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Form **990-PF**

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

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service

Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2010, or tax year beginning

, 2010, and ending
,

	G Che	eck all that apply	Initial return In	itial Return o		ublic charity	_	Final return
			Amended return		Address	change	Nam	ne change
	TO:	V 071/2001 =			A Employer identification number			
		M. SIMPSON F			36-6071621			
	CHTC	N LA SALLE ST #1232 HICAGO, IL 60602-3344						B Telephone number (see the instructions)
		, 11 00002					-	(312) 726-3110
			*					C If exemption application is pending, check here D 1 Foreign organizations, check here
-	H C	heck type of organiz	ation X Section 50	01(c)(3) exe	mpt private f	oundation		2 Foreign organizations meeting the 85% test, check
_) nonexempt charitable				ation	here and attach computation
	I Fa	ir market value of all assi	ets at end of year J Ac	counting me	ethod X C	ash Ac	crual	If private foundation status was terminated under section 507(b)(1)(A), check here
		rom Part II, column (c), lin	j <u>i</u>	Other (specify				F If the foundation is in a 60-month termination
F	≯ <u></u> Part I		, 256. (Part	I, column (a) must be or	n cash basis ,)	under section 507(b)(1)(B), check here
Ĺ	Parti	Analysis of Re Expenses ⊄he	e total of amounts in		enue and	(b) Net inv		
		columns (b), (c),	and (d) may not neces	:- expenses	per books	incor	me	income for charitable purposes
		sarily equal the a (see the instruction	mounts in column (a)					(cash basis only)
-			, grants, etc, received (att sch)		2,694.			
			foundn is not req to att Sch B					
		3 Interest on sa cash investme	vings and temporary		848.		84	ρ
			erest from securities		35,703:	13	35,70	
		5a Gross rents						
	_	b Net rental income or (loss)		ļ				
7017	R E	6a Net gain/(loss) from b Gross sales price for	n sale of assets not on line 10		51,335.			
(2)	V	assets on line 6a		•			1,33	<u> </u>
إجتاز	E N	8 Net short-term	come (from Part IV, line 2) n capital gain				11,33	5.
	Ü	9 Income modifi				-		
NOV	-	10 a Gross sales less returns and allowances				- '	,	1,46
		h Less Cost of	RECEIVED	+				
SCANNEL		goods sold c Gross profit/(loss						
		l II Other income	(attach schedule)	181	· · · · · · · · · · · · · · · · · · ·			
Či			SEE) (STATEMENT	180	3,174.		12	
T.			es 1 through 11	2 1	93,754.	18	8,00	9. 0.
		14 Other employee sa	fficers, directors, trustees, etc.	'F 	<u> </u>			
		15 Pension plans	, employee benefits					
	Ą	16a Legal fees (attach	· · · · · · · · · · · · · · · · · · ·					
	M M	b Accounting fees (a	•	2	13,452.	1	.3,45	2.
	o h	c Other prof fees (a	ttach sch).	-	0147		01	
	O I S E R R	17 Interest 18 Taxes (attach schedule)	see instr.) SEE STM 3	, 	814: 3,720.		81 3,72	
	PERAT	19 Depreciation (^	3,720.		3,12	0.
	TT	sch) and deple						
	N V G E	20 Occupancy 21 Travel, conference	ences, and meetings					
	_	22 Printing and p						
	A E N X D P		es (attach schedule)					
	E		SEE STATEMENT 4	1	7,903.		7,903	3.
	S	24 Total operatin	g and administrative I lines 13 through 23		25,889.	2	5,88	٥
	5		s, grants paid PART XV	7	23,003.		,00	280,000.
		· -	s and disbursements.					
-		Add lines 24 a	nd 25	 3	805,889.	2	5,889	9. 0. 280,000.
		27 Subtract line 2	to from line 12:		-			
		and disbursen	nents	-1	12,135.			
			ome (if negative, enter -0-)			16	2,120	
-	344 =		ne (if negative, enter -0-)	<u> </u>				0.

Page 2

Dar	F II I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End o	f year
Га		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	30,200.	13,072.	13,072.
	2	Savings and temporary cash investments	706,719.	609,567.	609,567.
	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 the instructions)			
_	7	Other notes and loans receivable (attach sch)			
A		Less allowance for doubtful accounts ▶			
š	8	Inventories for sale or use			
A S E T	9	Prepaid expenses and deferred charges			·
Ś	10 a	a Investments — U.S. and state government obligations (attach schedule)	1,363,550.	1,363,550.	1,603,518.
	1	nvestments — corporate stock (attach schedule)	1,774,456.	1,784,578.	3,028,193.
	(c Investments — corporate bonds (attach schedule)		<u> </u>	<u> </u>
	11	Investments — land, buildings, and equipment basis			
		Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans.			
	13	Investments – other (attach schedule)	665,539.	657,075:	885,905.
	14	Land, buildings, and equipment basis			
		Less, accumulated depreciation (attach schedule)			
		Other assets (describe)			
	16	Total assets (to be completed by all filers — see instructions. Also, see page 1, item l)	4,540,464.	4,427,842.	6,140,255.
L	17	Accounts payable and accrued expenses	697.	487.	0,140,200.
Ī	18	Grants payable	100,000.	75,000.	
A B	19	Deferred revenue			
1	20	Loans from officers, directors, trustees, & other disqualified persons			
Ĭ	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe)			
Ë S_	22	Total liabilities (add lines 17 through 22)	100,697.	75,487.	
	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	100,697.	75,467.	
_		and complete lines 24 through 26 and lines 30 and 31.			
N F E U T N	24	Unrestricted			
ΤŇ	25	Temporarily restricted			
A D	26	Permanently restricted		 _	
A B A L A N		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
EL	27	Capital stock, trust principal, or current funds	4,439,767.	4,352,355.	
SN	28	Paid-in or capital surplus, or land, building, and equipment fund			
OE	29	Retained earnings, accumulated income, endowment, or other funds			
R S	30	Total net assets or fund balances (see the instructions)	4,439,767.	4,352,355.	
	31	Total liabilities and net assets/fund balances (see the instructions)	4,540,464.	4,427,842.	
Parl	111	Analysis of Changes in Net Assets or Fund Balance		1/ 12 / / 0 12 /	
		net assets or fund balances at beginning of year – Part II, colui		uroo wath	
'	end-	of-year figure reported on prior year's return).	min (a), line 30 (must ag	1 1	4,439,767.
		r amount from Part I, line 27a		2	-112,135.
3	Other	increases not included in line 2 (itemize) SEE STATEMENT	5	3	43,588.
		lines 1, 2, and 3		4	4,371,220.
		ases not included in line 2 (itemize) SEE STATEMENT		5	18,865.
6_	Total	net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), li	ne 30 6	4,352,355.

	(a) List and describe	e the kind(s) of property sold (e.g., rese, or common stock, 200 shares ML	eal estate.	(b) How acq P — Purch	ase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
_	a SEE STATEMENT 7			D — Donat	ion		
	b	·					
	c						
	d						
	e						
	(e) Gross sales price	(A Degree of the allowed	(a) Cook on other han			40.0	(I)
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis			(h) Gain or (e) plus (f) m	(1088) Inus (a)
	a	,					
	<u>b</u>		 				
	<u>c</u>	1					
	<u></u>	 				.	
	e						
		I I I I I I I I I I I I I I I I I I I	the foundation on 12/21/60				
	(i) Fair Market Value	(i) Adjusted basis	(k) Excess of column (/\\	0	(I) Gains (Colu ain minus column (k	
	as of 12/31/69	as of 12/31/69	over column (j), if any	y		an -0-) or Losses (fr	
				-			
	<u>a</u> b	-					-
	C						
	d		_				
	e						
	<u> </u>						
2	Capital gain net income or (net	t capital loss) — If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7	į	2		E1 22E
3	Net short-term capital gain or /	(loss) as defined in sections 1222(5)	<i>—</i>	-	2		51,335.
3		• • • • • • • • • • • • • • • • • • • •	``´				
	If gain, also enter in Part I, line in Part I, line	e 8, column (c) (see the instructions)	If (loss), enter -0-		3		0
Pa		r Section 4940(e) for Reduced	Tay on Not Investmen	nt Incon			0.
		e foundations subject to the section 4					
If se	optional use by domestic private ction 4940(d)(2) applies, leave the foundation liable for the seces,' the foundation does not qual	e foundations subject to the section 4 his part blank tion 4942 tax on the distributable am lify under section 4940(e) Do not cor	940(a) tax on net investmen ount of any year in the base need this part	t income)	Yes	X No
If se Was	optional use by domestic private ction 4940(d)(2) applies, leave to the foundation liable for the seces,' the foundation does not qual Enter the appropriate amount is	e foundations subject to the section 4 his part blank tion 4942 tax on the distributable am lify under section 4940(e) Do not cor n each column for each year, see the	940(a) tax on net investment sount of any year in the base mplete this part e instructions before making	t income)		X No
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If see Wass If 'Y' 1	optional use by domestic private ction 4940(d)(2) applies, leave to the foundation liable for the seces,' the foundation does not qual Enter the appropriate amount in the calendar year (or tax year beginning in) 2009 2008 2007 2006 2005 Total of line 1, column (d) Average distribution ratio for the number of years the foundation.	tion 4942 tax on the distributable amily under section 4940(e) Do not corn each column for each year, see the (b) Adjusted qualifying distributions 262,711. 323,729. 337,771. 315,000. 260,002.	ount of any year in the base instructions before making (c) Net value of noncharitable-use asse 5,317 6,382 7,089 6,461 5,460	ets , 245. , 404. , 830. , 527.	2 3	(d) Distribution Jimn (b) divided i	ratio by column (c)) 0.049407 0.050722 0.047642 0.048750 0.047618 0.244139 0.048828 5,734,451.
If see Wass If 'Y' 1 2 3 4 5 5	optional use by domestic private ction 4940(d)(2) applies, leave to the foundation liable for the seces, the foundation does not qual Enter the appropriate amount in the seces of the foundation does not qual Enter the appropriate amount in the seces of	tion 4942 tax on the distributable amily under section 4940(e) Do not corn each column for each year, see the (b) Adjusted qualifying distributions 262,711. 323,729. 337,771. 315,000. 260,002.	ount of any year in the base instructions before making (c) Net value of noncharitable-use asse 5,317 6,382 7,089 6,461 5,460	ets , 245. , 404. , 830. , 527.	2 3 4	(d) Distribution Jimn (b) divided i	ratio by column (c)) 0.049407 0.050722 0.047642 0.048750 0.047618 0.244139 0.048828 0,734,451. 280,002.
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	1990-PF (2010) JOHN M. SIMPSON FOUNDATION 36-60/1621			age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instru	ctions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter: (attach copy of letter if necessary — see instr.)			
b	Domęstic foundations that meet the section 4940(e) requirements in Part V,		3,2	242.
	check here ▶ ☐ and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
	foundations only Others enter -0-).			0.
3	Add lines 1 and 2		3,2	242.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		3,2	242.
6	Credits/Payments			
а	2010 estimated tax pmts and 2009 overpayment credited to 2010 6a 2,200.			
b	Exempt foreign organizations – tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c 1,900.			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		4,	L00.
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			358.
11	Enter the amount of line 10 to be. Credited to 2011 estimated tax			0.
Par	t VII-A Statements Regarding Activities			
1 a	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?	1 a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			
	(see the instructions for definition)?	1 b		<u>X</u>
	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			
	Did the foundation file Form 1120-POL for this year?	1c		X
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation \$ 0. (2) On foundation managers \$ 0 Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	-		ļ
	foundation managers >\$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If 'Yes,' attach a detailed description of the activities			
2	•			
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		Х
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b	N	_
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?	6_		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see the instructions)			
	IL			
ь	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
_	(or designate) of each state as required by General Instruction G ² If 'No,' attach explanation	8b	Х	
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names			
	and addresses	10		X
BAA	F F	orm 99	0-PF	(2010)

orr	m 990-PF (2010) JOHN M. SIMPSON FOUNDATION 36-60	71621	Р	age 5
	rt VII-A Statements Regarding Activities (Continued)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>_</u>	age J
	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		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application. Website address		Х	
14	The books are in care of SIMPSON ESTATES INC. Telephone no (312) 726	-311	0
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	2 <u>-3344</u> N/A	<u>_</u>	
16	and enter the amount of tax-exempt interest received or accrued during the year . At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority ove	•	Yes	N/A No
	bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name of the	16		Х
) Jai	foreign country rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
uı	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1	a During the year did the foundation (either directly or indirectly)		163	110
·	_ · ·	K No		
		K No		
		K No K 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)? Yes	₹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) Yes	₹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 the instructions)?	1b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	_ '		
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c		Х
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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	K No		
	If 'Yes,' list the years ▶ 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 the instructions)	2b	N	/A
	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	25	IN	, A
3	a Did the foundation hold more than a 2% direct or indirect interest in any business	₹] No		
	b If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to			
	détermine if the foundation had excess business holdings in 2010)	3b	N	/A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	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 2010?	4b		Х

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Form **990-PF** (2010)

Form 990-PF (2010) JOHN M. SIMPSON FO		 	36-607	71621	Page 6
Part VII-B Statements Regarding Activiti		<u>1 4720 May Be Requ</u>	uired (continued)		
5a During the year did the foundation pay or incu	•				ļ
(1) Carry on propaganda, or otherwise attempt	ot to influence legislatio	n (section 4945(e))?	Yes X	No	l
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ition drive?	n 4955), or to carry		No	
(3) Provide a grant to an individual for travel,		•	Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, oi 4940(d)(2)? (see instri	rganization described uctions)	Yes X	No	
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the except ding disaster assistance	tions	5b	N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ □		.
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Regi	ulations section 53 494	5-5(d)			
6a Did the foundation, during the year, receive are on a personal benefit contract?			Yes X	' [[
b Did the foundation, during the year, pay prem	iums, directly or indirec	ctly, on a personal bene	fit contract?	6ь	<u> </u>
If 'Yes' to 6b, file Form 8870 7a At any time during the tax year, was the found	tation a party to a prob	whited toy chalter transa	ction? Yes X	No	
b If yes, did the foundation receive any proceed				I/A 7b	
Part VIII Information About Officers, D					 ;,
and Contractors					<u> </u>
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
SEE STATEMENT 8					_
		0.	0.		0.
				ļ	
2 Compensation of five highest-paid employee	s (other than those inc	cluded on line 1— see in	structions). If none, e	nter 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
NONE					
					
Total number of other employees paid over \$50,000)				0
BAA	TEEA0306L (07/23/10	 -	Form 990)-PF (2010)

Form 990-PF (2010) JOHN M. SIMPSON FOUNDATION	36-607	
Part VIII Information About Officers, Directors, Trustees, Foundat and Contractors (continued)	ion Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services (see instruenter 'NONE.'	uctions). If 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	•	0
Part IX-A Summary of Direct Charitable Activities		
	proportion quality on the number of	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info organizations and other beneficiaries served, conferences convened, research papers produced, etc		Expenses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruction	ins)	
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	Amount
1 <u>N/A</u>		
2		
All other program-related investments See instructions		

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0.

Total. Add lines 1 through 3

	6-607162	
Part X Minimum Investment Return (All domestic foundations must complete this part. F see instructions.)	oreign fou	indations,
 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 b Average of monthly cash balances 	1a	5,025,817. 795,961.
c Fair market value of all other assets (see instructions)	1 c	195,901.
d Total (add lines 1a, b, and c)	1 d	5,821,778.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 0.		3,021,770.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	5,821,778.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	87,327.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	5,734,451.
6 Minimum investment return. Enter 5% of line 5	6	286,723.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this part XI	•	ndations
1 Minimum investment return from Part X, line 6	1	286,723.
2a Tax on investment income for 2010 from Part VI, line 52a3,242.b Income tax for 2010 (This does not include the tax from Part VI)2b	-	
c Add lines 2a and 2b	_2c	3,242.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	283,481.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	283,481.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	283,481.
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	1 a	280,000.
b Program-related investments — total from Part IX-B	1 b	
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)	3 b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	280,000.
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	

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

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6 Adjusted qualifying distributions. Subtract line 5 from line 4

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280,000.

6

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				202 401
2 Undistributed income, if any, as of the end of 2010:				283,481.
a Enter amount for 2009 only			0.	
b Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005				
b From 2006 3, 127.				
c From 2007 7,737.				
d From 2008 7,819.				
e From 2009				
f Total of lines 3a through e	18,683.			
4 Qualifying distributions for 2010 from Part				
XII, line 4 ► \$ 280,000.				
a Applied to 2009, but not more than line 2a			0.	·- ·-
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2010 distributable amount				280,000.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010	3,481.			3,481.
(If an amount appears in column (d), the same amount must be shown in column (a))				
came ameant mact be chemin 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	15,202.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				1
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.	2112	
e Undistributed income for 2009 Subtract line 4a from			_	
line 2a. Taxable amount — see instructions		-	0.	
f Undistributed income for 2010 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2011.				0.
7 Amounts treated as distributions out of			-	
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2005 not		-		
applied on line 5 or line 7 (see instructions)	0.			- <u>-</u> -
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	15,202.		j	
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007 7, 383.				
c Excess from 2008 7,819.				
d Excess from 2009			j	
e Excess from 2010				

Part XIV Private Operating Foundation		tions and Part	VII A guaction C	36-60/162	N/A			
1a If the foundation has received a ruling or o	letermination letter				N/ A			
is effective for 2010, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)								
		rating loundation o	Prior 3 years	4942(j)(3) or	4942(j)(5)			
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total			
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	<u>. </u>							
 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	<u> </u>							
section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 of			<u></u>		- <u>-</u>			
minimum investment return shown in Part X, line 6 for each year listed								
c 'Support' alternative test - enter								
 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			<u> </u>					
Part XV Supplementary Information	(Complete this	part only if the	organization ha	nd \$5,000 or mo	re in			
assets at any time during th	·- <u>-</u>	structions.)	<u></u>					
Information Regarding Foundation Manage a List any managers of the foundation who is close of any tax year (but only if they have SEE STATEMENT 9	nave contributed m	ore than 2% of the than \$5,000) (See	total contributions resection 507(d)(2))	eceived by the foun	dation before the			
b List any managers of the foundation who capartnership or other entity) of which the	own 10% or more of foundation has a 1	of the stock of a cor	rporation (or an equa	ally large portion of	the ownership of			
NONE		3						
2 Information Regarding Contribution, Gran Check here ► X if the foundation only n requests for funds If the foundation make complete items 2a, b, c, and d	nakes contributions	to preselected cha	arıtable organization:					
a The name, address, and telephone number	r of the person to	whom applications	should be addressed	d				
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, s	such as by geograp	hical areas, charita	able fields, kinds of i	nstitutions, or other	factors			

Page 11

3 Grants and Contributions Paid During the		ure Pavment	-	
•	If recipient is an individual,	Foundation		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 10				
		1 1		
		1 1		
		1		
		[
		<u> </u>		
]		
		1		
7-11				200 200
Total			<u>► 3a</u>	280,000
b Approved for future payment CATHOLIC COMMUNITY SERVICES	NONE			15 000
FNDN	NONE			15,000
140 W. SPEEDWAY BLVD. SUITE				
230				
TUCSON, AZ 85705				
REID PARK ZOOLOGICAL SOCIETY	NONE			60,000
1030 S. RANDOLPH WAY				
TUCSON, AZ 85716				
Total		LL		75 000
Total			<u>►</u> 3b	75,000.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)	
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (see the instructions)	
a						
b						
c	<u> </u>					
d						
e						
f						
g Fees and contracts from government agencies					_	
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	848.		
4 Dividends and interest from securities			14	135,703.	····	
5 Net rental income or (loss) from real estate			<u> </u>			
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property		<u>-</u>				
7 Other investment income			14	3,174.		
8 Gain or (loss) from sales of assets other than inventory			18	51,335.		
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)				191,060.		
13 Total. Add line 12, columns (b), (d), and (e)				13	191,060.	
(See worksheet in line 13 instructions to verify calculate	ons)			<u> </u>		
13 Total. Add line 12, columns (b), (d), and (e)					191,0	

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions.)
N/A	
	· · · · · · · · · · · · · · · · · · ·
	

Form 990-PF (2010) JOHN M. SIMPSON FOUNDATION 36-6071621 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	•								Yes	No
1 Did ti	he organization direct	ly or indirectly e	ngage in any of the fo	ollowing with	h any ot	her organization	on 507			
relati	ribed in section 501(c ing to political organiz) of the Code (o	ther than section 501	(c)(3) organ	izations,) or in section	527,			
			a noncharitable exem	ant organiza	ation of					
(1) (ig louridation to	a Horicharitable exem	ipt organiza	111011 01			1 - 41		v
								1a (1)		X
	Other assets							1 a (2)		X
b Othe	r transactions									
(1) S	Sales of assets to a ne	oncharitable exe	mpt organization					1 b (1)		_X
(2) F	Purchases of assets fr	om a noncharita	ible exempt organizat	ion				1 b (2)		X
(3) F	Rental of facilities, eqi	uipment, or othe	r assets					1 b (3)		X
(4) F	Reimbursement arrang	gements						1b (4)		Х
(5) L	oans or loan guarant	ees						1 b (5)		X
(6) F	Performance of service	es or membersh	ip or fundraising solic	utations				1 b (6)		Х
			sts, other assets, or pa		200			1c		X
Contan	ing of facilities, equip	ment, maning it	sta, other daacta, or pr	ala employe	.63					
d If the	answer to any of the	above is 'Yes.'	complete the followin	a schedule.	Column	n (b) should alv	vavs show the fair n	narket val	ue of	
the a	loods, other assets, o	r services aiven	by the reporting found	dation If the	e founda	ation received	less than fair marke	t value in	uc 0.	
	1	arrangement, s	hów in column (d) the	value of the		·	- _			
(a) Line no	(b) Amount involved	(c) Name of	of noncharitable exempt orga	anızatıon	(d)	Description of trai	nsfers, transactions, and s	haring arrar	ngement	ts
N/A										
				_						
			-							
		-				··· ·				
	<u> </u>									
		-								
							· · · · · · · · · · · · · · · · · · ·			
2a is the	e foundation directly on the control of the control	or indirectly affiliately of the Code (or	ated with, or related to ther than section 501(o, one or ma	ore tax-	exempt organı 5272	zations	ΠVoc	X	No
	s,' complete the follo		mer man section son	(0)(3)) 01 111	Section	327.		Yes		INU
<u> Dili Te</u>			#N.T	·· . ·· _ ,						
NT / 3	(a) Name of organiza	ation	(b) Type of or	rganization		(0) Description of rela	tionship		
N/A										
	<u> </u>									
-		/								
Und	ler penalties of perjury, I dec	are that I have exam	ined this return, including acc than taxpayer or fiduciary) is	companying sch	edules and	statements, and to	the best of my knowledge	and belief, i	t is true,	
	ect, and complete Declarate	on of preparer (other	than taxpayer or fiduciary) is	based on all inf	formation of	of which preparer ha	as any knowledge			
Sign	/ / ///					/ /				
Here 🕨	1 / Shi	T .			//	1/4/1	▶ PRESIDENT			
	Signature of officer or truste	ee			Date	111	Title			
	Print/Type preparer's r	name	Preparer's signatur	re		Date	Check if if	PTIN		
Daid	DAVID A. LI	THOSTT	0.0	i. Lon	:	11/2/11		P01257	947	
Paid		SIMPSON ES		,,		11/2/11	self-employed		J4 /	
Preparer				222	 -	·	Firm's EIN ► 36-25	41394		
Use Only	Firm's address	30 NORTH I		<u> </u>			(2.5.5)	=		
		CHICAGO, I	L 60602-3344				Phone no (312)	726-3	<u> 3110</u>	
BAA								Form 99	0-PF (2010)

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

OMB No 1545-0047

2010

Name of the organization		Employer identification number
JOHN M. SIMPSON FOUNDATION		36-6071621
Organization type (check one)		•
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not 527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treation 501(c)(3) taxable private foundation	ated as a private foundation
General Rule	ganization can check boxes for both the General	Rule and a Special Rule See instructions 000 or more (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and receive	Form 990 or 990-EZ, that met the 33-1/3% supped from any one contributor, during the year, a cit VIII, line 1h or (ii) Form 990-EZ, line 1 Complete.	contribution of the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organiaggregate contributions of more than \$1,0 the prevention of cruelty to children or ani	ization filing Form 990 or 990-EZ, that received to the form use exclusively for religious, charitable, sumals Complete Parts I, II, and III	from any one contributor, during the year, centific, literary, or educational purposes, or
contributions for use exclusively for religion of this box is checked, enter here the total	ization filing Form 990 or 990-EZ, that received to ous, charitable, etc, purposes, but these contribut contributions that were received during the year s unless the General Rule applies to this organiz	rtions did not aggregate to more than \$1,000 r for an <i>exclusively</i> religious, charitable, etc.
religious, charitable, etc, contributions of	\$5,000 or more during the year	▶ \$
990-PF) but it must answer 'No' on Part IV. In	by the General Rule and/or the Special Rules do ne 2 of their Form 990, or check the box on line ing requirements of Schedule B (Form 990, 990-	H of its Form 990-EZ, or on line 2 of its Form
RAA For Panenwork Paduction Act Notice of	con the Instructions for Form 990	Schodulo B (Form 990, 990 E7, or 990 PE) (2010

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

		of 1 of Part I
Name of organization JOHN M. SIMPSON FOUNDATION		identification number 071621
Part Contributors (see instructions)		7/1021
(a) (b) Number Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1 SUSAN S. CAVENDER 30 N. LA SALLE ST. SUITE 1232 \$ CHICAGO, IL 60602-3344	S9,975.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) (b) Number Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
CHICAGO, IL 60602-3344	310,138.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) (b) Number 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) (b) Number 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) (b) Number 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) (b) Number Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
\$		Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)	Page	1		of
Name of organization		Er	mployer	ıder

Name of organization

JOHN M. SIMPSON FOUNDATION

36-6071621

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	(d) Date received
1	124 SHARES - SCHLUMBERGER COMMON STOCK		
		\$ 9,9	75. 12/16/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	e) Date received
2	146 SHARES - BORG WARNER COMMON STOCK		
		\$ 10,1	38. 12/16/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (see instructions	(d) Pate received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction	(d) e) Date received s)
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (see instruction	(d) e) Date received
			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate (see instructions	e) Date received
		s	

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

of Part II

	, .						
Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2010)		Page 1	of 1	of Part III		
Name of organ				Employer identifica			
	. SIMPSON FOUNDATION			36-6071623	1		
Part III	Exclusively religious, charitable, e organizations aggregating more the	han \$1,000 for the year.Co	mplete cols (a) through ((7), (8), or (10) e) and the following	ng line entry		
	For organizations completing Part III, enter contributions of \$1,000 or less for the year	total of <i>exclusively</i> religious, ch (Enter this information once S	arıtable, etc, ee ınstructions)	►ş	N/A		
(a)	(b)	(c)		(d)	· · ·		
No. from Part I	Purpose of gift	Use of gift	Des	cription of how git	ft is held		
	N/A			<u> </u>			
		(e)					
	Transferee's name, addres	Transfer of gift ss, and ZIP + 4	Relationship of	transferor to tran	sferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Desc	(d) cription of how gi	ft is held		
				-			
			-				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of	transferor to tran	sferee		
					-		
			-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Desc	(d) cription of how git	ft is held		
	Transferse's name address	Delekierrekie ek					
	Transferee's frame, audres	s name, address, and ZIP + 4 Relationship of transferor to transferee					
(a)	(b)	(c)		(d)			
No. from Part I	Purpose of gift	Use of gift	Desc	cription of how gif	t is held		
					· · ·		
		(e) Transfer of gift					

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

BAA

2010	FEDERAL STATEMENTS	PAGE 1
CLIENT 66071621	JOHN M. SIMPSON FOUNDATION	36-6071621
9/27/11 . STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME		08 16AM
OTHER INVESTMENT INCOME	(A) (B) NET REVENUE INVESTMENT PER BOOKS INCOME \$ 3,174.\$ 123. TOTAL \$ 123.	(C) ADJUSTED NET INCOME \$ 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
ACCOUNTING & MANAGEMENT FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 13,452. \$ 13,452. TOTAL \$ 13,452. \$ 13,452. \$ 0	(D) CHARITABLE PURPOSES . \$ 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES		
FOREIGN INCOME TAXES FRANCHISE TAXES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 3,716. \$ 3,716. 4. 4. 4. \$ 3,720. \$ 3,720. \$ 0	
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
FILING FEES INVESTMENT FEES PORTFOLIO DEDUCT - FG AFII PORTFOLIO DEDUCT - FLAG PRIV	1,839. 1,839.	(D) CHARITABLE PURPOSES
PORTFOLIO DEDUCT - FLAG VENT PORTFOLIO DEDUCT - SIMGLO	PTRS II 289. 289. 5,631. 5,631.	. \$ 0.

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2010		FEDER	AL STAT	EMENTS			PAGE 2
CLIENT 660716	21	ЈОНИ М.	SIMPSON FO	OUNDATION			36-607162°
9/27/11 •			·			· •	08 16AN
STATEMENT FORM 990-P OTHER INCF	F, PART III, LINE 3						
DECREASE I FLAG PRIVA	IFFERENCE PTRSPS N PLEDGES PAYABLE TE EQUITY 2009 IN	NCOME				\$	544. 25,000. 8,378.
	RPRISES II 2009 I APPRECIATION -PI					TOTAL \$	181. 9,485. 43,588.
STATEMENT FORM 990-P OTHER DEC	F, PART III, LINE 5						
FLAG VENTU	RE PTRS II PRIOR	YEAR ADJU	ST			TOTAL \$	18,865. 18,865.
CAPITAL GA ITEM 1 27 AE	F, PART IV, LINE 1 INS AND LOSSES FO (A) DESCRIPTION	OR TAX ON I	NVESTMENT	(B) ACOU	IRED 1	(C) DATE ACQUIRED 0/24/2008	(D) DATE SOLD 6/18/2010
3 270 A 4 AMER 5 520 E 6 930 E 7 940 E 8 270 E 9 LUCEN	ALCON INC ALCON INC INTL GROUP BP PLC ADS EXPEDITORS INTL EXPEDITORS INTL EXPEDITORS INTL OUT TECHNOLOGIES HOVO NORDISK ADR			PURCH PURCH PURCH PURCH PURCH PURCH PURCH PURCH	IASED IASED IASED IASED 1 IASED 1 IASED 1 IASED IASED	2/18/2009 2/18/2009 3/13/2001 3/14/2003 1/21/2003 1/08/2006 9/25/2008 1/26/2000 5/26/2005	9/16/2010 11/19/2010 9/21/2010 6/18/2010 6/18/2010 1/13/2010 3/08/2010 4/16/2010
11 90 NC 12 100 N 13 PFIZE 14 1,580 15 RAYTH 16 720 N 17 230 N	OVO NORDISK ADR OVO NORDISK ADR OVO NORDISK ADR OVO NORDISK ADR OVO ROCHE HLD AD OVO ROCHE	R		PURCH PURCH PURCH PURCH PURCH PURCH PURCH PURCH	ASED ASED ASED ASED ASED ASED ASED ASED	5/26/2005 5/26/2005 5/26/2005 1/26/1990 1/14/2005 1/01/2005 8/27/2007 7/20/2009 3/17/2000 VARIOUS	6/18/2010 6/18/2010 11/19/2010 5/06/2010 4/16/2010 6/28/2010 11/19/2010 4/07/2010 VARIOUS
GRO <u>ITEM</u> SA 1 7 2 44	E) (F) DSS DEPREC. LES ALLOWED	(G) COST BASIS 2,546. 23,959. 23,959.	(H) GAIN (LOSS) 4,820. 20,828. 19,952.	(I) FMV _12/31/69_	(J) ADJ. BAS 12/31/6		(L) GAIN (LOSS) \$ 4,820. 20,828. 19,952.
4 5 16 6 29 7 32	, 81. ,712. ,888. ,373. ,299.	19,841. 39,641. 42,723. 9,922.	81. -3,129. -9,753. -10,350. -623.				-3,129 -9,753 -10,350 -623

2010
CLIENT 66071621
9/27/11 •
STATEMENT 7

FEDERAL STATEMENTS

PAGE 3

JOHN M. SIMPSON FOUNDATION

36-6071621

08 16AM

STATEMENT 7 (CONTINUED) FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

_ITEM	(E) GROSS SALES	(F) DEPREC. ALLOWED	(G) COST BASIS	(H) GAIN (LOSS)	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69	(K) EXCESS (I)-(J)	(L) GAIN _(LOSS)
10	14,477.		4,710.	9,767.			1-7-1-7-	\$ 9,767.
11	7,575.		2,355.	5,220.				5,220.
12	10,475.		2,617.	7,858.				7,858.
13	3.		0.	3.				3.
14	65,010.		58,120.	6,890.				6,890.
15	62.		0.	62.				62.
16	28,315.		65,930.	-37,615.				-37,615.
17	9,045.		9,963.	-918.				-918.
18	7.		0.	7.				7.
19	0.		-38,222.	38,222.				38,222.
							TOTAL	\$ 51,335.

STATEMENT 8 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTI		CONTRI- BUTION TO EBP & DC	ACCOUNT/
PATRICK J HERBERT III 30 N LA SALLE ST CHICAGO, IL 60602	PRESIDENT 0	\$ (). \$ 0.	\$ 0.
DEBRA M COY 30 N LA SALLE ST CHICAGO, IL 60602	SECRETARY 0	C	0.	0.
MAXWELL F YOUNGQUIST 30 N LA SALLE ST CHICAGO, IL 60602	TREASURER 0	C	0.	0.
PATRICIA S O'KIEFFE 30 N LA SALLE ST CHICAGO, IL 60602	DIRECTOR 0	C	0.	0.
SUSAN S CAVENDER 30 N LA SALLE ST CHICAGO, IL 60602	DIRECTOR 0	C	0.	0.
HOWARD B SIMPSON 30 N LA SALLE ST CHICAGO, IL 60602	DIRECTOR 0	C	0.	0.
	TOT	AL \$ 0). \$ 0.	\$ 0.

2010

FEDERAL STATEMENTS

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CLIENT 66071621

JOHN M. SIMPSON FOUNDATION

36-6071621

9/27/11 •

08 16AM

STATEMENT 9 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

PATRICIA S O'KIEFFE SUSAN S CAVENDER

STATEMENT 10 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT		AMOUNT
MOBILE MEALS OF TUCSON INC. 3003 COUNTRY CLUB ROAD SUITE 219 TUCSON, AZ 85713		SIRIUS	MEAL DELIVERY COSTS	<u> </u>	5,000.
THE FOOD BASKET INC HI FOOD BANK 140-B HOLOMUA ST. HILO, HI 96720	NONE		UNRESTRICTED		10,000.
NORTH HAWAII HOSPICE INC. 65-1328 KAWAIHAE ROAD KAMUELA, HI 96743	NONE		UNRESTRICTED		17,500.
THE SALVATION ARMY 1001 N. RICHEY BLVD. TUCSON, AZ 85718	NONE		HOSPITALITY HOUSE		10,000.
PIMA PREVENTION PARTNERSHIP 3130 E. BROADWAY BLVD SUITE 180 TUCSON, AZ 85716	NONE		TEEN COURT		20,000.
WOMEN FOR WOMEN INTERNATIONAL 4455 CONNECTICUT AVE NW SUITE 200 WASHINGTON, DC 20008	NONE		UNRESTRICTED		20,000.
KAHILU THEATER FOUNDATION P.O. BOX 549 KAMUELA, HI 96743	NONE		UNRESTRICTED		2,500.
WEST HAWAII HUMANE SOCIETY P.O. BOX 2695 KAILUA-KONA, HI 96745	NONE		UNRESTRICTED		5,000.
NORTH HAWAII WOMEN & CHILDRENS SERVICES 65-1229A OPELA ROAD SUITE 2 KAMUELA, HI 96743	NONE		HRSS PROJECT		12,500.

2010	FEDERAL STA	ГЕМЕНТ	S	PAGE 5
CLIENT 66071621	JOHN M. SIMPSON F	OUNDATIO	N	36-6071621
9/27/11 •				08 16AM
STATEMENT 10 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEA	AR			
NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
HUMANE SOCIETY OF SOUTHERN ARIZONA 3450 N KELVIN BLVD TUCSON, AZ 85716	NONE		ANIMAL CRUELTY DIVISION MATCH PROGRAM	\$ 20,000.
FRIENDS OF THE FUTURE P.O. BOX 2655 KAMUELA, HI 96743	NONE		UNRESTRICTED	5,000
FIVE MOUNTAINS HAWAII P.O. BOX 437200 KAMUELA, HI 96743	NONE		BABY STEPS PROGRAM	10,000
COMMUNITY FOOD BANK 3003 S. COUNTRY CLUB ROAD	NONE		FOOD PROGRAM	10,000
TUCSON, AZ 85726				
YOUTH ON THEIR OWN 1443 W. PRINCE ROAD TUCSON, AZ 85705	NONE		STIPEND PROGRAM	10,000
PIMA FOUNDATION FOR YOUTH 2225 E. AJO WAY TUCSON, AZ 85713	NONE		UNRESTRICTED	1,000
UPTOWN OPTIMIST CLUB P.O. BOX 12515 TUCSON, AZ 85732	NONE		RIF PROGRAM	10,000
PLANNED PARENTHOOD OF HAWAII 1350 S. KING ST. SUITE 309	NONE		KONA CLINIC	20,000
HONOLULU, HI 96814				
WAIMEA OUTDOOR CIRCLE P.O. BOX 6144 KAMUELA, HI 96743	NONE		TREE PLANTING FUND	2,500
ARIZONA'S CHILDREN ASSOCIATION 2700 S. 8TH AVENUE TUCSON, AZ 85713	NONE		THE PARENT CONNECTION	4,000

UNRESTRICTED

10,000.

FRIENDS OF THE CHILDRENS NONE JUST. CTR OF WEST HAWAII 77-6403 NALANI

ST KAILUA-KONA, HI 96740

2010	FEDERAL STA	TEMENT	S	PAGE 6
CLIENT 66071621	JOHN M. SIMPSON F	FOUNDATIO	N	36-6071621
9/27/11 •				08 16AM
STATEMENT 10 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEA	۱R			
NAME_AND_ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
FAMILY SUPPORT SERVICES OF WEST HAWAII 75-127 LUNAPALE RD SUITE 11 KAILUA-KONA, HI 96740	NONE		UNRESTRICTED	\$ 20,000.
PRIMAVERA FOUNDATION 702 S. 6TH AVENUE TUCSON, AZ 85701	NONE		EMERGENCY SERVICES	20,000.
PBS HAWAII 2350 DOLE STREET HONOLULU, HI 96822	NONE		UNRESTRICTED	5,000.
LITERACY VOLUNTEERS OF TUCSON 2850 E. SPEEDWAY BLVD. TUCSON, AZ 85716	NONE		VOLUNTEER TRAINING	5,000.
CATHOLIC COMMUNITY SERVICES FNDN 140 W. SPEEDWAY BLVD. SUITE 230 TUCSON, AZ 85705	NONE		UNRESTRICTED	5,000.
REID PARK ZOOLOGICAL SOCIETY 1030 S. RANDOLPH WAY TUCSON, AZ 85716	NONE		EXPEDITION TANZANIA EXPANSION PROJECT	20,000.
			TOTAI	\$ 280,000.

2010	FEDERAL SUPPORTING DETAI	IL	 PAGE 1
CLIENT 66071621	JOHN M. SIMPSON FOUNDATION		36-6071621
9/26/11 · OTHER INCOME PRODUCINOTHER INVESTMENT INCO	IG ACTIVITIES ME (0)		12 09PM
FOREIGN INC TAX REFUND ORDINARY LOSS - SIMGLO FEDERAL TAX REFUND OTHER PORTFOLIO INC - OTHER PORTFOLIO INCOME	FLAG VENTURE PTRS II		\$ 394. -373. 3,051. 17.
OTHER PORTFOLIO INC F	LAG PRIVATE EQ	TOTAL	\$ 21. 63. 3,174.
BALANCE SHEET OTHER (FORM 990-PF)[O]			
SIMGLO, L.P. FLAG VENTURE PARTNERS FG-AFII PRIME ENTERPR	RISES II		\$ 506,838. 62,660. 19,100.
FLAG PRIVATE EQUITY L.	P.	TOTAL	\$ 76,941. 665,539.
BALANCE SHEET OTHER (FORM 990-PF)[O]			
SIMGLO, L.P. FLAG VENTURE PARTNERS FG-AFII PRIME ENTERPR	II L.P. ISES II		\$ 523,249. 38,588. 18,477.
FLAG PRIVATE EQUITY		TOTAL	\$ 76,761. 657,075.
FMV OF ASSETS (990-PF) OTHER [O]			
SIMGLO, L.P FLAG VENTURE PARTNERS FG-AFII PRIME ENTERPR	ISES II		\$ 752,079. 38,588. 18,477.
FLAG PRIVATE EQUITY L.	r.	TOTAL	\$ 76,761. 885,905.

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SECURITY EVINC CORR SHIRE HATH CL B (RAPE SOUTH CONDUCTOR GROUP CLUD GROUP G						!		
PECURITY APPLE INC ARE SUCRE ARE SUCRE BOMBARD ISP CL BOMB AND ISP BOMB AND ISP BORG WARNER HATH CL BORG W								
APPCE INC APPCE INC APPCE INC ALEXION-PHARMA AND CASTOR (AES) BOMBARDING TO THE HATH CL B BRR P BOMBARDING TO THE HATH CL B BRR P BOND AND CASTOR (CAS) CONE CAND THE HATH CL B BRR P DEVON ENREW FRANCE OF CONE CASTOR GROUP FRANCE OF CONE CONE CONE CONE CONE CONE CONE CONE	CUAN		rotal	UNIT .	TO TAL VALUE	VIC.	rarAL	<u>.</u>
AMER SUPERCONDUCTOR (AMEC) BOMBARDIER CL N BONBARDIER CON N B	7 743,00	44.11	22.917.66	0.000	78.18.08	000	00.0	
POWERDIEC CL N BOMERDIEC CL N BOMERDIEC BOME REKNEHINE HATH CL B (BWP) RENGLE GROUP (CAS) COME GROUP (COME (CAS) COME GROUP (CAS) COME GROUP (COME (CAS) COME GROUP (CAS) COME GROUP (COME (CAS) COME GROUP (COME (CAS) COME GROUP (CAS) COME GROUP (COME (CAS) COME GROUP (COME (CAS) COME GROUP (CAS) C		74.89	26,208,88	50.550	28,192,50		00.0	•
PERK BHINE HATH CL B (BUMBE) FERR BHINE HATH CL B (BMP P) FERR BHINE HATH CL B (BMP P) FERR BHINE HATH CL B (BMP P) ENGINE GROUP (CON CON CON CON CON CON CON CON CON CON	840,00	10.37	_10,292,16	138, 81 100, 100, 100, 100, 100, 100, 100, 100	1091.6791.60 111. 111. 111.	이 3억		
EUCHONING THE THIRT C. B. CO. (R.) (CAS.) ENST OF GROUP (CAS.) ENST OF GROUP (CAS.) ENST OF GROUP (CAS.) FANUE TION ENST OF CORP. IT I INDICATION TO WORK S. (TW.) I I I INDICATION TO CO. I I I INDICATION CO. I I I I INDICATION CO. I I I I I I I I I I I I I I I I I I I	14,014,00 00,000,00	(10 	10,104,10	0 (c. 4)	7/ "55" to /0.	2. c	50.404.4	•
A M DESIDE & CO (R) (CAB) CONC GROUP ENSIGN ENERGY ENSIGN ENERGY FANUE HARDING LOCK FANUE FANUE HARDING LOCK FANUE FANUE MATIONAL OILWELL MATIONAL MATIONAL MATIONAL FANUE FANU		19. L	20, 1040, 01 20, 080, 04	77,140	37 178 86 37 178	00.0	00.0	1
ENGLÉ GROUE ENSTAR BROUF ENSTAR BROUF FANUEL LINDISTRIES ILL INDISTRIES ILL INDICTRIES I	23,720,00	, 4. 10.	94,800	18,410	476,688,70	00.0	00.0	
DEVON ENERGY (DON ENSTAR GROUP (FSGF) FANUEL LIPERAMY ICT INDUSTRIES ILL INDUST	00.000	332.59	43,036,73	321,750	41,927.50	4.60	00.895	
FANUC LTD FANUC	1,455,00	74.0B		78,510	114, 222, 05	7.64	43IL-20	
HANDULLID HANDULLID HANDUNG-LOBOV-EMERG TOTAL MONTON TOTAL MONTON TOTAL MONTON TOTAL MONTON MATIONAL DILAGET NOTIONAL SERVICES SCHLOMBERGER, LTD	00,000	ស្រី ព្រះ	77, 5888, 98	04.590	15, 174, 60			
IDICATION TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TOT	00.078	00 - (1 m	47,208.75	153.751	70,808,00	\$ -6 4 -6	00 m	
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11 INDUSTRIES 11 IL INDUSTRIES 11 JLE INDUSTRIES 1 JLE INDIS TCOL MORY S (JTM) 12 JUE CORF 13 JUE CORF 14 JUE CORF 15 JUE CORF 16 JUE CORF 16 JUE CORF 17 JUE CORF 18 JUE CORF	2,440.00	ो की (1 (1 (1	,	020.13	51,313,20	0,72	1,756.80	
1LL (NO IS TCOL WOR'S S 17W S 17W S 10 CORF (LOF (NOST) S 10 CORF (LOF (NOST) S 10 CORF (NO	1, 281, 00	111111	48;350;98_	52,110	766.760.80	1,00	04.087.7.	
LEUCADIA NATIONAL (LUK NATIONAL DILAELL V (NOV NOVALIS AG NOVALIS AG NOVALIS AG PLUM CKEL ITMKEK (FG P	30"000"tl	707	ע ני	0.4. 0.40 0.80 0.80	111,672,60	ष ((-(()	01,879,5 0	
MONSANTO CD NATIONAL DILAGLL V (NOV NUNTENDO CO NUNDO	190.00			14:00 14:00 14:00	(5.0) Tally) in ()	545.700	
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NATIONAL DILAELL V (NDV) NUNTENDO CO (NTDOY) NUNCALISTA ACTOR (NVC) NOVALISTA ACTOR (NVC) NOTE ACTOR (NOTE ACTOR (NOTE ACTOR NOTE AC	2, 180, 06	(4° (0° (4) (4) (8)	75.061.50	57.910	63,634,80	0.64	1,459,10	, -
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JOHN M. SIMPSON FOUNDATION

<u>36-6071621</u>

CAPITAL GAIN (LOSS) SUMMARY - 2010

PARTNERSHIP GAINS & (LOSSES):	
SIMGLO, L.P. (36-3860054)	
Short Term Capital Gain (Loss)	458
Long Term Capital Gain (Loss)	16,313
SGF, L.L.C. (36-4181745)	
Short Term Capital Gain (Loss)	
Long Term Capital Gain (Loss)	50
FLAG VENTURE PARTNERS II, L.P. (06-1478807)	
Short Term Capital Gain (Loss)	124
Long Term Capital Gain (Loss)	7,524
FLAG PRIVATE EQUITY L.P. (06-1582343)	
Short Term Capital Gain (Loss)	2
Long Term Capital Gain (Loss)	10,473
FG-AFII, L.P. (58-2543471)	
Long Term Capital Gain (Loss)	(211)
TOTAL PARTNERSHIP GAINS (LOSSES)	34,733
CAPITAL GAIN DISTRIBUTIONS	3,830
NET SEC. 1231 GAINS (LOSSES)	(341)
SEC. 1256 STRADDLE GAINS (LOSSES)	0

TOTAL CAPITAL GAINS & LOSSES

38,222

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ► X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Part I 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 Name of exempt organization Employer identification number Type or print JOHN M. SIMPSON FOUNDATION 36-6071621 File by the due date for filing your return See Number, street, and room or suite number. If a P.O. box, see instructions 30 N LA SALLE ST #1232 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions CHICAGO, IL 60602-3344 Enter the Return code for the return that this application is for (file a separate application for each return) 04 Application Is For Application Is For Return Return Code Code Form 990 07 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A 80 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ► SIMPSON ESTATES INC. Telephone No ► (312) 726-3110 FAX No ► (312) 726-3143 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15 , 20 10 , to file the exempt organization return for the organization named above The extension is for the organization's return for: X calendar year 20 10 or tax year beginning _____, 20 ___, and ending

3a 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 3a \$ 4,100. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit зы≲ 2,200.

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

2 If the tax year entered in line 1 is for less than 12 months, check reason | Initial return

1,900. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

Final return

BAA For Paperwork Reduction Act Notice, see Instructions.

Change in accounting period

payment instructions

Form 8868	(Rev 1-2011)				Page 2
If you a	re filing for an Additional (Not Automatic) 3-Month	Extension	, complete only Part II and check t	his box	► X
Note. Only	complete Part II if you have already been granted	an automat	ic 3-month extension on a previous	sly filed Form 8868.	_
• If you a	re filing for an Automatic 3-Month Extension, com	plete only	Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Month Exte	nsion of	Time. Only file the original (i	no copies needed).	
	Name of exempt organization			Employer identification number	
Type or					
print	JOHN M. SIMPSON FOUNDATION			36-6071621	
=1.1.0	Number, street, and room or suite number. If a P.O. box, see instru	uctions.			
File by the extended	SIMPSON ESTATES, INC.				
due date for filing the	30 NORTH LASALLE, STE 1232				
return See instructions.	City, town or post office, state, and ZIP code For a foreign addres	s, see instruction	ons		
	CHICAGO, IL 60602-3344				
Enter the F	Return code for the return that this application is fo	r (file a sec	parate application for each return).		. 04
	••	•	,		
Applicatio	n	Return	Application		Return
ls For		Code	ls For		Code
Form 990		01	新沙里里里里里里	公开除 处于建筑。	R. Madl
Form 990-	BL	02	Form 1041-A		08
Form 990-	EZ	03	Form 4720		09
Form 990-	PF	04	Form 5227		10
Form 990-	T (section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-	T (trust other than above)	06	Form 8870		12
STOP! Do	not complete Part II if you were not already grant	ed an autor	natic 3-month extension on a prev	iously filed Form 8868.	
The bo	oks are in care of ► SIMPSON ESTATES INC	2			
Teleph	none No ► (312) 726-3110	FAX No	(312) 726-3143	_	
	organization does not have an office or place of bu				. ▶ 🗍
	is for a Group Return, enter the organization's four				
whole gro	up, check this box $\cdot ightharpoons$. If it is for part of the gr	oup, check t	this box 🟲 🔲 and attach a list w	with the names and EINs o	f all
	the extension is for.			. 	
4 I rec	quest an additional 3-month extension of time until	11/15	, 20 <u>11</u> .		
5 For	calendar year 2010 , or other tax year beginning tax year entered in line 5 is for less than 12 mon	ng	, 20 , and ending _	, 20	_ ·
6 I <u>f t</u> h	e tax year entered in line 5 is for less than 12 mon	ths, check i	reason: Initial return	Final return	
	Change in accounting period				
	te in detail why you need the extension. \underline{TAXF})
_ <u>GA</u>	THER INFORMATION NECESSARY TO FI	LE A CO	MPLETE AND ACCURATE TA	AX RETURN.	
		<u> </u>			
	nis application is for Form 990-BL, 990-PF, 990-T, 4	720, or 606	9, enter the tentative tax, less any		2 000
		·		8a \$	3,200.
b If th	nis application is for Form 990-PF, 990-T, 4720, or (ments made. Include any prior year overpayment a	5069, enter	any refundable credits and estimat	ed tax	
with	Form 8868		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,	4,100.
c Bal	ance due. Subtract line 8b from line 8a. Include voi	ur pavment	with this form, if required, by using		
EFT	IPS (Electronic Federal Tax Payment System). See	Instruction	s		0.
	. /		ıd Verification		
Under penal correct, and	Ities of perjury. I declare that I have examined this form, including ac complete, and that I and authorized to prepare this form.	companying sci	hedules and statements, and to the best of my	knowledge and belief, it is true,	
				. 8/.	1.
Signature	Title Title	PRESID		Date - 0//0	///
BAA		FIFZ0502	<u> 11/15/10</u>	Form 8868 4	(Rev 1-2011)