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## **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury

2009

		lar year 2009, or tax year beginning	and ending	ir to satisfy st	ite reporting	requirements	
G C	heck a		turn of a former public			Final return	
— Use	the IR		ress change	Name	change A Emp	loyer identification num	ber
	abel.				73	-1646761	
	erwise print	P. The David L. Simon Foundation Number and street (or PO box number if mail is not delivered)		Room/suite		ohone number (see page 1 2 - 456 - 8744	0 of the instructions)
or	type.	10120 W. Flamingo Road	4	-13	C If exe	mption application is pend	ling, check here
See	Specif	City or town, state, and ZIP code			D 1 Fo	oreign organizations, checl	k here
Instr	uction		89147		2 Fc	oreign organizations meeti	na the
H C	heck t	type of organization X Section 501(c)(3) exempt private	foundation			5% test, check here and at	-
	Section	n 4947(a)(1) nonexempt charitable trust Other taxab	e private foundation		E If priv	ate foundation status was	terminated under
I Fa	ır mar	ket value of all assets at end J Accounting method	Cash X Acc	rual	section	on 507(b)(1)(A), check her	<b>▶</b>
of	year (	from Part II, col (c), Other (specify)			F If the	foundation is in a 60-mon	th termination
lin	e 16)	\$ 2,443,825 (Part I, column (d) must	be on cash basis)	_	unde	r section 507(b)(1)(B), che	ck here
Pa	art I	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inco		(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see page 11 of the instructions) )	books	11100	71110	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	5,500				
	2	Check ▶ ☐ if the foundation is <b>not</b> required to attach Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	127,025	1	27,025	127,025	
	5a	Gross rents					
P	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1	-160,214				·····
Š	b	Gross sales price for all assets on line 6a 1,019,158		······			
œ	7	Capital gain net income (from Part IV-line-2)	*		0		
	8	Net short-term capital gain RECEIVED				0	
	9	Income modifications					
	10a	101 14 <del>2 4 1 2011 - 12</del>	/1 /4				
	b	Gross profit or (loss) (attach schedule)	}				
	C	Gross profit or (loss) (attach schedule)  Other income (attach schedule)  GDEN, UT		***************************************			<u>, , , , , , , , , , , , , , , , , , , </u>
	11 12	The state of the s	-27,689	1	27,025	127,025	····
	13	Total. Add lines 1 through 11  Compensation of officers, directors, trustees, etc	-27,009		27,025	127,025	
es	14	Other employee salaries and wages	28,000		21,000		7,00
enses	15	Pension plans, employee benefits	2,142	'	1,606		53
-	16a	Legal fees (attach schedule)			_,,,,,		
û	b	Accounting fees (attach schedule) Stmt 2	5,375		5,375		<del></del>
and Administrative Exp	c	Other professional fees (attach schedule) Stmt 3	32,945		32,945		
ā	17	Interest					
Administrat	18	Taxes (attach schedule) (see page 14 of the instructions) Stmt 4	2,886		2,886		
<u>اڇ</u>	19	Depreciation (attach schedule) and depletion Stmt 5	61		61		
Ę	20	Occupancy		-		: -	
<b>▼</b>	21	Travel, conferences, and meetings	4,264		3,198		1,06
and A	22	Printing and publications					
ğ	23	Other expenses (att sch ) Stmt 6	1,784		1,390		39
Operating	24	Total operating and administrative expenses.					
erŝ		Add lines 13 through 23	77,457		68,461		8,99
Q	25	Contributions, gifts, grants paid	134,000				134,00
_	26	Total expenses and disbursements. Add lines 24 and 25	211,457		68,461	0	142,99
Operati	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	-239,146		FO 561		
	b	Net investment income (if negative, enter -0-)			58,564	105 00-	
	<u> </u>	Adjusted net income (if negative, enter -0-)				127,025	

F	orm 990	-PF(2009) The David L. Simon Foundation	73-16467	<u>ρ</u> Τ	Page 2
	Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		of year
_		stibulo de loi end-oi-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing		7,279	7,279
	2	Savings and temporary cash investments			
	3	Accounts receivable			ĺ
	١.	Less allowance for doubtful accounts ▶			
	4	Pledges receivable >			
	l _	Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the			
	١ ـ	instructions)			
	7	Other notes and loans receivable (att. schedule)			•
S		Less allowance for doubtful accounts		<del></del>	
Assets	8	Inventories for sale or use			
58	9	Prepaid expenses and deferred charges			
٧.		Investments—US and state government obligations (attach schedule)  Investments—corporate stock (attach schedule)  See Stmt 7	2,206,938	2,436,546	2,436,546
	b	Investments—corporate stock (attach schedule)	2,200,930	2,430,540	2,430,540
	C   11	Investments—and, buildings, and equipment basis			
	''	Less accumulated depreciation (attach sch )	1		
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis   1,806			
	' '	Less accumulated depreciation (attach sch) > Stmt 8 1,806	61		
	15	Other assets (describe >			
	16	Total assets (to be completed by all filers—see the			
	'	instructions Also, see page 1, item I)	2,206,999	2,443,825	2,443,825
_	17	Accounts payable and accrued expenses			
"	18	Grants payable			1
Liabilities	19	Deferred revenue			1
ቜ	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>a</u>	21	Mortgages and other notes payable (attach schedule)			]
_	22	Other liabilities (describe ► See Statement 9 )	444		
_	23	Total liabilities (add lines 17 through 22)	444	0	
		Foundations that follow SFAS 117, check here ▶			
es		and complete lines 24 through 26 and lines 30 and 31.			
2	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			
œ	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here ► X			
Ē		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	2 226 555	0 442 005	
SS	29	Retained earnings, accumulated income, endowment, or other funds	2,206,555	2,443,825	
₹	30	Total net assets or fund balances (see page 17 of the	2 206 555	2 442 025	
<u>S</u>		instructions)	2,206,555	2,443,825	
	31	Total liabilities and net assets/fund balances (see page 17	2 206 000	- 2 442 00F	
-	Davi H	of the instructions)  Analysis of Changes in Not Assets or Fund Balances	2,206,999	2,443,825	l
_	Part II		at agree with		<u> </u>
•		net assets or fund balances at beginning of year—Part II, column (a), line 30 (mu	st agree with		2 206 555
		of-year figure reported on prior year's return) amount from Part I, line 27a		1 2	2,206,555 -239,146
		Increases not included in line 2 (itemize) ► See Statement 10		3	476,416
		increases not included in line 2 (itemize) P See Scacement 10		4	2,443,825
		eases not included in line 2 (itemize)		5	
•					1

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

6

2,443,825

Part V	Qualification	<b>Under Sec</b>	tion 4940(e	e) for Reduced	Tax on Ne	t 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 page 18 of the instructions before making any entries.

(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ratio (col (b) divided by col (c))			
2008	200,985	2,606,594		0.077106			
2007	112,932	2,886,947		0.039118			
2006	64,200	2,759,133		0.023268			
2005	64,050	2,696,518		0.023753			
2004	84,738	2,794,007		0.030328			
2 Total of line 1, column (d)			2	0.193573			
·	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						
4 Enter the net value of noncharitable-use	assets for 2009 from Part X, line 5		4	2,300,317			
5 Multiply line 4 by line 3			5	89,057			
6 Enter 1% of net investment income (1%	of Part I, line 27b)		6	586			
7 Add lines 5 and 6			7	89,643			
8 Enter qualifying distributions from Part XI	I, line 4		8	142,996			
If line 8 is equal to or greater than line 7,  Part VI instructions on page 18	check the box in Part VI, line 1b, and co	mplete that part using a 1% tax rate S	ee the	e			

Form	990-PF (2009) The David L. Simon Foundation 73-164676					P	age 4
_Pa	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page	e 18 of tl	he insti	ructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.	_	]				
	Date of ruling or determination letter (attach copy of letter if necessary—see instruct	ions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1				<u>586</u>
	here ▶ X and enter 1% of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	_	J				
	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				0
3	Add lines 1 and 2		3				586
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5				586
6	Credits/Payments:						
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a	81	5				
b	Exempt foreign organizations—tax withheld at source 6b		_				
С	Tax paid with application for extension of time to file (Form 8868)  6c		_				
d	Backup withholding erroneously withheld 6d 6d		_				
7	Total credits and payments Add lines 6a through 6d		7				<u>815</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9	<u> </u>			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>•</b>	10				229
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 229 Refu	nded 🕨	11				
Pa	rt 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					Yes	No
	participate or intervene in any political campaign?				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19						
	of the instructions for definition)?				1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities						
С	Did the foundation file Form 1120-POL for this year?			N/A	1c		
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 ▶ \$						
е	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?				2		X
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article	s of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			/-	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	4b	-	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
_	If "Yes," attach the statement required by General Instruction T						
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?			N/A	6		
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 F	Part XV	,	7	X	1
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the						
	instructions) ▶ None						
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			37/3			
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation			N/A	8b		-
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page	•					4,-
	27)? If "Yes," complete Part XIV				9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	O 6				47	
	names and addresses	Stmt	十工		10	X	1

Form **990-PF** (2009)

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orm	<u> 1990-PF (2009) The David L. Si</u>	mon Foundation	73-1	646761					<u> Pa</u>	<u>age 6</u>
Pa	art VII-B Statements Regarding A	ctivities for Which Form	4720 May Be R	Required (C	onti	nued)				
5a	During the year did the foundation pay or incur	any amount to		_	_		_			
	(1) Carry on propaganda, or otherwise attempt	t to influence legislation (section	4945(e))?		] Ye	s X	No		. 1	
	(2) Influence the outcome of any specific publi	c election (see section 4955), or	to carry on,	_	_		_			
	directly or indirectly, any voter registration	drive?			] Ye					
	(3) Provide a grant to an individual for travel, s	tudy, or other similar purposes?			] Ye	s X	No			
	(4) Provide a grant to an organization other than	an a charitable, etc , organizatior	described in							
	section 509(a)(1), (2), or (3), or section 494	10(d)(2)? (see page 22 of the ins	tructions)		] Ye	es X	No			
	(5) Provide for any purpose other than religiou	s, chantable, scientific, literary, o	or educational	_	_		_			
	purposes, or for the prevention of cruelty to	children or animals?			] Ye	s X	No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	ne transactions fail to qualify und	er the exceptions de	escribed in	_		_			
	Regulations section 53.4945 or in a current not	tice regarding disaster assistance	e (see page 22 of th	e instructions	?		N/A	5b		
	Organizations relying on a current notice regard	ding disaster assistance check h	ere			▶ [				
С	If the answer is "Yes" to question 5a(4), does t									
	because it maintained expenditure responsibility	ty for the grant?		N/A [	] Ye	es 🗀	] No			
	If "Yes," attach the statement required by Regu	ulations section 53 4945-5(d)			_				. 1	
6a	Did the foundation, during the year, receive any	y funds, directly or indirectly, to p	ay premiums							
	on a personal benefit contract?				] Ye	es X	No			
b	Did the foundation, during the year, pay premit	ims, directly or indirectly, on a pe	ersonal benefit contr	ract?	_		_	6b		X
	If "Yes" to 6b, file Form 8870			_			_			
7a	At any time during the tax year, was the foundation	ation a party to a prohibited tax s	helter transaction?		] Ye	es X	No			
b	If yes, did the foundation receive any proceeds	or have any net income attribute	able to the transaction	on?			N/A	7b		
P	art VIII Information About Officer	s, Directors, Trustees, Fo	oundation Mana	agers, Higl	ıly f	Paid E	mploy	ees,		
	and Contractors									
<u>1 I</u>	List all officers, directors, trustees, foundation	managers and their compens	ation (see page 22	of the instruc	tions	s).				
			(b) Title, and average	(c) Compensate	on		butions to			
	(a) Name and address	3	hours per week	(if not paid, en			ee benefit d deferred		pense ac r allowan	
			devoted to position	-0-)			nsation	<u> </u>		
Co	onnie Pectol	Las Vegas	President	ļ ,						
10	)120 W. Flamingo, #4-13	NV 89147	40.00		0		C	1		0
Be	enjamin M. Simon	San Antonio	Secretary							
14	6 Wm Classen Drive	TX 78232	2.00		0			4		0
Ba	arry James Pectol	Petaluma	Treasurer							
76	Troon Court	CA 94952	2.00		0		C	4		0
A]	Esbin	Las Vegas	Trustee		İ			1		
27	778 Faiss Drive	NV 89134	2.00		0			<u> </u>		0
2	Compensation of five highest-paid employee	es (other than those included o	n line 1—see page	23 of the inst	ructi	ions).				
	If none, enter "NONE."			T		_				
			(b) Title, and average				butions to benefit	(a) Ev	pense ac	count
	(a) Name and address of each employee pa	aid more than \$50,000	hours per week devoted to position	(c) Compensat	on	plans an	d deferred		r allowan	
						compe	nsation	┼		
N	ONE									
					-			—		
								-		
			+		$\dashv$			+-		
		-			- 1			1		
					$\dashv$			+-		
								1		
	I number of other employees paid over \$50,000		1	<u>I</u>				┷	$\overline{}$	
OIA	n mannoer of other enfollowers baid over 500,000							_		

Form **990-PF** (2009)

Form 990-PF (20	09) The David L. Simon Foundation	73-1646761	Page <b>7</b>
Part VIII	Information About Officers, Directors, Trustees, Found	lation Managers, Highly Paid Em	ployees,
3 Five highes	<u>and Contractors (continued)</u> st-paid independent contractors for professional services (see page 2	3 of the instructions) If none enter "NON	JF "
- Tive inglie.	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(-)	(4) 1) 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(e) components
······			
			-
Total number of o	others receiving over \$50,000 for professional services	·	<b>•</b>
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct charitable activities during the tax year. Include relevant statistical other beneficiaries served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 Midba	r Kodesh Temple		
			130,000
2 Jewis	h Federation of Las Vegas		
			4,000
3			
4			
•			
Part IX-B	Summary of Program-Related Investments (see page	24 of the instructions)	
	largest program-related investments made by the foundation during the tax year on lin	es 1 and 2	Amount
1 N/A			
2			
All other program-	-related investments See page 24 of the instructions		
Total Add lines 1	1 through 3	<b>•</b>	

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore	eign f	oundations,
	see page 24 of the instructions.)	-	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		0 201 741
a	Average monthly fair market value of securities	1a	2,321,741 13,606
b	Average of monthly cash balances	1b	13,606
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0 225 245
d	Total (add lines 1a, b, and c)	1d	2,335,347
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,335,347
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	35,030 2,300,317
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	
6	Minimum investment return. Enter 5% of line 5	6	115,016
Pa	Irt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	peratin	ıg
	foundations and certain foreign organizations check here ▶ and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	115,016
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI )		
С	Add lines 2a and 2b	2c	586
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	114,430
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	114,430
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	114,430
n.	art XII Qualifying Distributions (see page 25 of the instructions)	•	
F 6	Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etctotal from Part I, column (d), line 26	1a	142,996
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		
а	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	142,996
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 page 26 of the instructions)	5	586
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	142,410
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	ation	·

qualifies for the section 4940(e) reduction of tax in those years

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Pa	ert XIII Undistributed Income (see page 26 of			T	
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				114,430
2	Undistributed income, if any, as of the end of 2009:		1	22 000	
	Enter amount for 2008 only			22,008	
_	Total for pnor years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009				
a b	From 2004 From 2005				
0	From 2006				
d	From 2007				
_	From 2008				
	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII,	***	······		
7	line 4 ▶ \$142,996				
•	Applied to 2008, but not more than line 2a			22,008	
	Applied to undistributed income of prior years	***************************************	<u> </u>	22,000	······································
b	(Election required—see page 26 of the instructions)				
	Treated as distributions out of corpus (Election				
·	required—see page 26 of the instructions)				
d	Applied to 2009 distributable amount				114,430
	Remaining amount distributed out of corpus	6,558			111/130
5	Excess distributions carryover applied to 2009	3,330			
•	(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	6,558			
	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
c	Enter the amount of prior years' undistributed				
Ū	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 page 27 of the instructions				
е	Undistributed income for 2008. Subtract line				
	4a from line 2a Taxable amount—see page				
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2010				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section		1		
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the	-			
	instructions)				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	6,558			
10	Analysis of line 9				
а	Excess from 2005	]			
b	Excess from 2006	]			
С	Excess from 2007	]			
d	Excess from 2008	]			
е	Excess from 2009 6,558				

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the instructions.)

1	l In	tormat	tion R	legard	ing F	ound	lation	Managers	:
---	------	--------	--------	--------	-------	------	--------	----------	---

(3) Largest amount of support from an exempt organization(4) Gross investment income

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))

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

NI/A

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

Check here **X** 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 page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

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

N/A

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

N/A

c Any submission deadlines

N/A

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

N/A

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Midbar Kodesh Temple 1940 Paseo Verde Pkwy Contribution 130,000 Henderson NV 89012 Jewish Federation of LV Contribution 2317 Renaissance Dr. 4,000 Las Vegas NV 89119 Total ▶ 3a 134,000 Approved for future payment N/A ▶ 3b Total

_	er gross amo	ounts unless otherwise indicated		d business income	Excluded	by section 512, 513, or 514	(e)
	-	rvice revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
•							
	b					· · · · · · · · · · · · · · · · · · ·	
	f						
	g Fees an	d contracts from government agencies					
2	Membership	dues and assessments					
3	Interest on s	savings and temporary cash investments					
4		nd interest from securities			14	127,025	
5		come or (loss) from real estate			-		
		anced property			<del> </del>		
		t-financed property			+	- "	
		come or (loss) from personal property				<del></del>	
		tment income			1	-160,214	
		s) from sales of assets other than inventory				-160,214	
		or (loss) from special events			1		
	Other reven	or (loss) from sales of inventory			<del>                                     </del>	····	
•••		·					
					1		
	е						
12		dd columns (b), (d), and (e)		(		-33,189	0
		ine 12, columns (b), (d), and (e)			<u>-</u>	13	-33,189
(Se	e worksheet	in line 13 instructions on page 28 to verify calculation	ons)				
	art XVI-B	Relationship of Activities to the Activities	ccomplishm	ent of Exempt P	urpose	s	
	Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpoinstructions )					
	N/A	The section of					
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		I			-		Form <b>990-PF</b> (2009)
DA	٦.						- i oiiii <b> i - i - i - i</b> - (2009)

Forn	990-PF (			imon Foundation		73-164				Pa	ge <b>13</b>
P	art XVII	•	_	ansfers To and Transaction	ons a	nd Relations	hips With I	Noncha	ritable		
1	Did the	Exempt Organiz		ge in any of the following with any	other o	organization desc	rihed			Yes	No
•		•		on 501(c)(3) organizations) or in s		_					110
	organiza	•				,					
а	_		dation to a no	oncharitable exempt organization	of						
	(1) Cas	·		. 3					1a(1)		x
	(2) Othe	er assets							1a(2)		Х
b	Other tra	ansactions									
	(1) Sale	es of assets to a nonchant	table exempt	torganization					1b(1)		X
	(2) Purc	chases of assets from a n	oncharitable	exempt organization					1b(2)		X
	• •	tal of facilities, equipment		sets					1b(3)		X
		mbursement arrangement	S						1b(4)		X
		ns or loan guarantees							1b(5)		X
		ormance of services or m	•	¥					1b(6)		X
	_		•	other assets, or paid employees	(1-1	Nahardalahirana	h th f		1c		
a		=		nplete the following schedule Coligiven by the reporting foundation.		=					
		· ·	-	nt, show in column (d) the value of							
	(a) Line no	(b) Amount involved		of nonchantable exempt organization	T	(d) Description of t			shanno arrange	ements	
N/		,,,	<del>  ``</del>	, ,		· · · · · · · · · · · · · · · · · · ·			<u> </u>		
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					1						
			<u> </u>								
2a	Is the fo	undation directly or indire	ctly affiliated	with, or related to, one or more ta	ıx-exem	pt organizations			_	_	_
	describe	ed in section 501(c) of the	Code (other	than section 501(c)(3)) or in secti	on 527	?			Y€	es X	No
b	If "Yes,"	complete the following so	chedule	T	_						
	NT / N	(a) Name of organization	· ··-	(b) Type of organization			(c) Description	of relations	hip		
	N/A				+-						
					+						
		· · · · · · · · · · · · · · · · · · ·	<del> </del>		+						
		· ·	1		+						
	Under pe	nalties of perjury, I declare that	at I have exami	ined this return, including accompanying preparer (other than taxpayer or fidicial	g schedu	ules and statements	, and to the best	of my know	wledge and		
	belief, it is	s true, correct, and complete	Declaration of	preparer (other than taxpayer or fiducia	in) is bas	sed on all information	on of which prep	arer has an			
	<b>b</b> _	D	L //	1/1)	[]]		Presid	lent	reasu	رے	7
9	Sign	ature of officer or trustee	V	Date		· •	Title				
품		<i> </i>				Date	Check if		Preparer's identifi number (see Sig		on
Sign Here	ج ک	Preparer's	A.				self-employe	d ▶ 🔲	page 30 of the in:	struction	s)
ัดั	aid On aid	signature		MANY X		10/31/1	1		P00292	787	<u>/</u>
	Paid Preparer's Use Only	Firm's name (or yours if		sworth, Russo & C		any, P.C	•		00 025	460	
	ш –	self-employed), address, and ZIP code		S Eastern Ave Ste Vegas, NV 89123-		<u> </u>	<del></del>	EIN D	88-037 702-26		
			ngs /	vegas, MV 03123-	403	<del>.</del>	_	Phone no	Form 99		
									rorm 33	U-1 [	(2009)

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.

OMB No 1545-0047

2009

**Employer identification number** The David L. Simon Foundation 73-1646761 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 П For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more ▶ \$ during the year 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 in the heading of its Form

990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ,

or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
The David L. Simon Foundation

Page 1 of 1 of Part I

Employer identification number
73-1646761

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	David L. Simon Estate 10120 W. Flamingo, #4-13 Las Vegas NV 89147	\$ 5,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	name, and and an analysis of the second seco	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Form 4562

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172
2009
Attachment 67

Identifying number Name(s) shown on return The David L. Simon Foundation 73-1646761 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 61 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (a) Classification of property (f) Method (g) Depreciation deduction placed in only-see instructions) service 19a 3-year property b 5-year property 7-year property 10-year property e 15-year property 20-year property S/L 25-year property 25 yrs. Residential rental 27.5 vrs S/L property MM S/L 27 5 yrs MM Nonresidential real S/L 39 yrs property MM S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L ММ S/L 40-year 40 yrs Summary (See instructions.) Part IV 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 61 22 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

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FYE: 12/31/2009 8469 The Da 73-1646761

## Federal Statements

## Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

	Net Gain / Loss	5 -160,214	5 -160,214
	Depreciation		0
	Expense	₩	\$ 0
	Cost	1,179,372 \$	1,179,372 \$
How Received	Sale Price	Purchase 1,019,158 \$	1,019,158 \$
	Date Sold	Various \$	<sub> </sub>
Description	Date Acquired	Various	
ď	Whom Sold	Various	Total

# Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Net Total Investment		\$ 5,375	5,375 \$
- acitation	i Dilloli i		

# Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description		Total	<u>.</u> -	Net ivestment	Adjusted Net	Charitable Purpose
Payroll service fees Financial manager's fees Resident agent fee	w-	768 31,902 275	₩.	768 31,902 275	w	₩.
Total	w	32,945	ω 	32,945	\$	\$

8469 The David L. Simon Foundation 73-1646761 FYE: 12/31/2009		Federal	Federal Statements	nts		1	0/31/20	10/31/2011 10:06 AM	<del>-</del>
=	Statement 4		- Form 990-PF, Part I, Line 18 - Taxes	<u>Line 18 - T</u>	axes				
Description		Total		Net Investment	Adjusted Net	ted t	Cha	Charitable Purpose	
Foreign taxes Excise tax	₩.	1,215	₩.	1,215	w		₩ •		
Total	· δ	2,886	₩	2,886	· φ	0	w	0	
	Statement 5	- Form 990-PF		Part I, Line 19 - Depreciation	reciation				
Description									
	Prior Year Depreciation	Method	pot	Life	Current Year Depreciation	Net Investment Income		Adjusted Net Income	
Computer equipment 2/26/04 \$ 1,806 \$ Total \$ 1,806 \$ = 1	1,745	S/L		ᅜ	61	w w	61 \$ 61 \$	0	
	Statement 6 -	- Form 990-PF,	Part I, Line	Line 23 - Other Expenses	Expenses				
Description		Total	Inves	Net Investment	Adjusted Net	ted t	Cha	Charitable Purpose	
	₩		₩		₩		₩		
Bank service charges Licenses and permits Postage Printing Telephone Supplies Total	w	186 25 235 299 508 531 1,784	w	186 25 176 224 381 398 1,390	w	0	w	59 75 127 133 394	
								4-6	
									,

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8469 The David L. Simon Foundation

73-1646761

## **Federal Statements**

10/31/2011 10:06 AM

FYE: 12/31/2009

## Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

	Description						
		_	Beginning of Year	End of Year	Basis of Valuation	_	Fair Market Value
Investments							
		\$_	2,206,938 \$	2,436,546	Market	\$_	2,436,546
Total		\$_	2,206,938 \$	2,436,546		\$_	2,436,546

p p 4			
10/31/2011 10:06 AM	Net		∞
10/	Equipment End Accumulated	Depreciation \$ 1,806 \$ 1,806	
ements	I - Land, Building, and I	Cost / Basis 1, 806 1, 806	
Federal Statements	Statement 8 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment Beginning End Acc	Net Book 61 61 61 61 61 61 61 61 61 61 61 61 61	
simon Foundation		Description	
8469 The David L. Simon Foundation 73-1646761 FYE: 12/31/2009		Fixed assets Total	

8469 The David L. Simon Foundation

73-1646761

## Federal Statements

10/31/2011 10:06 AM

FYE: 12/31/2009

Statement 9 - Form 990-PF, Part II, Line 22 - Other L	_iabilities
---	-------------

Description	 o	ginning f Year	 End of Year
Bank Overdraft	\$	444	\$
Total	\$	444	\$ 0

## Statement 10 - Form 990-PF, Part III, Line 3 - Other Increases

Description	 <u>Amount</u>
Unrealized gains on investments	\$ 476,416
Total	\$ 476,416

10/31/2011 10:06 AM 7 City, State, Zip Statement 11 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors Las Vegas NV 89147 **Federal Statements** 10120 W Flamingo #4-13 Address 8469 The David L. Simon Foundation The David L. Simon Trust Name FYE: 12/31/2009 73-1646761

Form

## Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709 (Rev April 2009) Department of the Treasury File a separate application for each return. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits Name of Exempt Organization Type or **Employer identification number** print The David L. Simon Foundation 73-1646761 File by the due date for Number, street, and room or suite no. If a P O box, see instructions filing your 10120 W. Flamingo Road 4-13 return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions NV 89147 Las Vegas Check type of return to be filed (file a separate application for each return) Form 4720 Form 990 Form 990-T (corporation) Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of Connie Pectol Telephone No ▶ 702-731-9444 FAX No ▶ 702-731-9444 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is If it is for part of the group, check this box and attach for the whole group, check this box a list with the names and EINs of all members the extension will cover I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/10, to file the exempt organization return for the organization named above. The extension is for the organization's return for X calendar year 2009 tax year beginning , and ending If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, 815 less any nonrefundable credits. See instructions 3a b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 3b Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009

● If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868  ● If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)  Part II  Part II  Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Name of Exempt Organization  Name of Exempt Organization  Number, street, and room or suite no If a P.O. box, see instructions  10120 W. Flamingo Road  The David L. Simon Foundation  Number, street, and room or suite no If a P.O. box, see instructions  10120 W. Flamingo Road  Clip (Not won post office, stale, and ZIP code, For a foreign address, see instructions.  Las Vegas  NV 89147  Check type of return to be filed (Fre a separate application for each return)  Form 990-BL  Form 990-EZ  Form 990-If (see, 3-de) (frust other than above)  Form 990-EZ  Form 990-If (see, 3-de) (frust other than above)  The books are in the care of ► Connie Pectol.  Telephone No ► 702-731-9444  ■ If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  For an additional an additional another extension is for  If this tax year is for less than 12 months, check reason in indial return in Final return in Change in accounting penod  State in detail why you need the extension.  Additional Time is needed to gather all information necessary to file a complete return.  Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated that Jima subhorzed to prepaire this form. Initial return is time, correct, and complete, and that	Form 8	8868 (Re	v 4-2009)							Page 2
Part II Additional (Not Automatic 3-Month Extension, complete only Part I (on page 1)    Part II	• If	you are fi	ling for an Additional (N	Not Automatic) 3-M	onth Extension, comple	ete only Part II and	check this box			<b>▶</b>  X
Part   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	Note.	Only con	plete Part II if you have	already been grante	d an automatic 3-month	extension on a pre-	viously filed Form	3868		<del></del>
Part   Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	• If	you are fi	ling for an Automatic 3	-Month Extension,	complete only Part I (or	page 1)				
The David L. Simon Foundation    Ta-1646761   Number, street, and room or suite no If a P.O. box, see instructions   10120 W. Flamingo Road   10120 W. Flamingo Road   10120 W. Flamingo Road Road   10120 W. Flamingo Road Road Road Road Road Road Road Roa							the original (n	o copies	needed).	
The David L. Simon Foundation   73-1646761	Туре	or	Name of Exempt Orga	inization			6,41. 6 1 . 4. 4. 4.	Employe	r identificat	ion number
Number, street, and room or suite no. If a P.O. box, see instructions   10120 W. Flamingo Road   4-13   For IRS use only	print	i					23,40,4,40			
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10120 W. Flamingo Road   4-13   City, town or post office, state, and ZIP code. For a foreign address, see instructions.   Tas Vegas   NV 89147   Form 990   Form			Number, street, and ro	oom or suite no If a F	P.O. box, see instructions	· · · · · · · · · · · · · · · · · · ·	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	For IRS	use only	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.   NV 89147			10120 W. F	Lamingo Roa	ad	4-13			<b>,</b>	
Check type of return to be filed (File a separate application for each return)	-	_	City, town or post offic	e, state, and ZIP coo	e. For a foreign address.	see instructions.	S. 19 1 Sheet	Miles Comment	Sec. 1. 17	
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Form 990-BL Form 990-PF Form 990-FF Form 990-FF Form 990-EZ Form 9	Check	k type of	return to be filed (File	a separate application	n for each return)		11 37 1300 3 7 7			
Form 990-BL   Form 990-T (sec. 401(a) or 408(a) trust)   Form 4720   Form 8870    Form 990-EZ   Form 990-T (trust other than above)   Form 5227    STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  The books are in the care of   Connie Pectol Telephone No   702-731-9444   FAX No   702-731-9444    If the organization does not have an office or place of business in the United States, check this box   If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)   If this is for the whole group, check this box   If it is for part of the group, check this box   If this is with the names and EINs of all members the extension is for   If this say place and additional 3-month extension of time until 11/15/10    For calendar year 2009, or other tax year beginning   and ending    If this tax year is for less than 12 months, check reason   Initial return   Final return   Change in accounting period    State in detail why you need the extension   Additional time is needed to gather all information necessary to file a   complete return.  Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,   less any nonrefundable credits. See instructions.   8a					,		Form 1041-A		∏ Fo	m 6069
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