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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation BRISCOE FAMILY FOUNDATION		A Employer identification number 26-1643965	
Number and street (or P O box number if mail is not delivered to street address) P O BOX 12024		B Telephone number (see instructions) (559) 485-3900	
City or town, state or province, country, and ZIP or foreign postal code FRESNO, CA 93776		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 154,726		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	100,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	926	926	926	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	-583			
	b Gross sales price for all assets on line 6a 53,098				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain			187	
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	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	100,343	926	1,113	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).				
	b Accounting fees (attach schedule).	1,820	1,820	1,820	
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	194	194	194	
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	548	548	548	
	24 Total operating and administrative expenses. Add lines 13 through 23	2,562	2,562	2,562	0
	25 Contributions, gifts, grants paid	164,106			164,106
	26 Total expenses and disbursements. Add lines 24 and 25	166,668	2,562	2,562	164,106
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-66,325			
	b Net investment income (if negative, enter -0-)		0		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	155,509	89,389	89,389
	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) ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____			
	Less accumulated depreciation (attach schedule) ▶ _____				
12	Investments—mortgage loans.				
13	Investments—other (attach schedule)	65,736	65,537	65,337	
14	Land, buildings, and equipment basis ▶ _____				
	Less accumulated depreciation (attach schedule) ▶ _____				
15	Other assets (describe ▶ _____)				
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	221,245	154,926	154,726	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule).			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	221,245	154,926	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances(see instructions)	221,245	154,926	
	31	Total liabilities and net assets/fund balances(see instructions) . .	221,245	154,926	

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1	221,245
2	Enter amount from Part I, line 27a	2	-66,325
3	Other increases not included in line 2 (itemize) ▶ _____	3	1,104
4	Add lines 1, 2, and 3	4	156,024
5	Decreases not included in line 2 (itemize) ▶ _____	5	1,098
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	154,926

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	-583
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	187

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014			
2013			
2012			
2011			
2010			

2	Total of line 1, column (d).	2	
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	
5	Multiply line 4 by line 3.	5	
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	
7	Add lines 5 and 6.	7	
8	Enter qualifying distributions from Part XII, line 4.	8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/>			
		and 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 here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	0
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-)		2	
3		Add lines 1 and 2.		3	
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-		5	
6		Credits/Payments			
a		2015 estimated tax payments and 2014 overpayment credited to 2015		6a	
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.		7	
8		Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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.		9	
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	

Part VII-A

Statements Regarding Activities

1a		During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?			Yes	No
				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 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.				
c		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 \$ (2) On foundation managers \$				
e		Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$				
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.		2		No
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		No
b		If "Yes," has it filed a tax return on Form 990-T for this year?		4b		No
5		Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		5		No
6		Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
		• 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	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) CA				
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) 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) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (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

Part VII-A

Statements Regarding Activities *(continued)*

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? Website address ▶N/A	13	Yes	
14	The books are in care of ▶LEE ANNE BRISCOE Located at ▶3114 S CHERRY AVENUE FRESNO CA Telephone no ▶(559) 485-3900 ZIP +4 ▶93706			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 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 ▶	16	Yes	No

Part 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any 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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		No
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 2015? <input type="checkbox"/>	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))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i>) <input type="checkbox"/>	3b		No
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 2015?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☒ Yes ☐ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

No

Organizations relying on a current notice regarding disaster assistance check here.

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☒ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

No

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
LEE ANNE BRISCOE 3114 S CHERRY AVENUE FRESNO, CA 93706	Pres & CEO 1 00	0		
JAMES BRISCOE 3114 S CHERRY AVENUE FRESNO, CA 93706	Sec & CFO 1 00	0		

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total

number of other employees paid over \$50,000.

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. ▶

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3. ▶	

Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	65,987
b	Average of monthly cash balances.	1b	128,701
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	194,688
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	194,688
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 	4	130,000
5	Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4	5	64,688
6	Minimum investment return.Enter 5% of line 5.	6	3,234

Part XI

Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	3,234
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	3,234
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	3,234
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	3,234

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	164,106
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions.Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	164,106
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions.Subtract line 5 from line 4.	6	164,106
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			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				3,234
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20__, 20__, 20__				
3 Excess distributions carryover, if any, to 2015				
a From 2010.	64,816			
b From 2011.	103,576			
c From 2012.	122,431			
d From 2013.	137,848			
e From 2014.	91,255			
f Total of lines 3a through e.	519,926			
4 Qualifying distributions for 2015 from Part XII, line 4	\$ 164,106			
a Applied to 2014, 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 required—see instructions).	0			
d Applied to 2015 distributable amount.				3,234
e Remaining amount distributed out of corpus	160,872			
5 Excess distributions carryover applied to 2015 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	680,798			
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.				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions.				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 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).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	64,816			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	615,982			
10 Analysis of line 9				
a Excess from 2011.	103,576			
b Excess from 2012.	122,431			
c Excess from 2013.	137,848			
d Excess from 2014.	91,255			
e Excess from 2015.	160,872			

Part XIV

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . .

b Check box to indicate whether the organization is a private operating foundation described in section 170(c)(2)(B)(i) or 170(c)(2)(B)(ii): ☐ 170(c)(2)(B)(i) or ☐ 170(c)(2)(B)(ii)

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "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					

Part XV **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	164,106
b Approved for future payment				
Total			3b	

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
1 Program service revenue						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments.						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities. . . .			14	926		
5 Net rental income or (loss) from real estate						
a Debt-financed property.						
b Not debt-financed property.						
6 Net rental income or (loss) from personal property						
7 Other investment income.						
8 Gain or (loss) from sales of assets other than inventory			18	-583		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal Add columns (b), (d), and (e). . .				343		
13 Total. Add line 12, columns (b), (d), and (e).			13			343

(See worksheet in line 13 instructions to verify calculations)

[illegible]

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

* * * * *

2016-04-09

* * * * *

Signature of officer or trustee

Date

Title

May the IRS discuss this return with the preparer shown below
(see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use
Only**

Print/Type preparer's name THOMAS L BELL CPA	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00972310
Firm's name <input type="checkbox"/> MOORE GRIDER AND COMPANY			Firm's EIN <input type="checkbox"/>	
Firm's address <input type="checkbox"/> 325 E SIERRA AVE FRESNO, CA 937103707			Phone no (559) 440-0700	

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

List and describe the kind(s) of property sold (e g , real estate, (a) 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)
13 AMERICAN FD FUNDAMENTAL	P	2015-01-01	2015-12-10
03 GOLDMAN SACHS	P	2014-12-30	2015-12-09
12 JENSEN QUALITY GROWTH	P	2015-01-01	2015-12-10
27 PIMCO SHORT TERM CL D	P	2015-01-01	2015-01-28
43 TEMPLETON GLOBAL FD	P	2015-01-01	2015-11-23
155 AMERICAN FD FUNDAMENTAL	P	2014-01-01	2015-06-25
554 GOLDMAN SACHS	P	2014-01-08	2015-12-09
83 ISHARES MSCO GRMNY	P	2014-01-22	2015-03-25
233 ISHARES MSCI SINGAPORE	P	2013-12-19	2015-12-10
240 JENSEN QUALITY GROWTH	P	2014-01-01	2015-12-10

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
731		694	37
1		1	
509		467	42
264		268	-4
523		552	-29
8,271		7,729	542
4,810		5,813	-1,003
2,504		2,616	-112
2,450		2,944	-494
9,815		8,893	922

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(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	
			37
			42
			-4
			-29
			542
			-1,003
			-112
			-494
			922

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

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	Date acquired (c) (mo , day, yr)	(d) Date sold (mo , day, yr)
1356 PIMCO SHORT TERM CL D	P	2014-01-01	2015-01-28
46 SCHWAB SHORT TERM	P	2014-11-19	2015-11-23
614 TEMPLETON GLOBAL FD	P	2014-01-01	2015-11-23
CAPITAL GAINS - ST	P	2015-01-01	2015-12-31
CAPITAL GAINS - LT	P	2014-01-01	2015-12-31

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
13,183		13,378	-195
2,324		2,330	-6
7,361		7,996	-635
141			141
211			211

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(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	
			-195
			-6
			-635
			141
			211


Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

LEE ANNE BRISCOE
JAMES BRISCOE


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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
COMMUNITY FOOD BANK 3403 E CENTRAL AVENUE FRESNO, CA 93725	None		Support the operations and needs of Community Food Bank, providing food throughout the local area	500
FRESNO GRAND OPERA 2405 CAPITOL STREET STE 103 FRESNO, CA 93721	None		Support the operations, needs and growth of the Fresno Grand Opera	10,000
MAKE-A-WISH FOUNDATION 351 W CROMWELL AVENUE STE 112-A FRESNO, CA 93711	None		Support the operations and needs of Make-a-Wish Foundation, giving hope, strength and joy to children with life-threatening medical conditions	6,000
DIABETIC YOUTH FOUNDATION 5167 CLAYTON ROAD STE F CONCORD, CA 94521	None		Support the operations and needs of the Diabetic Youth Foundation, improving the quality of life for children, teens & families affected by diabetes	500
BOYS GIRLS CLUB 343 W MINARETS AVENUE FRESNO, CA 93650	None		Enhance the development of boys & girls by instilling a sense of competence, usefulness, belonging & influence	13,400
BIG BROTHERS BIG SISTERS 905 N FULTON STREET FRESNO, CA 93728	None		To support the local mentoring network, and providing every child with the ability to succeed and thrive in life	14,800
CHRISTIAN RECORD SERVICES PO BOX 6097 LINCOLN, NE 68506	None		Support the operations and needs of Christian Record Services, providing free Christian publications and programs for people with visual impairments	1,926
BOY SCOUTS SEQUOIA COUNCIL 6005 N TAMERA AVENUE FRESNO, CA 93711	None		Support the operations and needs of the Boy Scouts, Sequoia Council	350
COMMUNITY MEDICAL FOUNDATION 126 N FRESNO STREET FRESNO, CA 93701	None		Support the operations and needs of the Community Medical Foundation	10,000
FRESNO ART MUSEUM 2233 N 1ST STREET FRESNO, CA 93703	None		Support the operations and needs of the Fresno Art Museum, offering a dynamic experience for appreciating art	500
HABITAT FOR HUMANITY 121 HABITAT STREET AMERICUS, GA 31709	None		Support the operations and needs of Habitat for Humanity, building simple, decent, affordable housing in partnership with people in need	2,500
HINDS HOSPICE 1616 W SHAW AVENUE FRESNO, CA 93711	None		Support the operations and needs of Hinds Hospice, providing hospice services, extensive bereavement support, and other various hospice related services Angel Babies Walk	10,000
SIERRA CHAMBER OPERA 834 E ALAMOS AVENUE FRESNO, CA 93704	None		Support the operations and needs of Sierra Chamber Opera, bringing music and drama to elementary schools in the central California area	1,000
POVERELLO HOUSE 412 F STREET FRESNO, CA 93706	None		Support the operations and needs of Poverello House, serving the hungry and homeless of the Fresno community	500
FRESNO COUNTY HEALTHY MARRIAGE COAL 575 E ALLUVIAL AVENUE FRESNO, CA 93720	None		Support the operations and needs of the Fresno County Healthy Marriage Coalition, helping couples form and sustain healthy relationships in their marriages	7,500
Total			3a	164,106

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ASSISTANCE LEAGUE 3100 W BURBANK BLVD STE 100 BURBANK,CA 91505			Support the operations and needs of the Assistance League, delivering valuable programs to the local community	750
UC SANTA BARBARA FOUNDATION UC SANTA BARBARA SANTA BARBARA,CA 93106			Support the operations and needs of the UCSB Foundation, generating moneys for those areas of need at UCSB that cannot be met by state funds	850
VALLEY PBS 1544 VAN NESS AVENUE FRESNO,CA 93721			Support the operations and needs of the Valley PBS, enriching, educating and strengthening the diverse valley community through the power of public service media	600
WESTSIDE CHURCH OF GOD 1424 W CALIFORNIA AVENUE FRESNO,CA 93706			Support the operations and needs of the Westside Church of God, improving the quality of life for West Fresno residents	550
TREE FRESNO 3150 E BARSTOW AVENUE FRESNO,CA 93740	None		Support the operations and needs of Tree Fresno, using educational and stewardship programs to help teach the community the value of green spaces and caring for the environment	750
BREAK THE BARRIERS 8555 N CEDAR AVENUE FRESNO,CA 93720	None		Support the operations and needs of Break the Barriers, presenting ability awareness, outreach and education to diverse populations locally, nationally and internationally	350
FRESNO REGIONAL FOUNDATION 5250 N PALM AVENUE STE 424 FRESNO,CA 93704	None		Support the operations and needs of Fresno Regional Foundation, improving lives in the community by encouraging philanthropy	1,500
TEHRAN SHRINE CENTER 5407 E OLIVE AVENUE STE 101 FRESNO,CA 93727	None		Support the operations and needs of the Tehran Shrine Center, fostering self improvement through leadership, education, moral values and community involvement	100
SAN JOAQUIN VALLEY TOWN HALL SERIES PO BOX 5149 FRESNO,CA 93755	None		Support the operations and needs of San Joaquin Valley Town Hall, informing and educating the communities in the Valley	1,500
WHEELING WITH A HEART BREAK 4HUMAN 4943 E LAUREL FRESNO,CA 93727	None		Support the operations and needs of Wheeling with a Heart Break for Human Peace	13,000
CAMP TAYLOR 5424 PIRRONE ROAD SALIDA,CA 95368	None		Support the operations and needs of Camp Taylor	500
FRESNO PACIFIC UNIVERISTY FOUNDATIO 1717 S CHESTNUT AVENUE FRESNO,CA 93702	None		Support the operations and needs of the Fresno Pacific University Foundation	1,670
HUBBARD-BARO MEMORIAL GOLF TOURNEY 7447 N FIRST STREET STE 101 FRESNO,CA 93720	None		Support the operations and needs of the Hubbard-Baro Memorial Golf Tournament	1,000
SALVATION ARMY PO BOX 269 ALEXANDRIA,VA 22314	None		Support the operations and needs of the Salvation Army	1,000
1040 INITIATIVE PO BOX 721765 NORMAN,OK 73070	None		Support the operations and needs of the 1040 Initiative	1,000
Total  3a				164,106

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YOUNG LIFE PO BOX 520 COLORADO SPRINGS,CO 80901	None		Support the operations and needs of the Young Life	1,000
BUCHANAN HIGH BEARS FOUNDATION 1560 N MINNEWAWA CLOVIS,CA 93619	None		Support the operations and needs of the Buchanan High Bears Foundation	6,810
JUVENILE DIABETES RESEARCH FOUNDATI 2550 VICTORIA PARK AVENUE STE 800 TORONTO,ON M2J 5A9 CA	None		Support the operations and needs of the Juvenile Diabetes Research Foundation	10,000
KINGSBURG DISTRICT CHAMBER OF COMME 1475 DRAPER STREET KINGSBURG,CA 93631	None		Support the operations and needs of the Kingsburg District Chamber of Commerce	500
EXCEPTIONAL PARENTS UNLIMITED 4440 N 1ST STREET FRESNO,CA 93726	None		Support the operations and needs of Exceptional Parents Unlimited	100
STATE CENTER COMMUNITY COLLEGE FOUN 390 W FIR AVENUE SUITE 300 CLOVIS,CA 93611	None		Support the operations and needs of the State Center Community College Foundation, including support for the campus Center for Fine & Performing Arts	17,500
SUSAN G KOMEN 5005 LBJ FREEWAY SUITE 250 DALLAS,TX 75244	None		Support the operations and needs of Susan G Komen	100
VALLEY CHILDRENS HEALTHCARE FOUNDAT 9300 VALLEY CHILDRENS PLACE MADERA,CA 93636	None		Support the operations and needs of the Valley Children's Healthcare Foundation	5,750
ESPARTO MIDDLE SCHOOL 26675 PLAINFIELD STREET ESPARTO,CA 95627	None		Support the operations and needs of the Esparto Middle School	1,000
MADERA SOUTH GIRLS VARSITY XCTRAK 26433 AVENUE 13 MADERA,CA 93637	None		Support the operations and needs of the Madera South Girls Varsity Cross-country & Track	1,000
SUISAN AMERICAN LITTLE LEAGUE PO BOX 2127 SUISUN CITY,CA 94585	None		Support the operations and needs of the Suisan American Little League	1,000
EXETER FFA 505 ROCKY HILL DRIVE EXETER,CA 93221	None		Support the operations and needs of the Exeter FFA	1,000
HOMELESS TO SUCCESSFUL FAIRFIELD 706 LANTANA PLACE FAIRFIELD,CA 94533	None		Support the operations and needs of Homeless to Successful-Fairfield	1,000
CORCORAN EMERGENCY AID 2607 WHITLEY AVENUE CORCORAN,CA 93212	None		Support the operations and needs of Corcoran Emergency Aid	1,000
FRESNO MADERA YOUTH FOR CHRIST 1401 E DIVISADERO STREET FRESNO,CA 93721	None		Support the operations and needs of Fresno Madera Youth for Christ	1,000
Total  3a				164,106

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 any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
TULARE CO SPECIAL OLYMPICS 3480 BUSKIRK AVENUE 340 PLEASANT HILL,CA 94523	None		Support the operations and needs of the Tulare County Special Olympics	1,000
FOR THE SAKE OF DOGS-FRESNO PO BOX 17016 FRESNO,CA 93744	None		Support the operations and needs of For the Sake of Dogs - Fresno	1,000
EVANGEL HOME FRESNO 137 N YOSEMITE AVENUE FRESNO,CA 93701	None		Support the operations and needs of the Evangel Home - Fresno	1,000
GYMNASTICS ZONE BOOSTER ORG 253 WALNUT STREET NAPA,CA 94559	None		Support the operations and needs of the Gymnastics Zone Booster Organization	1,000
ST KATHERINE MISSION DEL REY CA 5375 CARMEL DEL REY,CA 93616	None		Support the operations and needs of the St Katherine Mission, Del Rey	1,000
FRIENDS OF MADERA ANIMAL SHELTER FM PO BOX 923 MADERA,CA 93639	None		Support the operations and needs of the Friends of Madera Animal Shelter	1,000
CHILDREN'S TUMOR FOUNDATION 120 WALL STREET 16TH FLOOR NEWYORK,NY 10005	None		Support the operations and needs of the Children's Tumor Foundation	1,000
BOYS GIRLS CLUB VACAVILLE 100 HOLLY LANE VACAVILLE,CA 95688	None		Support the operations and needs of the Boys & Girls Club, Vacaville	1,000
CALIE'S CARNIVAL COLLEGE FUND 129 RIVERVIEW COURT WINTERS,CA 95694	None		Support the operations and needs of Calie's Carnival College Fund	1,000
CENTRAL CA BLOOD CENTER 1010 E PERRIN AVENUE FRESNO,CA 93720	None		Support the operations and needs of the Central California Blood Center	1,000
CENTRAL VALLEY HONOR FLIGHT 8374 N CHANCE AVENUE FRESNO,CA 93720	None		Support the operations and needs of the Central Valley Honor Flight	500
CLOVIS BOTANICAL GARDEN 845 N CLOVIS AVENUE CLOVIS,CA 93611	None		Support the operations and needs of the Clovis Botanical Garden	50
WEST FRESNO MIDDLE SCHOOL 2888 S IVY AVENUE FRESNO,CA 93706	None		Support the operations and needs of West Fresno Middle School	100
WASHINGTON UNION HIGH SCHOOL 6041 S ELM AVENUE FRESNO,CA 93706	None		Support the operations and needs of Washington Union High School	100
Total				164,106

TY 2015 Accounting Fees Schedule**Name:** BRISCOE FAMILY FOUNDATION**EIN:** 26-1643965**Software ID:** 15000324**Software Version:** 2015v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	1,820	1,820	1,820	0

TY 2015 Cash Deemed Charitable Explanation Statement

Name: BRISCOE FAMILY FOUNDATION

EIN: 26-1643965

Software ID: 15000324

Software Version: 2015v2.0

Explanation: AMOUNT HELD AND USED TO COVER ADMIN EXPENSES, AS WELL
AS OTHER NORMAL AND CURRENT DISBURSEMENTS THAT ARE
DIRECTLY RELATED TO THE ORGANIZATION'S CHARITABLE
ACTIVITIES.

TY 2015 Investments - Other Schedule

Name: BRISCOE FAMILY FOUNDATION

EIN: 26-1643965

Software ID: 15000324

Software Version: 2015v2.0

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENT PORTFOLIO	AT COST	65,537	65,337

TY 2015 Other Expenses Schedule

Name: BRISCOE FAMILY FOUNDATION

EIN: 26-1643965

Software ID: 15000324

Software Version: 2015v2.0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	548	548	548	

TY 2015 Other Increases Schedule

Name: BRISCOE FAMILY FOUNDATION

EIN: 26-1643965

Software ID: 15000324

Software Version: 2015v2.0

Description	Amount
OTHER INCREASE IN NET ASSETS	1,104

TY 2015 Taxes Schedule**Name:** BRISCOE FAMILY FOUNDATION**EIN:** 26-1643965**Software ID:** 15000324**Software Version:** 2015v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ATTORNEY GENERAL REGISTRY	50	50	50	
FEDERAL	114	114	114	
FRANCHISE TAX BOARD	10	10	10	
SECRETARY OF STATE	20	20	20	

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	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 <u>www.irs.gov/form990</u>.	OMB No 1545-0047
		2015

Name of the organization BRISCOE FAMILY FOUNDATION	Employer identification number 26-1643965
--	---

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

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 BRISCOE FAMILY FOUNDATION	Employer identification number 26-1643965
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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			Person <input checked="" type="checkbox"/>
	JAMES LEE ANNE BRISCOE	\$ 100,000	Payroll <input type="checkbox"/>
	PO BOX 12024		Noncash <input type="checkbox"/>
	FRESNO, CA 93776		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

Name of organization BRISCOE FAMILY FOUNDATION	Employer identification number 26-1643965
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Part II **Noncash Property**
(see instructions) Use duplicate copies of Part II if additional space is needed

(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 	 	 \$ 	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 	 	 \$ 	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 	 	 \$ 	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 	 	 \$ 	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 	 	 \$ 	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 	 	 \$ 	

Name of organization BRISCOE FAMILY FOUNDATION	Employer identification number 26-1643965
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed

(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, and ZIP 4		Relationship of transferor to transferee	
-			
-			
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-			
(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, and ZIP 4		Relationship of transferor to transferee	
-			
-			
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-			
(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, and ZIP 4		Relationship of transferor to transferee	
-			
-			
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-			
(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, and ZIP 4		Relationship of transferor to transferee	
-			
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