>「</b> 4942(j)(3) (	or <b>Г</b> 4942(յ)(5
	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	
	year listed					
	85% of line 2a					
	Qualifying distributions from Part XII,					
	line 4 for each year listed			1		
	Amounts included in line 2c not used directly for active conduct of exempt activities					
	Qualifying distributions made directly					
	for active conduct of exempt activities Subtract line 2d from line 2c					
	Complete 3a, b, or c for the					
	alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(J)(3)(B)(I)					
	"Endowment" alternative test— enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed			1		
	"Support" alternative test—enter (1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support					
	from an exempt organization (4) Gross investment income					
	rt XV Supplementary Information	n (Complete ti	his nart only if	the organization	nn had \$5 000 i	or more in
	assets at any time during	•	· ·	and or gamization	σιι τιαα φ <i>σ</i> /σσσ	00.0
	Information Regarding Foundation Manage					
	List any managers of the foundation who had before the close of any tax year (but only in				· ·	dation
	List any managers of the foundation who ov ownership of a partnership or other entity)				ly large portion of t	he
	ownership of a partifership of other entity)	or winch the louilda	icioni nas a 10% Of	greater miterest		
	Information Regarding Contribution, Grant	, Gift, Loan, Schola	rship, etc., Progra	ms:		
	Check here F If the foundation only mal	kes contributions to	o preselected char	ritable organizations	and does not acce	pt
	unsolicited requests for funds If the found	atıon makes gıfts, q	grants, etc (see in	structions) to indivi	duals or organization	ons under
	other conditions, complete items 2a, b, c,	and d 				
	The name, address, and telephone number	or e-mail address	of the person to w	hom applications sh	ould be addressed	
	THOMAS W BRIGGS FOUNDATION INC	NO S				
	119 SOUTH MAIN STREET SUITE 500 MEMPHIS,TN 38103					
	(901) 680-0276					
	The form in which applications should be s	ubmitted and infor	mation and materia	als they should inclu	ıde	
	APPLICATION CAN BE ACCESSED AT H			-		
	Any submission deadlines	,, I I O II A S W	D.C. COST CONDA	. 10 N O NO/I ONDIN	/	
	Any submission deadmiles					
	AUGUST 1 AND FEBRUARY 1					
	AUGUST 1 AND FEBRUARY 1  Any restrictions or limitations on awards, factors	such as by geograp	ohical areas, charit	table fields, kinds of	institutions, or oth	er

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year See Additional Data Table	or substantial contributor	recipient		
Total				792,530
<b>b</b> Approved for future payment			T	1
See Additional Data Table				
Total			br 3h	405 500

Form 990-1						Page <b>12</b>
	-A Analysis of Income-Produci			T		
Enter gross	s amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section		(e) Related or exempt function income
_	n service revenue	Business code	(b) A mount	(c) Exclusion code	(d) A mount	(See Instructions)
·						
<b>g</b> Fees	and contracts from government agencies					
<b>3</b> Interes	<ul> <li>2 Membership dues and assessments</li> <li>3 Interest on savings and temporary cash investments</li></ul>			14	30,657	
				14	208,347	
	<ul><li>Net rental income or (loss) from real estate</li><li>a Debt-financed property</li></ul>					
	ebt-financed property					
	ntal income or (loss) from personal ty					
	nvestment income					
	ory			18	1,089,670	
	ome or (loss) from special events					
	profit or (loss) from sales of inventory revenue a					
12 Subtota	al Add columns (b), (d), and (e)			)	1,328,674	
	Add line 12, columns (b), (d), and (e)			1	.3	1,328,674
	-B Relationship of Activities to		plishment of E	xempt Purpos	es	
Line No.	Explain below how each activity for which the accomplishment of the foundation's instructions )					
-						
-						
-						

Form 990-P	F(2014)										Pa	ge <b>13</b>
Part XVI	II Information R Noncharitable					actions	s and F	Relationships	With			
	organization directly or i 501(c) of the Code (oth	ındırectly e	ngage	ın any of	the following wit						Yes	No
organıza						_						
	rs from the reporting fou											<b>.</b>
	sh									1a(1)		No
	erassets		• •							1a(2)		No
	ansactions				_					41.743		
	es of assets to a noncha											No
	chases of assets from a											No
	tal of facilities, equipme									1b(3)		No No
	mbursement arrangeme ns or loan guarantees.									1b(5)		No
	ormance of services or r									1b(6)		No
	of facilities, equipment,									⊢ <u>`</u> ´		No
<b>d</b> If the an of the go	swer to any of the above ods, other assets, or se ansaction or sharing arr	e is "Yes," ervices give rangement,	compl en by t show	lete the fol the reporti in column	llowing schedule ng foundation I	e Column f the foun f the good	n <b>(b)</b> sho ndation ro ds, other	uld always show t eceived less than assets, or servic	he fair ma fair marke es receive	rket va et value ed	1	nto
(a) Line No	(b) Amount involved	(C) Name	or nonc	паптаріе ех	empt organization	(a) D	escription	of transfers, transacti	ons, and sna	aring arra	ngemer	its
-												
describe	undation directly or indi ed in section 501(c) of t complete the following (a) Name of organizatio	he Code (o schedule		nan sectio	•	ın sectio	•		• • • tion of relation	. <b>厂</b> Y€	s F	, No
							+					
the	der penalties of perjury, e best of my knowledge a ormation of which prepa *****	and belief,	ıt ıs tr	ue, correc					n taxpaye May the return		sed on	all
	Signature of officer or t	rustee			Date	₹ .	Title		below	· · · tr )? 🔽 <u>ነ</u>		
	Print/Type preparer's JOHN A MAY JR	name	Prepa	arer's Sıgn	nature	Date 2016-	01-13	Check if self- employed ▶	PTIN P(	002109	965	<del>-</del> -
Paid Prepare Use		ODMAN LI	_P					Firm's EIN ► 56	<u> </u> -074798	1		
Only		Firm's address  999 S SHADY GROVE RD STE 400 MEMPHIS, TN Phone no (901) 761-300 38120										

#### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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 acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
VANGUARD TOTAL BOND FUND - STCG DIST			
VANGUARD TOTAL BOND FUND			2015-04-07
PIMCO - STCG DIST			
VANGUARD TOTAL BOND FUND - LTCG DIST			
PIMCO TOTAL RETURN FUND			2014-10-30
PIMCO LTCG DIST			
PIMCO SHORT TERM FUND			2004-12-29
LONGLEAF PARTNERS - LTCG DIST			
LONGLEAF SMALL CAP FUND - LTCG DIST			
THRU K-1 INVESTMENTS			

#### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
514			514
393,581		388,280	5,301
2,019			2,019
594			594
383,316		383,678	-362
1,390			1,390
400,000		403,675	-3,675
51,413			51,413
37,517			37,517
85,632			85,632

## Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			
( <b>k)</b> Excess of col (ı) over col (յ), ıf any	(j) Adjusted basis as of 12/31/69	(i) F M V as of 12/31/69	
		=	
	(k) Excess of col (ı)	(j) Adjusted basis (k) Excess of col (i)	

(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 acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
THRU K-1 INVESTMEN	TS					
n 990PF Part IV - Capita	al Gains and Losses for Ta	x on Invest	ment Income	- Columns e - h		
(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	1 1 1 1			ain or (loss) (f) minus (g)	
909,327		27,559		881,7		
n 990PF Part IV - Capita	al Gains and Losses for Ta	x on Invest	ment Income	- Columns i - I		
Complete only for assets show	(I) Gains (Col (h) gain minus					
(i) F M V as of 12/31/69	(j) Adjusted basis	(k) Excess of col (ı) over col (j), ıf any		col (k), but not less than -0-) <b>c</b> Losses (from col (h))		

881,768

# Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

compensation	<del></del>	1		
(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) Expense account, other allowances
KATHLEEN D BLAIR	DIRECTOR	400	0	0
119 SOUTH MAIN STREET SUITE 500 MEMPHIS,TN 38103	1 00			
ALLISON CATES	DIRECTOR	400	0	0
119 SOUTH MAIN STREET SUITE 500 MEMPHIS,TN 38103	1 00			
MARGARET CRADDOCK	EXECUTIVE	50,000	0	0
119 SOUTH MAIN STREET SUITE 500 MEMPHIS,TN 38103	DIRECTOR 1 00			
V LYNN EVANS	DIRECTOR	400	0	0
119 SOUTH MAIN STREET SUITE 500 MEMPHIS,TN 38103	1 00			
BERNICE H HUSSEY	DIRECTOR	400	0	0
119 SOUTH MAIN STREET SUITE 500 MEMPHIS,TN 38103	1 00			
GWEN P OWEN	DIRECTOR	400	0	0
119 SOUTH MAIN STREET SUITE 500 MEMPHIS,TN 38103	1 00			
LAWRENCE JENSON	DIRECTOR	400	0	0
119 SOUTH MAIN STREET SUITE 500 MEMPHIS,TN 38103	1 00			
DR KENNETH S ROBINSON	DIRECTOR	400	0	0
119 SOUTH MAIN STREET SUITE 500 MEMPHIS,TN 38103	1 00			
SPENCE WILSON	DIRECTOR	200	0	0
119 SOUTH MAIN STREET SUITE 500 MEMPHIS,TN 38103	1 00			
HUNTER WITHERINGTON	TREASURER/DIRECTOR	400	0	0
119 SOUTH MAIN STREET SUITE 500 MEMPHIS,TN 38103	1 00			
JAMES D WITHERINGTON JR	CHAIRMAN/DIRECTOR	400	0	0
119 SOUTH MAIN STREET SUITE 500 MEMPHIS,TN 38103	1 00			

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
A STEP AHEAD FOUNDATION 301 CLEMENT HALL 3704 WALKER MEMPHIS,TN 38174	NONE	PUBLIC	PROGRAM SUPPORT	10,000
ADVANCE 769 VANCE AVENUE MEMPHIS,TN 38126	NONE	PUBLIC	PROGRAM SUPPORT	10,500
ALZHEIMER'S DAY SERVICES 3185 HICKORY HILL ROAD MEMPHIS,TN 38115	NONE	PUBLIC	PROGRAM SUPPORT	10,000
ARTS MEMPHIS 575 SOUTH MENDENHALL MEMPHIS,TN 38117	NONE	PUBLIC	PROGRAM SUPPORT	5,000
BINGHAMPTON CHRISTIAN ACADEMY 175 TILLMAN STREET MEMPHIS,TN 38111	NONE	PUBLIC	PROGRAM SUPPORT	10,000
BOTANIC GARDEN 750 CHERRY ROAD MEMPHIS,TN 38117	NONE	PUBLIC	PROGRAM SUPPORT	15,000
BROOKS MUSEUM 1934 POPLAR AVE MEMPHIS,TN 38104	NONE	PUBLIC	PROGRAM SUPPORT	11,000
CHRISTIAN BROTHERS UNIVERSITY 650 E PARKWAY S MEMPHIS,TN 38104	NONE	PUBLIC	PROGRAM SUPPORT	5,000
CHURCH HEALTH CENTER 1196 PEABODY AVE MEMPHIS,TN 38104	NONE	PUBLIC	PROGRAM SUPPORT	10,000
CHILD ADVOCACY 1085 POPLAR AVENUE MEMPHIS,TN 38105	NONE	PUBLIC	PROGRAM SUPPORT	10,000
COLLAGE DANCE COLLECTIVE 2497 BROAD AVENUE MEMPHIS,TN 38112	NONE	PUBLIC	PROGRAM SUPPORT	5,000
DIXON GALLERY AND GARDENS 4339 PARK AVE MEMPHIS,TN 38117	NONE	PUBLIC	PROGRAM SUPPORT	21,500
FAMILIES MATTER 2595 CENTRAL AVENUE MEMPHIS,TN 38104	NONE	PUBLIC	PROGRAM SUPPORT	10,000
MID-SOUTH FOOT BANK 239 S DUDLEY ST MEMPHIS,TN 38104	NONE	PUBLIC	PROGRAM SUPPORT	10,000
HATTILOO 656 MARSHALL AVENUE MEMPHIS,TN 38103	NONE	PUBLIC	PROGRAM SUPPORT	10,000
Total				792,530
<u></u>				-

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
<b>a</b> Paid during the year				
JUNIOR ACHIEVEMENT 307 MADISON AVE MEMPHIS,TN 38103	NONE	PUBLIC	PROGRAM SUPPORT	6,000
LEADERSHIP MEMPHIS 365 S MAIN STREET MEMPHIS,TN 38103	NONE	PUBLIC	PROGRAM SUPPORT	15,000
LITERACY MIDSOUTH 66 COOPER STREET 400 MEMPHIS,TN 38104	NONE	PUBLIC	PROGRAM SUPPORT	7,500
MADONNA LEARNING CENTER 7007 POPLAR AVE MEMPHIS,TN 38138	NONE	PUBLIC	PROGRAM SUPPORT	15,000
MEMPHIS ZOO 2000 PRENTISS PLACE MEMPHIS,TN 38112	NONE	PUBLIC	PROGRAM SUPPORT	25,000
MIFA P O BOX 3130 MEMPHIS,TN 381730130	NONE	PUBLIC	PROGRAM SUPPORT	10,000
MEMPHIS LEADERSHIP FOUNDATION 1548 POPLAR AVENUE MEMPHIS,TN 38104	NONE	PUBLIC	PROGRAM SUPPORT	5,000
MEMPHIS LIBRARY FOUNDATION 3030 POPLAR AVENUE MEMPHIS,TN 38111	NONE	PUBLIC	PROGRAM SUPPORT	10,000
MEMPHIS TEACHER RESIDENCY 2181 UNION AVENUE MEMPHIS,TN 38104	NONE	PUBLIC	PROGRAM SUPPORT	10,000
NATIONAL CIVIL RIGHTS MUSEUM 450 MULBERRY ST MEMPHIS,TN 38103	NONE	PUBLIC	PROGRAM SUPPORT	50,000
NEIGHBORHOOD CHRISTIAN CENTER 223 SCOTT STREET MEMPHIS,TN 38112	NONE	PUBLIC	PROGRAM SUPPORT	31,030
NEW LEADERS FOR NEW SCHOOLS 2701 UNION AVENUE EXTENDED SUITE 300 MEMPHIS,TN 38112	NONE	PUBLIC	PROGRAM SUPPORT	5,000
NEW MEMPHIS INSTITUTE 6745 WOLF RIVER GREENWAY MEMPHIS,TN 38120	NONE	PUBLIC	PROGRAM SUPPORT	25,000
OVERTON PARK CONSERVANCY 1914 POPLAR AVENUE MEMPHIS,TN 38104	NONE	PUBLIC	PROGRAM SUPPORT	25,000
PINK PALACE 3050 CENTRAL AVENUE MEMPHIS,TN 381113399	NONE	PUBLIC	PROGRAM SUPPORT	50,000
Total				792,530

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
<b>a</b> Paid during the year				
PLAYHOUSE ON THE SQUARE 66 S COOPER ST MEMPHIS,TN 38104	NONE	PUBLIC	PROGRAM SUPPORT	10,000
REACH MEMPHIS 4646 POPLAR SUITE 327 MEMPHIS,TN 38117	NONE	PUBLIC	PROGRAM SUPPORT	5,000
RHODES COLLEGE 2000 N PARKWAY MEMPHIS,TN 38112	NONE	PUBLIC	PROGRAM SUPPORT	50,000
SHELBY FARMS 500 N PINE LAKE NONE PUBLIC PROGRAM SUPPORT DRIVE MEMPHIS, TN 38134		100,000		
SOS 2505 POPLAR AVENUE NONE PUBLIC PROGRAM SUPPORT MEMPHIS, TN 38112				15,000
SWTCC 737 UNION AVENUE MEMPHIS,TN 38103	NONE PUBLIC PROGRAM SUPPORT		50,000	
MEMPHIS SYMPHONY 585 SOUTH MENDENHALL RD MEMPHIS,TN 38117	NONE	PUBLIC	PROGRAM SUPPORT	10,000
TEACH FOR AMERICA 50 SOUTH THIRD STREET SUITE 350 MEMPHIS,TN 38103	NONE	PUBLIC	PROGRAM SUPPORT	10,000
THE WORKS 1471 GENESIS CIRCLE MEMPHIS,TN 38106	NONE	PUBLIC	PROGRAM SUPPORT	25,000
UNIVERSITY OF MEMPHIS FOUNDATION 635 NORMAL STREET ALUMNI CENTER NO 108 MEMPHIS,TN 38152	NONE	PUBLIC	PROGRAM SUPPORT	15,000
VISIBLE MUSIC COLLEGE 200 MADISON AVENUE MEMPHIS,TN 38103	NONE	PUBLIC	PROGRAM SUPPORT	10,000
WKNO 7151 CHERRY FARMS ROAD CORDOVA,TN 38016	NONE	PUBLIC	PROGRAM SUPPORT	10,000
WILLIAM MOORE COLLEGE OF TECHNOLOGY 1200 POPLAR AVENUE MEMPHIS, TN 38104		35,000		
YOUTH STRIVING FOR EXCELLENCE PO BOX 240394 MEMPHIS,TN 381240394	NONE	PUBLIC	PROGRAM SUPPORT	5,000
Total				792,530

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## **TY 2014 Accounting Fees Schedule**

Name: THOMAS W BRIGGS FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDIT - LEGAL AND ACCOUNTING	23,718	7,906		15,812

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## **TY 2014 Depreciation Schedule**

Name: THOMAS W BRIGGS FOUNDATION INC

**EIN:** 62-6039986

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FURNITURE & FIXTURES	2011-03-10	4,990	240	200DB	5 000000000000	643	0		

DLN: 93491015000036

## **TY 2014 General Explanation Attachment**

Name: THOMAS W BRIGGS FOUNDATION INC

ldentifier	Return Reference	Explanation
COMPENSATION OF OFFICERS AND DIRECTORS	· '	THE FOUNDATION PAID CERTAIN OFFICERS AND DIRECTORS FOR SERVICES RENDERED IN MANAGING THE INVESTMENTS OF THE FOUNDATION, MAINTAINING BOOKS AND RECORDS AND CARRY ING OUT THE EXEMPT FUNCTIONS OF THE FOUNDATION SALARIES, DIRECTORS' FEES AND ADVISORY BOARD FEES WERE PAID AS SHOWN ON ATTACHED SCHEDULE. THE AMOUNTS PAID WERE NOT EXCESSIVE THEREFORE, THE PAY MENTS ARE NOT AN ACT OF SELF DEALING.

Identifier	Return Reference	Explanation
	FORM 990PF, PAGE 10, PART XV, LINE 2B	THE REQUEST MUST BE IN WRITING THE MATERIAL SUBMITTED MUST INCLUDE A COPY OF THE ORGANIZATION'S TAX EXEMPTION LETTER, A LIST OF BOARD OF DIRECTORS, SOURCES OF FUNDING, THE HISTORY AND GOALS OF THE ORGANIZATION, FINANCIAL STATEMENTS, CURRENT OPERATING BUDGET AND THE SPECIFIC PURPOSE FOR WHICH THE GRANT WILL BE USED

## **TY 2014 Investments - Other Schedule**

Name: THOMAS W BRIGGS FOUNDATION INC

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
EAGLE MLP STRATEGY	FMV	543,922	543,922
GT EMERGING MARKETS	FMV	1,147,421	1,147,421
GT OFFSHORE FUND LTD.	FMV	4,826,110	4,826,110
GT REAL ASSETS LP	FMV	245,293	245,293
GT REAL PROPERTY IV	FMV	309,595	309,595
HIGHLAND CAPITAL MGMT	FMV	688,230	688,230
GT INTERNATIONAL PARTNERS FUND	FMV	2,119,273	2,119,273
GT US FUND	FMV	1,654,906	1,654,906
MUTUAL FUNDS	FMV	547,570	547,570
NORTHERN TRUST	FMV	431,125	431,125
PALLADIAN PARTNERS IV, LLC	FMV	322,885	322,885
PALLADIAN PARTNERS V, LLC	FMV	735,482	735,482
PALLADIAN PARTNERS VII, LLC	FMV	208,272	208,272
PALLADIAN PARTNERS VIII-A	FMV	15,435	15,435
PIMCO SHORT TERM FUND	FMV	699,408	699,408
PIMCO TOTAL RETURN	FMV	0	0
MET WEST TOTAL RETURN BOND FUND	FMV	389,569	389,569

## TY 2014 Land, Etc. Schedule

Name: THOMAS W BRIGGS FOUNDATION INC

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE & FIXTURES	4,990	883	4,107	

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## **TY 2014 Other Assets Schedule**

Name: THOMAS W BRIGGS FOUNDATION INC

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
REFUNDABLE FEDERAL TAXES	2,974		

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## **TY 2014 Other Decreases Schedule**

Name: THOMAS W BRIGGS FOUNDATION INC

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	1,548,013

## **TY 2014 Other Expenses Schedule**

Name: THOMAS W BRIGGS FOUNDATION INC

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSE	3,097	1,032		2,065
INSURANCE	2,567	856		1,711
AWARDS DINNER	9,910	0		9,910
MISCELLANEOUS	1,773	591		1,182
OTHER DEDUCTIONS THRU K-1'S	7,552	7,552		0
INVESTMENT EXPENSES THRU K-1'S	127,403	127,403		0
NON DEDUCTIBLE THROUGH K-1S	1,543	0		0
RENTAL LOSS	12,041	0		0
PARTNERSHIP LOSS	3,088	0		0
INVESTMENT EXPENSES RELATED TO UBI	0	-3,827		0

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## **TY 2014 Other Professional Fees Schedule**

Name: THOMAS W BRIGGS FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADVISORY FEES	4,422	4,422		0

## **TY 2014 Taxes Schedule**

Name: THOMAS W BRIGGS FOUNDATION INC

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	4,419	1,473		2,946
STATE & FOREIGN TAXES PAID PER K-1S OF PASS-THROUGH ENTITIES	6,096	0		0
FEDERAL EXCISE TAX	12,009	0		0

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DLN: 93491015000036

OMB No 1545-0047

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## 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, 990-EZ, or 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2014

**Employer identification number** 

THOMAS W BRIGGS FO	UNDATION INC	62-6039986
Organization type (che	ck one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a pri	vate foundation
	501(c)(3) taxable private foundation	
	on filing Form 990, 990-EZ, or 990-PF that received, during the ye om any one contributor Complete Parts I and II See instructions	
other property) fr		
Special Rules		
under sections 50 received from an	on described in section $501(c)(3)$ filing Form $990$ or $990$ -EZ that $r09(a)(1)$ and $170(b)(1)(A)(vi)$ , that checked Schedule A (Form $990$ ) one contributor, during the year, total contributions of the greator (ii) Form $990$ -EZ, line 1 Complete Parts I and II	90 or 990-EZ), Part II, line 13, 16a, or 16b, and that
during the year, t	on described in section 501(c)(7), (8), or (10) filing Form 990 or sotal contributions of more than \$1,000 exclusively for religious, on of cruelty to children or animals. Complete Parts I, II, and III	
during the year, of this box is check purpose Do not of	on described in section $501(c)(7)$ , $(8)$ , or $(10)$ filing Form $990$ or sontributions $exclusively$ for religious, charitable, etc., purposes, ed, enter here the total contributions that were received during the complete any of the parts unless the <b>General Rule</b> applies to the ole, etc., contributions totaling \$5,000 or more during the year.	but no such contributions totaled more than \$1,000 If he year for an <i>exclusively</i> religious, charitable, etc, is organization because it received <i>nonexclusively</i>

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
THOMAS W BRIGGS FOUNDATION INC

**Employer identification number** 62-6039986

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	THOMAS W BRIGGS RESIDUARY TRUST PO BOX 357  MEMPHIS, TN 38150	\$58,347	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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization **Employer identification number** THOMAS W BRIGGS FOUNDATION INC 62-6039986 Noncash Property (see instructions) Use duplicate copies of Part II if additional space is Part II (a) No. (c) (b) (d) from FMV (or estimate) Date received Description of noncash property given Part I (see instructions)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2014)			Page 4
	organization			Employer identification number
HOMAS	W BRIGGS FOUNDATION INC			62-6039986
Part III		from any one of enter the total of enterthe total enterthe e	ontributor. Complete	cribed in section 501(c)(7), (8), or (10) e columns (a) through (e) and the following line haritable, etc, contributions of \$1,000 or less for \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, an		ransfer of gift Relatio	nship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
Part I	(b) Ful pose of gift		ose or girt	(u) bescription of now girt is field
	(e) Transferee's name, address, and ZIP 4		ransfer of gift 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
	Transferee's name, address, an		ransfer of gift Relatio	nship of transferor to transferee
(a) No.	1			
from Part I	(b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
			ransfer of gift	
	Transferee's name, address, an			nship of transferor to transferee