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Form 990-PF

Return of Private Foundation

OMB No 1545-0052

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

2013

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Department of the Treasury Internal Revenue Service

For calendar year 2013, or tax year beginning 07-01-2013, and ending 06-30-2014

Name of foundation: NICK SIMONS FOUNDATION. % FANG HAN. Number and street: 160 FIFTH AVENUE 7TH FLOOR Suite. City: NEW YORK, NY 10010. A Employer identification number: 20-3101239. B Telephone number: (646) 654-0066. G Check all that apply: Initial return, Final return, Address change. H Check type of organization: Section 501(c)(3) exempt private foundation. J Accounting method: Accrual.

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-26). Total revenue: 6,393,667. Total expenses: 5,809,830. Excess of revenue: 583,837.

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

<b>Part II Balance Sheets</b>		Beginning of year		End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	806,697	1,232,495	1,232,495	
	<b>2</b> Savings and temporary cash investments . . . . .	233,369	120,156	120,156	
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____				
	<b>4</b> Pledges receivable ▶ _____ 0 Less allowance for doubtful accounts ▶ _____	10,000,000	0	0	
	<b>5</b> Grants receivable . . . . .				
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .				
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____				
	<b>8</b> Inventories for sale or use . . . . .	424,922	545,908	545,908	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	29,095	194,370	194,370	
	<b>10a</b> Investments—U S and state government obligations (attach schedule)				
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .				
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .				
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____				
	<b>12</b> Investments—mortgage loans . . . . .				
	<b>13</b> Investments—other (attach schedule) . . . . .	45,102,625	57,753,945	57,753,945	
	<b>14</b> Land, buildings, and equipment basis ▶ _____ 68,502 Less accumulated depreciation (attach schedule) ▶ 5,694	0	62,808	62,808	
<b>15</b> Other assets (describe ▶ _____)	267,205	981,859	981,859		
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	56,863,913	60,891,541	60,891,541		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	276,791	356,588		
	<b>18</b> Grants payable . . . . .	485,717	435,717		
	<b>19</b> Deferred revenue . . . . .	31,200	18,650		
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons				
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .				
	<b>22</b> Other liabilities (describe ▶ _____)	72,691	173,012		
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	866,399	983,967		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	<b>24</b> Unrestricted . . . . .	859,124	2,117,864		
	<b>25</b> Temporarily restricted . . . . .	55,138,390	57,789,710		
	<b>26</b> Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>				
	<b>27</b> Capital stock, trust principal, or current funds . . . . .				
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund				
	<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	55,997,514	59,907,574			
<b>31 Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	56,863,913	60,891,541			

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b>	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	55,997,514
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	583,837
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	3,326,223
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	59,907,574
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	59,907,574

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1 a</b>	PASS THROUGH FROM PARTNERSHIP K-1	P		
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			-114,923
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

  

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

  

<b>2</b>	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	<b>2</b>	-114,923
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }	<b>3</b>	

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

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

**1** Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2012	5,170,694	40,296,228	0.128317
2011	5,021,464	25,493,121	0.196973
2010	4,076,656	17,169,912	0.23743
2009	3,924,982	5,965,184	0.657982
2008	4,630,669	153,289	30.208749

  

<b>2</b>	Total of line 1, column (d).	<b>2</b>	31.429451
<b>3</b>	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	<b>3</b>	6.28589
<b>4</b>	Enter the net value of noncharitable-use assets for 2013 from Part X, line 5.	<b>4</b>	51,923,115
<b>5</b>	Multiply line 4 by line 3.	<b>5</b>	326,382,989
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b).	<b>6</b>	0
<b>7</b>	Add lines 5 and 6.	<b>7</b>	326,382,989
<b>8</b>	Enter qualifying distributions from Part XII, line 4.	<b>8</b>	5,766,042

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

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

Table with 11 main rows and sub-rows (a-e) for credits and payments. Includes amounts like 67,049 and 67,049.

Part VII-A Statements Regarding Activities

Table with 10 main rows (1a-10) and sub-rows (a-b) for questions regarding political activities, tax returns, and assets.

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b>	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) <input checked="" type="checkbox"/> . . . . .	<b>11</b>	<b>Yes</b>	
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <input type="checkbox"/> N/A	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <input type="checkbox"/> FANG HAN Telephone no <input type="checkbox"/> (646) 654-0066 Located at <input type="checkbox"/> 160 FIFTH AVENUE 7TH FL NEW YORK NY ZIP +4 <input type="checkbox"/> 10010			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <input type="checkbox"/> <b>15</b>			
<b>16</b>	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes", enter the name of the foreign country <input type="checkbox"/>	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
<b>1a</b>	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>1b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>1b</b>	<b>No</b>
<b>1c</b>	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 2013? . . . . .	<b>1c</b>	<b>No</b>
<b>2</b>	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))		
<b>a</b>	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <input type="checkbox"/> 20___, <input type="checkbox"/> 20___, <input type="checkbox"/> 20___, <input type="checkbox"/> 20___		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions) . . . . .	<b>2b</b>	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <input type="checkbox"/> 20___, <input type="checkbox"/> 20___, <input type="checkbox"/> 20___, <input type="checkbox"/> 20___		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013.) . . . . .	<b>3b</b>	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	<b>4b</b>	

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

<p><b>5a</b> During the year did the foundation pay or incur any amount to</p> <p><b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/></p> <p><b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  If "Yes," attach the statement required by Regulations section 53.4945–5(d). <input checked="" type="checkbox"/></p> <p><b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes" to 6b, file Form 8870.</p> <p><b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<b>5b</b>	<b>No</b>
<b>6b</b>	<b>6b</b>	<b>No</b>
<b>7b</b>	<b>7b</b>	<b>No</b>

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ERICA FRENKEL 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	VP BUSINESS STRATEGY 40 0	115,000	26,397	0
LINA SAYED 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	DIR MARKET STRATEGY 40 0	87,150	20,896	0
ISMAEL CORDERO 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	BIOMEDICAL SVC MGR 40 0	62,902	38,989	0
EMILY RYAN 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	ADMIN MANAGER 40 0	60,125	41,563	0

**Total** number of other employees paid over \$50,000.  Yes  No 0

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

**Part VIII**

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
The Johns Hopkins University 3400 N Charles STREET BALTIMORE, MD 21218	CLINICAL TRIALS	477,647
Speck Product Design Inc 3221 PORTER DRIVE PALO ALTO, CA 94304	Product development	159,582
Paul Fenton AGNAC 47800 FR	PROGRAM CONSULTANT	97,094
STEPHEN KNOBLE PO BOX 8975 EPC 1813 KATHMANDU NP	PROGRAM CONSULTANT	73,333
BHEKH THAPA 239 TANKA PRASAD ROAD BANESHWOR HEIGHT, KATHMANDU NP	PROGRAM CONSULTANT	71,500
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . .		2

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE GENERAL EXPLANATION ATTACHMENT	2,625,522
2 SEE GENERAL EXPLANATION ATTACHMENT	196,824
3	
4	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See page 24 of the instructions	
<b>Total.</b> Add lines 1 through 3 . . . . .	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	50,391,815
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	2,322,007
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	52,713,822
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	52,713,822
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	790,707
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	51,923,115
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	2,596,156

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	2,596,156
<b>2a</b>	Tax on investment income for 2013 from Part VI, line 5. . . . .	<b>2a</b>	0
<b>b</b>	Income tax for 2013 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	2,596,156
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	2,596,156
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	2,596,156

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	5,766,042
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	0
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	0
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	5,766,042
<b>5</b>	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). . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	5,766,042

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
<b>1</b> Distributable amount for 2013 from Part XI, line 7				2,596,156
<b>2</b> Undistributed income, if any, as of the end of 2013				
<b>a</b> Enter amount for 2012 only. . . . .			0	
<b>b</b> Total for prior years 2011, 2010, 2009		0		
<b>3</b> Excess distributions carryover, if any, to 2013				
<b>a</b> From 2008. . . . .	4,623,005			
<b>b</b> From 2009. . . . .	3,626,723			
<b>c</b> From 2010. . . . .	3,218,164			
<b>d</b> From 2011. . . . .	3,746,956			
<b>e</b> From 2012. . . . .	3,156,293			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	18,371,141			
<b>4</b> Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ <u>5,766,042</u>				
<b>a</b> Applied to 2012, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2013 distributable amount. . . . .				2,596,156
<b>e</b> Remaining amount distributed out of corpus	3,169,886			
<b>5</b> Excess distributions carryover applied to 2013 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	21,541,027			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions). . . . .	4,623,005			
<b>9 Excess distributions carryover to 2014.</b> Subtract lines 7 and 8 from line 6a. . . . .	16,918,022			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2009. . . . .	3,626,723			
<b>b</b> Excess from 2010. . . . .	3,218,164			
<b>c</b> Excess from 2011. . . . .	3,746,956			
<b>d</b> Excess from 2012. . . . .	3,156,293			
<b>e</b> Excess from 2013. . . . .	3,169,886			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling. . . . .

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a) 2013</b>	<b>(b) 2012</b>	<b>(c) 2011</b>	<b>(d) 2010</b>	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .					
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**1 Information Regarding Foundation Managers:**

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

JAMES SIMONS

**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

NONE

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

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

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

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

**c** Any submission deadlines

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

**Part XV** **Supplementary Information** (continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>				<b>3a</b> 2,732,074
<b>b</b> <i>Approved for future payment</i> PROJECT PRAKASH FOUNDATION 955 Massachusetts Avenue 351 Cambridge, MA 02139	N/A	PC	GENERAL OPERATING SUPPORT	200,000
<b>Total . . . . .</b>				<b>3b</b> 200,000





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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JAMES SIMONS 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	PRESIDENT 1 0	0	0	0
MARILYN SIMONS 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	SECRETARY & TREASURER 2 0	0	0	0
CAITLIN HEISING 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	TRUSTEE 0 5	0	0	0
MARK HEISING 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	TRUSTEE 0 5	0	0	0
AUDREY SIMONS 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	TRUSTEE 0 5	0	0	0
LAURA BAXTER SIMONS 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	TRUSTEE 0 5	0	0	0
LIZ SIMONS 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	TRUSTEE 0 5	0	0	0
NAT SIMONS 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	TRUSTEE 0 5	0	0	0
STEPHEN RUDY 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	GRADIAN CEO 40 0	317,800	83,338	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NICK SIMONS INSTITUTE BOX 8975 EPC 1813 JHANSIKHEL, BOX 8975, EPC 181 NP	n/a	PC	PROGRAM & GENERAL OPERATING SUPPORT	1,900,108
Project Prakash Foundation 955 Massachusetts Avenue 351 Cambridge, MA 02139	N/A	PC	GENERAL OPERATING SUPPORT	100,000
THE AMERICAN HIMALAYAN FOUNDATION 900 MONTGOMERY STREET SUITE 400 SAN FRANCISCO, CA 94133	N/A	PC	PROGRAM SUPPORT	234,366
HIMALAYAN CATARACT PROJECT PO BOX 55 WATERBURY, VT 05676	N/A	PC	GENERAL OPERATING SUPPORT	50,000
PATAN HOSPITAL Lagankhel ROAD Lalitpur 44700 NP	N/A	NC	Charitable Care Fund and Capital Needs	50,000
ADVANCE GCFA COVENANT RELATIONSHIP OFFICE 475 RIVERSIDE DRIVE ROOM 320 NEW YORK, NY 10115	N/A	PC	PURPOSE RESTRICTED SUPPORT	45,000
FUTURE GENERATIONS HC 73 BOX 100 RT 33W NORTH MOUNTAIN FRANKLIN, WV 26807	N/A	PC	GENERAL OPERATING SUPPORT	25,000
IPAS PO Box 9990 Chapel Hill, NC 27515	N/A	PC	PROGRAM SUPPORT	25,000
FOUNDATION FOR THE PEOPLE OF BURMA PARTNERS ASIA 220 SECOND AVENUE SOUTH SEATTLE, WA 98104	N/A	PC	GENERAL OPERATING SUPPORT	20,000
FRIENDS OF PATAN HOSPITAL 1980 DAHLIA STREET DENVER, CO 80220	N/A	PC	PROGRAM SUPPORT	5,000
KATHAMANDU VALLEY PRESERVATION TRUST 136 WEST 21ST STREET 11TH FL NEW YORK, NY 10011	N/A	PC	GENERAL OPERATING SUPPORT	5,000
HOSPICE NEPAL LALITPUR LAGANKHEL NP	N/A	NC	GENERAL OPERATING SUPPORT	5,000
NEPAL AMBULANCE SERVICE Sitapaila Kathmandu NP	N/A	NC	GENERAL OPERATING SUPPORT	5,000
LO GYALPO JIGME CC FOUNDATION PO BOX 10489 CHABAHIL, KATHMANDU NP	N/A	NC	GENERAL OPERATING SUPPORT	5,000
RURAL HEALTH & EDUCATION SERVICE TRUST (RHEST) Post Box No 355 Bishal Nagar, Ward No 5, Kathmandu NP	N/A	NC	PROGRAM SUPPORT	2,600
<b>Total . . . . .</b>				2,732,074

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
AMERICAN NEPAL MEDICAL FOUNDATION 2743 SOUTH VETERANS HOSPITAL PMB SPRINGFIELD,IL 62704	N/A	PC	GENERAL OPERATING SUPPORT	2,500
Nepal ko Yuwa 35 Chestnut St Belmont,MA 02478	N/A	PC	GENERAL OPERATING SUPPORT	2,500
NYAYA HEALTH 135 COLLEGE ST STE 323 NEW HAVEN,CT 06510	N/A	PC	GENERAL OPERATING SUPPORT	100,000
POSSIBLE 17 WEST 17TH STREET 7TH FLOOR NEW YORK,NY 10011	N/A	PC	GENERAL OPERATING SUPPORT	150,000
<b>Total . . . . .</b>	<b>3a</b>			2,732,074

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

**Schedule of Contributors**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990, 990-EZ, or 990-PF.**  
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at**  
**[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Name of the organization**  
NICK SIMONS FOUNDATION

**Employer identification number**  
20-3101239

**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**

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<sup>1</sup>/<sub>3</sub>% 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 II.

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, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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 on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Name of organization**  
NICK SIMONS FOUNDATION

**Employer identification number**  
20-3101239

**Part I** **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES SIMONS 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	\$ 6,950,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Name of organization  
NICK SIMONS FOUNDATION

Employer identification number  
20-3101239

**Part II** Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

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

Name of organization  
NICK SIMONS FOUNDATION

Employer identification number  
20-3101239

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry  
For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions.) \$  
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

**Depreciation and Amortization**  
 (Including Information on Listed Property)

OMB No 1545-0172  
**2013**  
 Attachment  
 Sequence No **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return NICK SIMONS FOUNDATION	Business or activity to which this form relates GENERAL DEPRECIATION	<b>Identifying number</b>  20-3101239
---	---	---

**Part I Election To Expense Certain Property Under Section 179**  
*Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 2,600,000
4 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	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
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	
13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13	

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	5,694

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary** (see instructions.)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,694
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed? Yes No
24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first)
(b) Date placed in service
(c) Business/investment use percentage
(d) Cost or other basis
(e) Basis for depreciation (business/investment use only)
(f) Recovery period
(g) Method/Convention
(h) Depreciation/deduction
(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)
26 Property used more than 50% in a qualified business use
27 Property used 50% or less in a qualified business use
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal(noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
Yes No Yes No Yes No Yes No Yes No Yes No

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)
43 Amortization of costs that began before your 2013 tax year
44 Total. Add amounts in column (f) See the instructions for where to report

## TY 2013 Accounting Fees Schedule

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BDO AUDIT AND TAX - NSF	40,500	13,365	0	26,036
BDO AUDIT AND TAX - GHS	14,000	4,620	0	15,260
FMA BOOKEEPING - GHS	54,000	17,820	0	54,000

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

## TY 2013 Depreciation Schedule

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
EQUIPMENT	2014-01-01	29,147	0	SL	3	4,858			
CONSTRUCT IN PROG	2014-01-01	30,995	0			0			
FURNITURE/EQUIP	2000-01-01	8,360	0	SL	5	836			

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

## TY 2013 Expenditure Responsibility Statement

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
NICK SIMONS INSTITUTE	BOX 8975 EPC 1813 JHANSIKHEL, LALITPUR NP	2014-05-27	1,900,108	TO TRAIN AND SUPPORT SKILLED COMPASSIONATE HEALTHCARE WORKERS IN THE RURAL REGIONS OF NEPAL	1,900,108	NO	6/30/2014		The Foundation has no reason to doubt the accuracy or reliability of the report from the grantee so no independent verification of the report was required or made
PATAN HOSPITAL	Lagankhel ROAD Lalitpur 44700  NP	2013-07-24	50,000	TO support capital improvements in hospital, including equipment and facility renovations	50,000	NO	6/30/2014		The Foundation has no reason to doubt the accuracy or reliability of the report from the grantee so no independent verification of the report was required or made
HOSPICE NEPAL		2014-03-14	5,000	TO SUPPORT Hospice's important mission TO PROVIDE palliative care	5,000	NO	6/30/2014		The Foundation has no reason to doubt the accuracy or reliability of the report from the grantee so no independent verification of the report was required or made
NEPAL AMBULANCE SERVICE		2014-05-02	5,000	TO Support Ambulatory Care to Kathmandu and Patan	5,000	NO	6/30/2014		The Foundation has no reason to doubt the accuracy or reliability of the report from the grantee so no independent verification of the report was required or made
LO GYALPO JIGME CC FOUNDATION	PO BOX 10489 CHABAHIL, KATHMANDU NP	2014-03-17	5,000	TO SUPPORT FOUNDATION'S restoration and education PROJECT in Mustang	5,000	NO	6/30/2014		The Foundation has no reason to doubt the accuracy or reliability of the report from the grantee so no independent verification of the report was required or made
RURAL HEALTH & EDUCATION SERVICE TRUST	Post Box No 355 Bishal Nagar, Ward No 5, Kathmandu NP	2013-09-23	2,600	TO SUPPORT The Global Health and Innovation CONFERENCE	2,600	NO	6/30/2014		The Foundation has no reason to doubt the accuracy or reliability of the report from the grantee so no independent verification of the report was required or made

# TY 2013 General Explanation Attachment

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

Identifier	Return Reference	Explanation
FORM 990PF, PART IX-A - Summary of Direct Charitable Activities	FORM 990PF, PART IX-A - Summary of Direct Charitable Activities	LINE 1 TO SUPPORT DEVELOPMENT AND TECHNOLOGY OF THE UNIVERSAL ANESTHESIA MACHINE ("UAM"), A LOW COST, TROLLEY BASED WORKSTATION PROVIDING INHALATION ANESTHESIA USING AN OXYGEN CONCENTRATOR, AND INSTALLATION OF 46 UAMS IN 40 HOSPITALS IN 10 COUNTRIES LINE 2 PARTNERSHIP WITH 11 HOSPITALS IN NEPAL AND SUPPORT TRAINING FOR 2,500 RURAL HEALTH CARE WORKERS, CURRICULA DEVELOPMENT, TRAINING SITE START-UP AND DEVELOPMENT, AND PROGRAMS THAT HELP RETAIN HEALTH CARE WORKERS IN THE FIELD

## TY 2013 Investments - Land Schedule

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

**TY 2013 Investments - Other Schedule**

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

<b>Category / Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
HEDGE FUNDS	FMV	57,753,945	57,753,945

**TY 2013 Land, Etc. Schedule**

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
EQUIPMENT	29,147	4,858	24,289	
CONSTRUCT IN PROG.C	30,995	0	30,995	
FURNITURE/EQUIP.	8,360	836	7,524	

## TY 2013 Legal Fees Schedule

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES - NSF	3,796	0	0	3,796
LEGAL FEES - GHS	75,843	0	0	41,233

## TY 2013 Other Assets Schedule

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
INVENTORY DEPOSITS	267,205	888,020	888,020
SECURITY DEPOSITS		93,839	93,839

# TY 2013 Other Expenses Schedule

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PARTNERSHIP EXP - RIEF	0	345,834	0	0
PARTNERSHIP EXP - RIDA	0	589,746	0	0
GHS PROGRAM EXPENSES	62,154	0	0	20,036
PRODUCTION DEV COSTS - GHS	533,081	0	0	696,421
OFFICE EXPENSES - NSF	21,925	0	0	21,925
OFFICE EXPENSES - GHS	103,088	0	0	193,234
INSURANCE - NSF	17,510	0	0	21,216
INSURANCE - GHS	34,216	0	0	37,013
WARRANTY EXPENSE - GHS	32,000	0	0	5,180
BUSINESS DEVELOPMENT - GHS	6,000	0	0	6,000
MISCELLANEOUS - GHS	19,244	0	0	19,244
FILING FEES	1,500	0	0	1,500

## TY 2013 Other Income Schedule

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME - NSF	110	0	0
OTHER INCOME - GHS	66	0	0
FROM PARTNERSHIP INTERESTS - RIDA		-262,487	

**TY 2013 Other Increases Schedule**

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

Description	Amount
NET UNREALIZED GAIN ON INVESTMENTS	3,326,223

## TY 2013 Other Liabilities Schedule

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED EXCISE TAX LIABILITY	72,691	173,012

## TY 2013 Other Professional Fees Schedule

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING FEES - GHS	282,303	0	0	234,685
BOARD DEVELOPMENT, TECHNICAL	0	0	0	0
ADVISORY AND COUNTRY	0	0	0	0
REPRESENTATION SERVICES - NSF	114,000			114,000
HEALTH CARE WORKER DEVELOPMENT	0	0	0	0
AND TRAINING - NSF	129,130	0	0	124,129
PAYROLL SERVICE FEES - GHS	12,536	0	0	12,536
VIDEO PRODUCTION - GHS	19,075	0	0	19,075
OTHER PROFESSIONAL FEES - GHS	10,344	0	0	10,344

## TY 2013 Sales Of Inventory Schedule

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
UNIVERSAL ANAESTHESIA MACHINE	611,048		611,048

# TY 2013 Taxes Schedule

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX EXPENSE - NSF	99,383	0	0	0
FOREIGN TAXES PAID	0	15,340	0	0

**TY 2013**

**TransfersToControlledEntities**

**Name:** NICK SIMONS FOUNDATION

**EIN:** 20-3101239

<b>Name</b>	<b>US / Foreign Address</b>	<b>EIN</b>	<b>Description</b>	<b>Amount</b>
NICK SIMONS INSTITUTE	BOX 8975 EPC 1813 JHANSIKHEL, LALITPUR  NP	000000000	TO TRAIN & SUPPORT HEALTHCARE WORKERS IN THE RURAL REGIONS OF NEPAL	1,900,108
<b>Total</b>				1,900,108