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# Form **990-PF**

Department of the Treasury Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>

Open to Public Inspection

OMB No. 1545-0052

•		of foundation KURT & TESSYE SIMO	N FUND FOR HOLO		ina enam <u>g</u>	A Employer identific	ation number
	REM.	EMBRANCE 480027010				35-1	1925020
-	Numb	er and street (or P.O. box number if mail is not delive	ed to street address)		Room/suite	B Telephone number	
	PΩ	. BOX 1602				574	1-235-2790
-	City or	town, state or province, country, and ZIP or foreign p	oostal code				
						C If exemption application pending, check here	on is
	SOTT	TH BEND, IN 46634				pending, check here	
G		ck all that apply: Initial return	Initial return	of a former pu	blic charity	D 1 Foreign organization	ung shask bara
		Final return	Amended ret		,	2 Foreign organization	
		Address change	Name change	е		85% test, check her	re and attach
H	Che	ck type of organization: X Section 50	1(c)(3) exempt private for	oundation		, i	
ſ	_	ection 4947(a)(1) nonexempt charitable trust	Other taxable pri		n	E If private foundation s under section 507(b)(	<b>▶</b>
ī			ounting method: X Ca			F If the foundation is in	
Ī			Other (specify)				1)(B), check here . >
		• • •	l, column (d) must be on cas	sh basis )			
	Part I	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
_		total of amounts in columns (b), (c), and (d)	expenses per	(b) Net investincome		(c) Adjusted net income	for charitable purposes
		may not necessarily equal the amounts in column (a) (see instructions).)	books	Income		meome	(cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule)	. 91,335.				
	2	Check If the foundation is not required to attach Sch B					
7)	3	Interest on savings and temporary cash investments					
- - -	4	Dividends and interest from securities	10 204	10	,284.	10,284.	STMT 1
1	5a	Gross rents					<del></del>
)	Ь	Net rental income or (loss)					
٠	1	Net gain or (loss) from sale of assets not on line 10	18,360.				
Revenue	b	Gross seles price for all assets on line 6a Capital gain-net-income (from-Part-IV, line 2)	7.				
Š	7	Capital gain-net-income-(from-Part-IV-line 2)		18	,360.		
ď	8	Net short-term capital gain					
	9	Income modifications . ] S. 2015 . Q					
	10a	Gross saleSless returns					
	Ь						•
	c	Less Cost of goods sold  Gross profit or (loss) attach schedule					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11		28	,644.	10,284.	· •
-	13	Compensation of officers, directors, trustees, etc.	4,445.	2	,221.		
ď	. I	Other employee salaries and wages	·				
Sesue	15	Pension plans, employee benefits					
Ž	16a	Legal fees (attach schedule)					
		Accounting fees (attach schedule) STMT 2	1,050.	1	,050.	NONE	NON E
<u> </u>	b c 17 18 19 20 21	Other professional fees (attach schedule)					
Ę	17	Interest					
t	18	Taxes (attach schedule) (see instructions: 3	. 914.				
- 5	19	Depreciation (attach schedule) and depletion					
Ę	20	Occupancy	· ·				
4	21	Travel, conferences, and meetings					
Ž	22	Printing and publications					
2	23	Other expenses (attach schedule)					
į	23 24 25	Total operating and administrative expenses					
9		Add lines 13 through 23	. 6,409.	3	,271.	NONE	NON E
ć	25	Contributions, gifts, grants paid	. 29,242.				29,242.
_	26	Total expenses and disbursements Add lines 24 and 2	25 651	3	,271.	NONE	29,242.
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements .	. 84,328.				
	b	Net investment income (if negative, enter -0-	) [	25	,373.		
	С	Adjusted net income (if negative, enter -0-).				10,284.	Form 990-PF (2014)

480027010

3

		<b>1</b>	Attached schedules and amounts in the	Beginning of year	End	of year
P	art II	Balance Sheets	description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-beari	ng			
	2		cash investments			
	3					
		Less. allowance for doub	btful accounts ▶			
	4					
		Less allowance for doub	btful accounts >			
	5					
	6		officers, directors, trustees, and other			
		disqualified persons (att	ach schedule) (see instructions)			
	7	•	eceivable (attach schedule)			
			btful accounts >			
S	8		se			
Assets	9		eferred charges			
As	10a		government obligations (attach schedule)			
	ı		stock (attach schedule)			
		·	bonds (attach schedule)			
	11	investments - land, building and equipment basis	gs, <b>&gt;</b>			
		Less accumulated deprecta (attach schedule)				
	12 13	Investments - mortgage	loans	407,104.	445,632	. 485,147
	14	Land, buildings, and		407,104.	443,032	. 405,147
		equipment basis Less accumulated deprecia	ation			
		(attach schedule)			<u>-</u>	
	15 16		completed by all filers - see the			
	'6	·	age 1, item I)	407,104.	445,632	. 485,147
_	17		occrued expenses	407,104.	443,032	. 405,147
	18		i			1
	19				<del></del>	†
Ę.	20		ors, trustees, and other disqualified persons			†
Liabilities			otes payable (attach schedule)			†
Ξ.	21		e			1
	22	Other namines (describe	· / }			†
	23	Total liabilities (add line	es 17 through 22)		NON	R
_	-		low SFAS 117, check here . ▶		11011.	1
			24 through 26 and lines 30 and 31.			
Balances	24	Unrestricted				
<u>a</u>	25				,	1
_	176					1
or Fund			not follow SFAS 117, ▶ 🗓		•	
正		check here and com	plete lines 27 through 31.			
5	27		cipal, or current funds	407,104.	445,632	
Assets	28		r land, bldg , and equipment fund			1
Ass	29		lated income, endowment, or other funds			
Net	30	•	d balances (see instructions)	407,104.	445,632	]
Z	31		net assets/fund balances (see	•	•	]
		instructions)		407,104.	445,632	
Р	art II		nges in Net Assets or Fund Bala	nces		
			balances at beginning of year - Part		nust agree with	
			d on prior year's return)			407,104.
2						84,328.
3	Oth	er increases not includ	line 27a ded in line 2 (itemize) ► SEE STA	TEMENT 5	3	514.
4	Add	I lines 1, 2, and 3			4	491,946.
5	Dec	reases not included in	n line 2 (itemize) ►SEE_STA	TEMENT 6	5	46,314.
			alances at end of year (line 4 minus l			445,632.

Part IV Capital Gains and Losses for Tax on Investment Income

Part IV G	(a) List and	describe the kind(s) of property so ck warehouse, or common stock,	old (e.g., real estate,		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICI	Y TRADED S						
b					_		
C			<u> </u>				
<u>d</u>				+			
<u>e</u>		40.5	(g) Cost or other basi	-		(h) Gain or (lo	L
(e) Gross s	(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale						ıs (g)
	50 527						18,360.
<u>a</u> b	00,037.						
c _							
d							
е							
Complete	only for assets sl	nowing gain in column (h) and ow	ned by the foundation on 12/31/0	69		Gains (Col. (h) ga	
(i) F.M.V. as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any					col.	(k), but not less t Losses (from co	l. (h))
<u>a</u>							18,360.
b		<del></del>					
C					· ·-		
<u>d</u>							<del> </del>
е		<del></del>	If a in all a subseque Domb I li				
2 Capital gai	n net income o	r (net capital loss)	If gain, also enter in Part I, li If (loss), enter -0- in Part I, lir	ne /	2		18,360.
3 Net short-t	erm canital dai	) n or (loss) as defined in sectior		ן י			10,300.
If gain, als	so enter in Pa	rt I, line 8, column (c) (see	instructions). If (loss), enter		3		
		nder Section 4940(e) for F				· · · · · · · · · · · · · · · · · · ·	
Was the founda	ation liable for t	eave this part blank.  The section 4942 tax on the disortion 4940 (		r in the ba	se perio	d?	Yes X No
		ount in each column for each		re making	any enti	ries.	
(a	)	(b)	(c)		, any one	(d)	
Base peri Calendar year (or tax		Adjusted qualifying distributions	Net value of noncharitable-us	e assets		Distribution ra (col. (b) divided by	
20		13,889	376,	343.			0.036905
20	12	15,102	2. 298,	837.			0.050536
20	11	15,724		652.			0.051954
20	10	6,75		268.			0.022207
200	09	15,803	282,	756.			0.055889
							0 017401
		)			2		0.217491
_		for the 5-year base period - di					0 042400
number of	years the foun	dation has been in existence if	less than 5 years	• • • • •	3		0.043498
4 Enter the r	net value of nor	ncharitable-use assets for 2014	from Part X, line 5		4		462,250.
5 Multiply lin	ne 4 by line 3.				5		20,107.
6 Enter 1% c	of net investme	nt income (1% of Part I, line 27	b)		_6		254.
7 Add lines !	5 and 6				7		20,361.
8 Enter quali If line 8 is Part VI inst	equal to or gr	ons from Part XII, line 4 reater than line 7, check the l	oox in Part VI, line 1b, and co	omplete t	8 hat part	using a 1% ta	29,242. x rate. See the

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
ıa	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2	54.
	here X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
_	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		2!	54.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4		N	ONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		2.	54.
6	Credits/Payments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 600 .			
b	Exempt foreign organizations - tax withheld at source 6b NONE			
c	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		6	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		34	46.
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ 346. Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b		<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		-	
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation > \$ (2) On foundation managers. > \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	-	<u> </u>
	If "Yes," attach a detailed description of the activities.		1	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	_		17
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3_		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	$\rightarrow$	X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b 5	-	Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-3-		
_	If "Yes," attach the statement required by General Instruction T		1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.		1	
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	х	
_	conflict with the state law remain in the governing instrument?	7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		<del>^</del> +	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
L	IN  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	ļ		
b		8ь	x	
	(or designate) of each state as required by General Instruction G7 If "No," attach explanation	35	- 1	
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		Х
4.0				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	х	
	riumos uno addicastas		0 DE	

UIIII	33-1323020			
Par	t VII-A Statements Regarding Activities (continued)	,		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	1	Х	
	Website address ► N/A			
14	The books are in care of ▶ 1ST_SOURCE_BANK Telephone no. ▶ (574) 235	-279	0	
	Located at ▶ 100 N MICHIGAN, SOUTH BEND, IN ZIP+4 ▶ 46601			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If			
	"Yes," enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?			
	(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.)			
ь	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years			
t	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	ĺ		
	all years listed, answer "No" and attach statement - see instructions.)	2b		X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	ŀ		
	<b>&gt;</b>		· '	
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?		'	
t	olf "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2014.)	3Ь		
4 a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		X
	Fo	qq	n.PF	(2014)

Part VIII	Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	nagers, Highly Paid Emplo	yees,
3 Five	highest-paid independent contractors for professional services (see instr	uctions). If none, enter "NONE	."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		<del>-</del>	NONE
Total nur	nber of others receiving over \$50,000 for professional services		NONE
Part IX-	Summary of Direct Charitable Activities		
	foundation's four largest direct charitable activities during the tax year. Include relevant statistica tions and other beneficiaries served, conferences convened, research papers produced, etc.	I information such as the number of	Expenses
1 NONE			
2			
3			
4			
Part IX-			
	the two largest program-related investments made by the foundation during the tax year on lines 1	and 2.	Amount
1 NONE			
2			
All other	program-related investments. See instructions.		
зйойЕ	, 		
Total. Ad	d lines 1 through 3		

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions.)	gn foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	469 <u>,</u> 289.
	Average of monthly cash balances	1b	NONE
	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	<u>469,289.</u>
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	]	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	469,289.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	7,039.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	462,250.
6	Minimum investment return. Enter 5% of line 5	6	23,113.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	23,113.
2a	Tax on investment income for 2014 from Part VI, line 5		4
Z a b	Income tax for 2014. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	254.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	22,859.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	22,859.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
,	line 1	7	22,859.
Part	XII Qualifying Distributions (see instructions)	<u> </u>	22,035.
		1 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	4.	20 242
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	29,242.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	_	NONE
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		24017
a	Suitability test (prior IRS approval required)	3a	NONE
	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	29,242.
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	254.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	28,988.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years.	alculating w	hether the foundatio

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Pa	t XIII Undistributed Income (see instru-	ctions)	<del></del>		
		(a)	(b)	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	
	line 7				22,859.
2	Undistributed income, if any, as of the end of 2014			10 220	
	Enter amount for 2013 only		NONE	18,339.	
Ь	Total for prior years 20_12_,20,20		NONE		<u> </u>
3	Excess distributions carryover, if any, to 2014.				
	From 2009 NONE				
b	From 2010 NONE		-		
C	From 2011				
d	From 2012			:	
	From 2013 NONE	NONE			
f	Total of lines 3a through e	NONE			
4					
	line 4 ▶ \$29,242.			10 220	
а	Applied to 2013, but not more than line 2a			18,339.	
b	Applied to undistributed income of prior years		NONTH		
	(Election required - see instructions)		NONE		<del></del>
C	Treated as distributions out of corpus (Election	170177	,		
	required - see instructions)	NONE			10 002
d	Applied to 2014 distributable amount	170177			10,903.
е	Remaining amount distributed out of corpus	NONE		·	NONE
5	Excess distributions carryover applied to 2014. (If an amount appears in column (d), the same	NONE			NONE
	amount must be shown in column (a), the same				
6	Enter the net total of each column as				
	indicated below:	27017	1		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONB			
b	Prior years' undistributed income. Subtract		NONE		
	line 4b from line 2b		NONE		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has			ĺ	
	been issued, or on which the section 4942(a)		МОМП		
	tax has been previously assessed		NONE		· · · · · · · · · · · · · · · · · · ·
d	Subtract line 6c from line 6b. Taxable		NONT		
	amount - see instructions		NONE		
е	Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see				
	instructions				
f	Undistributed income for 2014. Subtract lines				
	4d and 5 from line 1. This amount must be			}	11 056
	distributed in 2015				11,956.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be	NIONIE	,		
	required - see instructions)	NONE			
8	Excess distributions carryover from 2009 not	NICHTE			
	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2015.	MONT			
	Subtract lines 7 and 8 from line 6a	NONE	-		
	Analysis of line 9'			<u> </u>	
	Excess from 2010 NONE				
b	Excess from 2011 NONE	ļ			
C	Excess from 2012 NONE				
d	Excess from 2013 NONE				
<u>e</u>	Excess from 2014 NONE				

Pai	t XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICABL
	If the foundation has					
	foundation, and the ruling				•	
_	Check box to indicate				section 4942/	ı)(3) or 4942(ı)(5)
D	Check box to indicate v		is a private operating		560(1011   4542()	1 4342()((3)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 2011	<del> </del>
	I or the minimum investment return from Part X for each					
	year listed					
ь	85% of line 2a					i
					-	
C	Qualifying distributions from Part XII, line 4 for each year listed .		•			
а	Amounts included in line 2c not					<del>                                     </del>
٠	used directly for active conduct					
	of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities Subtract line					
	2d from line 2c					1
3	Complete 3a, b, or c for the					
_	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying		<del></del>			<del>                                     </del>
	under section					
	4942(j)(3)(B)(i)					-
ь	"Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),					
	or royalties)					<u> </u>
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income.					
Par		ntary Information (	Complete this part	only if the found	ation had \$5,000	or more in assets
· ·	at any time	during the year - s	ee instructions.)		2	oo.o accord
1	Information Regarding					
-	List any managers of			e than 2% of the tota	al contributions receiv	ved by the foundation
a	before the close of any					rea by the loundation
	•	, , , , ,	,			
	N/A				<del> </del>	
b	List any managers of					y large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	interest.	
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:	·	
	Check here ► X if t	he foundation only	makes contributions	to preselected chari	table organizations	and does not accent
	unsolicited requests for					
	other conditions, comp			, στοι (σσσ πιστιστ		. organizations under
	The name, address, an			nercon to whom ann	lications should be ad	draccad:
а	rne name, address, an	a telephone number o	i e-man address of the	person to whom app	ilications should be ad	uresseu.
				<del></del>	<del> </del>	
b	The form in which app	iications should be sul	omitted and information	on and materials they s	should include:	
_						
C	Any submission deadli	nes:				
d	Any restrictions or li	mitations on awards	such as by deodra	phical areas, charital	ble fields, kinds of	institutions, or other
_	factors:			, 2.22, 0.10.1101		

Part XV Supplementary Information	(continued)			Page 11
3 Grants and Contributions Paid Durin	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
TEMPLE BETH EL FOR HOLOCAUST REMEMBRANCE				
305 W. MADISON SOUTH BEND IN 46601	NONE	NONE	CHARITABLE CONTRIBUTION	29,242.
				:
Total	<u> </u>		▶ 3a	29,242.
b Approved for future payment				
				In the second
				İ
		<u> </u>		
Total	<u> </u>			1

Part XVI-A Analysis of Income-Produ	cing Activ	/ities	·		
Enter gross amounts unless otherwise indicated.	Unrela	ated business income		section 512, 513, or 514	(e) Related or exempt
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a					
b					<del></del>
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			ļ		
3 Interest on savings and temporary cash investments			<u> </u>		
4 Dividends and interest from securities			14	10,284.	
5 Net rental income or (loss) from real estate.					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property .					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory	,		18	18,360.	18.1
9 Net income or (loss) from special events		,			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					<u>-</u>
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)				28,644.	
13 Total. Add line 12, columns (b), (d), and (e)				13	28,644.
(See worksheet in line 13 instructions to verify calc			· · · ·		
Part XVI-B Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses	
Line No. Explain below how each activit	y for which	n income is reported i	n column (e	e) of Part XVI-A contribu	ited importantly to the
▼ accomplishment of the foundation	on's exemp	t purposes (other than l	by providing	funds for such purpose:	s). (See instructions.)
·		<u> </u>			<del>.</del>
					<del> </del>
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		•	•		
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					<del></del>
		NOT ADDITORDI	T7		<del></del>
		NOT APPLICABL	<u> </u>		
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				<u> </u>	<del></del>
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		<del></del>			<del></del>
			_		
				<del></del>	

Part	XVII	Exempt Orga		ansters to and t	ransacuo	ons and	neiations	mps with work	Hari	lable	;
1	Did the			engage in any of th	e following	with any	other organ	ization described		Yes	No
-				section 501(c)(3) or							
	organiz					•		<b>5</b> ,			
а			na foundation to	a noncharitable exe	mpt organiz	ation of:					
_									1a(1)		Х
											Х
h		ransactions									
_			ncharitable exem	npt organization					16(1)		Х
				le exempt organizat							Х
				assets							Х
											Х
											Х
		_		p or fundraising solid					1 1		Х
c	-			ts, other assets, or p							Х
				s," complete the fo						fair m	
ŭ				ces given by the re							
				gement, show in col							
(a) L	ne no.	(b) Amount involved		oncharitable exempt orga				s, transactions, and shar			
(-, -			1 1				<del></del>	<del>i.</del>			
			-								
	-			<del></del>	-						
			-								
	<del> </del> -							· · · · · · · · · · · · · · · · · · ·			
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			· · · · · · · · · · · · · · · · · · ·								
2-	ا مطفا	foundation directly	or indirectly of	filiated with, or rela	tod to one	or more	tay ayamnt	organizations			
28				ther than section 50					$\neg$	es X	5 No
_		" complete the folio		thei than section 50	1(0)(3)) 01 1	ii section	527:		'''	-S	ğ 140
	ii tes,	(a) Name of organizati		(b) Type of or	rganization		le	) Description of relations		_	
		(a) Name of Organizaci	011	(5) 17000101	gameation		,,,	, bosonphon of relations			
		<u> </u>									
		<del></del>		· -							
		<del></del>									
	Under	penalties of periury. I dec	lare that I have exam	ned this return, including ac	companying sch	nedules and st	tatements, and to	the best of my knowledg	e and t	elief, it	is true
	correc			axpayer) is based on all inform							
Sigi	1   📐 🖟	$\mathcal{O}_{\cdots}$	Nams f	NP 15/8/15	-	AVE	9	May the IRS			
Her	e Sugar	nature of office or trustee		Date		Title	<del></del>	with the pro			below
	l SHRL		s Sms	Date		11116		(see instruction	is)? <u>X</u>	Yes	No
	1 .	Print/Type preparer's n		Preparer's signature			Date	Charle	PTIN		
Paid	i	T. THE TYPE PROPERTY ST		opc. or o signotore				Check if   F			
Pre	oarer	F1	פידי פרודים בידי	NNV	-				0200	E75	
-	Only		ST SOURCE E					Firm's EIN ► 35-0	0309	2/2	
USE	Cilly		O BOX 1602		466	2.4		n 574 01	ם ה	700	
		ı S	OUTH BEND,	IN	466	J4		Phone no. 574 - 21	33~Z	190	

Form **990-PF** (2014)

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

### Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990 Internal Revenue Service

**Employer identification number** Name of the organization KURT & TESSYE SIMON FUND FOR HOLOCAUST 35-1925020 Organization type (check one): Section: Filers of: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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
KURT & TESSYE SIMON FUND FOR HOLOCAUST

Employer identification number 35-1925020

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	KURT SIMON ESTATE  100 N MICHGIAN  SOUTH BEND, IN 46601	\$91,335	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES 

ADJUSTED NET INCOME	310.	174.	130.	1,883.	2,993.		233.	573.	1,641.	1,435.	434.	10,284.
NET INVESTMENT INCOME	310.	174.	130.	1,883.	2,993.	2.	233.	573.	1,641.	1,435.	434.	10,284.
REVENUE AND EXPENSES PER BOOKS	310.	174.	130.	1,883.	2,993.	2.	233.	573.	1,641.	1,435.	434.	10,284.
DESCRIPTION	BLACKROCK STRAT INC OPP-INS	FIDELITY CONTRA FUND #022	FIDELITY LOW PRICED STOCK #316	STATE OF ISRAEL 5.650% 7/01/14	METROPOLITAN WEST TOTAL RETURN BD-I	FEDERATED TREASURY OBLIGA-SS	NEW WORLD FUND-F2	OPPENHEIMER SR FLOAT RATE Y	BOSTON PARTNERS INV ALL CAP VAL INST	TEMPLETON GLOBAL BOND FUND-AD	VANGUARD S/T INVEST GR-ADM	TOTAL

480027010

STATEMENT

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	NONE
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	1,050. 1,050. ===================================
REVENUE AND EXPENSES PER BOOKS	1,050.  1,050. ============
	TOTALS
DESCRIPTION	TAX PREPARATION FEES

480027010

0

STATEMENT

FORM 990PF, PART I - TAXES

	REVENUE AND EXPENSES
DESCRIPTION	PER BOOKS
FOREIGN TAXES FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL	36 278 600
TOTALS	914
	============

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INVESTMENTS
OTHER
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PART II
F, PART I
OPF, PART I
PF, PART I

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C OR F	BOOK VALUE	FMV
F 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	! !
บ	16,808.	19,078.
บ		
บ	49,706.	. 4882
บ	9,224.	11,129.
Ū	-	125,167.
บ	-	.86,088
υ	_	32,962.
บ	12,470.	12,204.
บ		
υ	11,071.	11,073.
ບ	19,106.	18,372.
D	53,178.	69,920.
บ	12,267.	11,800.
Ū	20,766.	19,469.
TOTALS	445,632.	485,147.
C C C C C C C C C C		6,80 9,70 9,22 9,22 11,57 11,57 11,07 11,07 11,07 11,07 12,26 12,26 12,26 12,26 12,26 12,26 12,26 13,17 14,07

STATEMENT

FORM 990PF, PART III - OTHER	INCREASES IN	NET '	WORTH	OR	FUND	BALANCES
DESCRIPTION						AMOUNT
1/2/14 VANGUARD SHORT TERM CON 1/2/14 METROPOLITAN WEST BOND KURT SIMON ESTATE K-1 TIMING N 1/2/14 OPPENHEIMER SR FLT INCO	FD DIFFERENCE					25. 132. 351. 6.
	TOTAL					514.

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND	BALANCES
DESCRIPTION	AMOUNT
ROUNDING DIFFERENCE 1/3/15 VANGUARD SHORT TERM CORP 1/3/15 METROPOLITAN WEST BOND FD 12/31/13 TRANSFER RECEIVED IN ERROR 1/2/15 BLACKROCK INCOME 1/2/15 OPPEMHEIMER SR FLT INCOME	4. 52. 202. 45,975. 21. 60.
TOTAL	46,314.

35-1925020

KURT & TESSYE SIMON FUND FOR HOLOCAUST

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES \_\_\_\_\_\_

OFFICER NAME:

1ST SOURCE BANK

ADDRESS:

100 N MICHIGAN

SOUTH BEND, IN 46601

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION ..................................

4,445.

OFFICER NAME:

ROBERT ROSENFELD

ADDRESS:

17387 BARRYKNOLL WAY

GRANGER, IN 46530

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

CHARLES SIMON

ADDRESS:

1204 HONAN DRIVE

SOUTH BEND, IN 46614

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

TERRY TULCHINSKY

ADDRESS:

1376 SOUTHFIELD CIRCLE

SOUTH BEND, IN 46614

TITLE:

PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

JILL TULCHINSKY

ADDRESS:

1376 SOUTHFIELD CIRCLE SOUTH BEND, IN 46614

TITLE:

SECRETARY

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

MONIKA WAYNE

ADDRESS:

15748 WAGON WHEEL DRIVE

GRANGER, IN 46530

TITLE:

TREASURER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

ZABE WILLIAMS

ADDRESS:

16186 BAYWOOD LANE

GRANGER, IN 46530

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

JEAN KETCHAM

ADDRESS:

50601 RIDGEMOOR WAY

GRANGER, IN 46530

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

KURT & TESSYE SIMON FUND FOR HOLOCAUST

35-1925020

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME: CHELLY FREID

ADDRESS:

1339 SUNNYMEDE

SOUTH BEND, IN 46615

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

GAYLE HACHEN

ADDRESS:

1845 RIVERSIDE PLACE

SOUTH BEND, IN 46616

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

TOTAL COMPENSATION:

4,445.

==========

#### **SCHEDULE D** (Form 1041)

Capital Gains and Losses
► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

2014

Employer identification number

OMB No. 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041

KURT	& TESSYE SIMON FUND FOR HOLOCAUS	ST		35-192	502	0
Note: Form	5227 filers need to complete only Parts I and II.					
Part I	Short-Term Capital Gains and Losses - Asse	ets Held One Year	r or Less			
the lines be	nay be easier to complete if you round off cents	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fr Form(s) 8949, Pa line 2, column	rom art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals 1099-E for whi	for all short-term transactions reported on Form 8 for which basis was reported to the IRS and ich you have no adjustments (see instructions). er, if you choose to report all these transactions m 8949, leave this line blank and go to line 1b.					
	for all transactions reported on Form(s) 8949 ox A checked					
	for all transactions reported on Form(s) 8949 ox B checked					
	for all transactions reported on Form(s) 8949 ox C checked	4,532.	4,311.			221
4 Short	-term capital gaın or (loss) from Forms 4684, 629	52, 6781, and 8824			4	
6 Short Carry	hort-term gain or (loss) from partnerships, S corpo- -term capital loss carryover. Enter the amoun over Worksheet	nt, if any, from lin	e 9 of the 2013	Capital Loss	<u>5</u>	( )
line 1	short-term capital gain or (loss). Combine line 7, column (3) on the back	<u></u> .			7	221
Part II	ong-Term Capital Gains and Losses - Asse	ts Held More Tha	n One Year			
the lines be		(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fr	om	(h) Gain or (loss) Subtract column (e) from column (d) and
This form in	nay be easier to complete If you round off cents ollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column		combine the result with column (g)
1099-E for wh Howev	for all long-term transactions reported on Form 8 for which basis was reported to the IRS and ich you have no adjustments (see instructions). er, if you choose to report all these transactions m 8949, leave this line blank and go to line 8b.					
	for all transactions reported on Form(s) 8949 ox D checked					
	for all transactions reported on Form(s) 8949 ox E checked					
	for all transactions reported on Form(s) 8949 ox F checked	56,147.	46,226.			9,921
11 Long	term capital gain or (loss) from Forms 2439, 468	34, 6252, 6781, and	8824		11	
12 Net lo	ong-term gain or (loss) from partnerships, S corpo	rations, and other es	states or trusts		12	
13 Capit	al gaın distributions				13	8,218
	from Form 4797, Part I				14	
Carry	over Worksheet			[	15	( )
line 1	8a, column (3) on the back	· · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · •	16	18,139

Sched	iule D (Form 1041) 2014						Page <b>2</b>
	Summary of Parts I and II		(1) Benefi	ciaries'	(2) Es	tate's	
	Caution: Read the instructions before completing this pa	rt.	(see in		or tru		(3) Total
17	Net short-term gain or (loss)	17					221.
18	Net long-term gain or (loss):						
а	Total for year	18a					18,139.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b					
C	28% rate gain	18c					
19	Total net gain or (loss). Combine lines 17 and 18a ▶	19					18,360.
Note	: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (	or Fo	m 990-T, Pa	rt I, line	4a) If lines	18a ai	nd 19, column (2), are net
gains	s, go to Part V, and <b>do not</b> complete Part IV. If line 19, column (3), is a ne	t loss	, complete F	art IV an	d the Capit	al Los	s Carryover Worksheet, as
Par							
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa	ırt I. lir	ne 4c. if a trus	t), the sr	naller of:	Γ	
a	The loss on line 19, column (3) or b \$3,000					20	(
Note	: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, p	page	I, line 22 (or	Form 99	0-T, line 34,	, is a	loss, complete the Capital
	Carryover Worksheet in the instructions to figure your capital loss carryover.  Tax Computation Using Maximum Capital Gains Rates						<del></del>
Par	1 1041 filers. Complete this part only if both lines 18a and 19 in colu		2) are gains	or an a	mount in a	ntoro	d in Part I or Part II and
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more		_	, or an a	mount is e	entere	u in Fart i or Fart ii and
	ion: Skip this part and complete the <b>Schedule D Tax Worksheet</b> in the in						
	ther line 18b, col. (2) or line 18c, col. (2) is more than zero, or						
• Bo	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero						
Forn	n 990-T trusts. Complete this part only if both lines 18a and 19 ar	e gai	ns, or quali	fied divi	dends are	includ	ded in income in Part I
	orm 990-T, <b>and</b> Form 990-T, line 34, is more than zero. Skip this part a	and c	omplete the	Schedu	le D Tax V	Vorks	heet in the instructions
if eit	her line 18b, col. (2) or line 18c, col. (2) is more than zero.						
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34	4)	21				
22	Enter the smaller of line 18a or 19 in column (2)						
	but not less than zero						
23	Enter the estate's or trust's qualified dividends						
	from Form 1041, line 2b(2) (or enter the qualified						
	dividends included in income in Part I of Form 990-T) 23						
24	Add lines 22 and 23						
25	If the estate or trust is filing Form 4952, enter the						
	amount from line 4g; otherwise, enter -0 ▶ 25						
26	Subtract line 25 from line 24. If zero or less, enter -0		26				
27	Subtract line 26 from line 21. If zero or less, enter -0		27			}	
28	Enter the smaller of the amount on line 21 or \$2,500		28				
29	Enter the smaller of the amount on line 27 or line 28		29				
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is t	axed	at 0%		🕨	30	
31	Enter the smaller of line 21 or line 26		31				
32	Subtract line 30 from line 26		32			]	
33	Enter the smaller of line 21 or \$12,150		33				
34	Add lines 27 and 30		34				
35	Subtract line 34 from line 33. If zero or less, enter -0		35				
36	Enter the smaller of line 32 or line 35		36			1	
37	Multiply line 36 by 15%				🕨	37	
38	Enter the amount from line 31						
39	Add lines 30 and 36		39				
40	Subtract line 39 from line 38. If zero or less, enter -0					1 :	
41	Multiply line 40 by 20%				\blacktriangleright	41	
42	Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for E				•		
	and Trusts (see the Schedule G instructions in the instructions for Form 1041) .						
43	Add lines 37, 41, and 42						
44	Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule for E				-		İ

and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . .

G, line 1a (or Form 990-T, line 36) . . . . . . . .

45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule

# Form 8949

## Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2014 2014

Attachment 12

Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

KURT & TESSYE SIMON FUND FOR HOLOCAUST 35-1925020

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments your bought in 2014 or later)

Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

**Note.** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. 1 f you enter an amount in column (g) (e) (h) enter a code in column (f). Cost or other basis See the (c) (d) (b) Gain or (loss). (a) See the separate instructions. Date sold or Proceeds Description of property Date acquired Subtract column (e) Note below and disposed (sales price) (Example 100 sh. XYZ Co.) from column (d) and (Mo., day, yr.) see Column (e) (Mo, day, yr.) (see instructions) in the separate Code(s) from combine the result Amount of instructions with column (g) instructions adjustment 175.248 IVY MID CAP GROWTH 03/31/2014 11/11/2014 4,532.00 4,311.00 221.00

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Form **8949** (2014)

ment Sequence No. 12A Pag

PORTI 6545 (2014)	7,1120,11121, 00420,1107, 10 10 10 10 10 10 10 10 10 10 10 10 10
Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number
KURT & TESSYE SIMON FUND FOR HOLOCAUST	35-1925020

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later)

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- x (F) Long-term transactions not reported to you on Form 1099-B

1  (a)  Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr.)	(c) Date sold or disposed (Mo , day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f), See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
93.545 METROPOLITAN WEST T							
BD-I	09/28/2012	04/04/2014	1,000 00	1,034.00			-34.00
67.102 DODGE & COX INTL ST	02/11/2011	04/30/2014	3,004.00	2,457.00			547.00
172.659 FIDELITY CONTRA FU							
	02/23/2006	04/30/2014	16,213.00	11,342.00			4,871.00
76.264 MAINSTAY MARKETFIEL	10/18/2012	04/30/2014	1,358.00	1,205.00			153 00
1210.428 METROPOLITAN WEST	10/10/2012	01/30/2021	2/330100	1/203.00			133 00
RETURN BD-I	09/28/2012	04/30/2014	13,000 00	13,375.00			-375.00
45.937 NEW WORLD FUND-F2	03/25/2013	04/30/2014	2,714.00	2,480.00			234.00
527.405 BOSTON PARTNERS IN	03/23/2023	01/00/2022	27,22,00	2,100.00			251.00
VAL INST	03/25/2013	04/30/2014	11,286.00	8,910.00	<u> </u>		2,376.00
292.818 IVY MID CAP GROWTH							
	03/06/2012	11/11/2014	7,572.00	5,423.00			2,149.00
-							
2 Totals. Add the amounts in co (subtract negative amounts). E include on your Schedule D, li checked), line 9 (if Box E abov (if Box F above is checked) ▶	nter each total ne 8b (if Box D	here and above is	56,147.	46,226.			9,921.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2014)