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Form 990-PF

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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For calendar year 2014, or tax year beginning 07-01-2014, and ending 06-30-2015

Name of foundation: NICK SIMONS FOUNDATION. A Employer identification number: 20-3101239. B Telephone number: (646) 362-0036. G Check all that apply: Initial return, Final return, Address change. H Check type of organization: Section 501(c)(3) exempt private foundation. I Fair market value of all assets at end of year: \$63,115,949. 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), leading to Total expenses and disbursements of 7,614,035 and Excess of revenue over expenses of 2,370,926.

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash—non-interest-bearing		1,232,495	887,380	887,380
	2	Savings and temporary cash investments		120,156	50,207	50,207
	3	Accounts receivable ▶ <u>13,393</u>				
		Less allowance for doubtful accounts ▶ _____			13,393	13,393
	4	Pledges receivable ▶ _____				
		Less allowance for doubtful accounts ▶ _____				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶ _____				
		Less allowance for doubtful accounts ▶ _____				
	8	Inventories for sale or use		545,908	0	0
	9	Prepaid expenses and deferred charges		194,370	75,265	75,265
	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	c	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis ▶ _____				
	Less accumulated depreciation (attach schedule) ▶ _____					
12	Investments—mortgage loans					
13	Investments—other (attach schedule)		57,753,945	62,089,704	62,089,704	
14	Land, buildings, and equipment basis ▶ <u>0</u>					
	Less accumulated depreciation (attach schedule) ▶ <u>0</u>		62,808	0	0	
15	Other assets (describe ▶ _____)		981,859			
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		60,891,541	63,115,949	63,115,949	
Liabilities	17	Accounts payable and accrued expenses		356,588	45,477	
	18	Grants payable		435,717	110,000	
	19	Deferred revenue		18,650		
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶ _____)		173,012	264,720	
	23	Total liabilities (add lines 17 through 22)		983,967	420,197	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/>					
	and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted		2,117,864	566,692	
	25	Temporarily restricted		57,789,710	62,129,060	
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/>					
	and complete lines 27 through 31.					
27	Capital stock, trust principal, or current funds					
28	Paid-in or capital surplus, or land, bldg, and equipment fund					
29	Retained earnings, accumulated income, endowment, or other funds					
30	Total net assets or fund balances (see instructions)		59,907,574	62,695,752		
31	Total liabilities and net assets/fund balances (see instructions)		60,891,541	63,115,949		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	59,907,574
2	Enter amount from Part I, line 27a	2	2,370,926
3	Other increases not included in line 2 (itemize) ▶ _____	3	4,335,759
4	Add lines 1, 2, and 3	4	66,614,259
5	Decreases not included in line 2 (itemize) ▶ _____	5	3,918,507
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	62,695,752

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)
1 a PASS THROUGH FROM PARTNERSHIP K-1	P		
b			
c			
d			
e			

(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)
a			130,315
b			
c			
d			
e			

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	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	130,315
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	5,766,042	51,923,115	0.11105
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

2 Total of line 1, column (d).	2	1.331752
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.26635
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	62,306,980
5 Multiply line 4 by line 3.	5	16,595,464
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	0
7 Add lines 5 and 6.	7	16,595,464
8 Enter qualifying distributions from Part XII, line 4.	8	7,614,035

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2.	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	67,049
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d.	7	67,049
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	67,049
11	Enter the amount of line 10 to be Credited to 2015 estimated tax 67,049 Refunded	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? <input type="checkbox"/>	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> <input type="checkbox"/>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i> <input type="checkbox"/>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NY _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) <input checked="" type="checkbox"/>	11	Yes	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <input type="checkbox"/> N/A	13	Yes	
14	The books are in care of <input type="checkbox"/> MARINA SHMOUKLER Telephone no <input type="checkbox"/> (646) 362-0036 Located at <input type="checkbox"/> 25 EAST 22ND STREET NEW YORK NY ZIP+4 <input type="checkbox"/> 10010			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —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"/> 15			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country <input type="checkbox"/>	16	Yes	No

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input 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? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
1b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		No
1c	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		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <input type="checkbox"/> 20___, 20___, 20___, 20___			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <input type="checkbox"/> 20___, 20___, 20___, 20___			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

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

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here.

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
 If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

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

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

(a) Name and address	(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	93,500	17,243	0
LINA SAYED 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	DIR MARKET STRATEGY 40 0	80,000	16,123	0
ISMAEL CORDERO 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	BIOMEDICAL SRVC MGR 40 0	67,000	27,703	0
THOMAS BAADE 160 FIFTH AVENUE 7TH FLOOR NEW YORK, NY 10010	MARKET MANAGER 40 0	53,115	6,308	0

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

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
Speck Product Design Inc 3221 PORTER DRIVE PALO ALTO, CA 94304	Product development	238,835
BHEKH THAPA 239 TANKA PRASAD ROAD BANESHWOR HEIGHT, KATHMANDU NP	PROGRAM CONSULTANT	81,000
STEPHEN KNOBLE PO BOX 8975 EPC 1813 KATHMANDU EPC 1813 NP	PROGRAM CONSULTANT	80,000
PAUL FENTON AGNAC 47800 FR	PROGRAM CONSULTANT	79,882
OES Medical Ltd ABC HOUSE COTSWOLD DENE STANDLAKE, WITNEY OX29 7QG UK	SERVICE RETAINER	71,565
Total 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	2,493,775
2 SEE GENERAL EXPLANATION ATTACHMENT	211,500
3	
4	

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	61,332,250
b	Average of monthly cash balances.	1b	1,923,567
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	63,255,817
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	63,255,817
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	948,837
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	62,306,980
6	Minimum investment return. Enter 5% of line 5.	6	3,115,349

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

1	Minimum investment return from Part X, line 6.	1	3,115,349
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	0
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	3,115,349
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	3,115,349
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	3,115,349

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	7,614,035
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	7,614,035
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	7,614,035

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 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				3,115,349
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			0	
b Total for prior years 2012, 2011, 2010		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.	3,626,723			
b From 2010.	3,218,164			
c From 2011.	3,746,956			
d From 2012.	3,156,293			
e From 2013.	3,169,886			
f Total of lines 3a through e.	16,918,022			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ <u>7,614,035</u>				
a Applied to 2013, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2014 distributable amount.				3,115,349
e Remaining amount distributed out of corpus	4,498,686			
5 Excess distributions carryover applied to 2014 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	21,416,708			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions.		0		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions.			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions).	3,626,723			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a.	17,789,985			
10 Analysis of line 9				
a Excess from 2010.	3,218,164			
b Excess from 2011.	3,746,956			
c Excess from 2012.	3,156,293			
d Excess from 2013.	3,169,886			
e Excess from 2014.	4,498,686			

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 2014, 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			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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 or email address of the person to whom applications should be addressed

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

c Any submission deadlines

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

Part XV **Supplementary Information** (continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total				▶ 3a 4,761,898
b <i>Approved for future payment</i> HOSPICE NEPAL LALITPUR LAGANKHEL, LAGANKHEL NP	n/a	NC	GENERAL OPERATING SUPPORT	10,000
Total				▶ 3b 10,000

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 25 EAST 22ND STREET NEW YORK, NY 10010	PRESIDENT 1 0	0	0	0
MARILYN SIMONS 25 EAST 22ND STREET NEW YORK, NY 10010	SECRETARY & TREASURER 2 0	0	0	0
CAITLIN HEISING 25 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 0 5	0	0	0
MARK HEISING 25 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 0 5	0	0	0
AUDREY SIMONS 25 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 0 5	0	0	0
LAURA BAXTER SIMONS 25 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 0 5	0	0	0
LIZ SIMONS 25 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 0 5	0	0	0
NAT SIMONS 25 EAST 22ND STREET NEW YORK, NY 10010	TRUSTEE 0 5	0	0	0
STEPHEN RUDY 25 EAST 22ND STREET NEW YORK, NY 10010	GRADIAN CEO 40 0	237,591	48,286	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)				
a <i>Paid during the year</i>				
NICK SIMONS INSTITUTE BOX 8975 EPC 1813 JHAMSIKHEL, BOX 8975, EPC 181 EPC 1813 NP	n/a	NC	PROGRAM & GENERAL OPERATING SUPPORT	2,146,888
Prime Minister's Earthquake Disaster Relief OFFICE OF THE PRIME MINISTER Singh Durbar, Kathmandu NP	N/A	PC	EARTHQUAKE DONATION	1,000,000
THE AMERICAN HIMALAYAN FOUNDATION 900 MONTGOMERY STREET SUITE 400 SAN FRANCISCO, CA 94133	N/A	PC	PROGRAM SUPPORT	323,793
HIMALAYAN CATARACT PROJECT PO BOX 55 WATERBURY, VT 05676	N/A	PC	GENERAL OPERATING SUPPORT	50,000
Medecins Sans FrontiersDoctors without Border 337 7th avenue new york, NY 10001	N/A	PC	to fund the ebola fund	250,000
Patan Academy of Health Sciences P O Box 26500 Kathmandu NP	N/A	PC	PURPOSE RESTRICTED SUPPORT	235,717
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	GENERAL OPERATING SUPPORT	25,000
United Mission to Nepal PO Box 126 Kathmandu NP	N/A	PC	TO SUPPORT O khaldhunga hospital	100,000
FRIENDS OF PATAN HOSPITAL 1980 DAHLIA STREET DENVER, CO 80220	N/A	PC	TO SUPPORT CHARITABLE ACTIVITIES OF PATAN HOSPITAL	5,000
KATHAMANDU VALLEY PRESERVATION TRUST 136 WEST 21ST STREET 11TH FL NEW YORK, NY 10011	N/A	PC	restoration of Patan Royal Palace and re-building fund for Kathmandu monuments and to provide expertise on earthquake resistant building	15,000
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	15,000
LO GYALPO JIGME CC FOUNDATION PO BOX 10489 CHABAHIL, KATHMANDU NP	N/A	NC	GENERAL OPERATING SUPPORT	5,000
Northern Ireland Hospice 18 O'Neill Road Newtownabbey BT36 6WB EI	N/A	NC	PROGRAM SUPPORT	80,000
Total				4,761,898

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN NEPAL MEDICAL FOUNDATION 2743 SOUTH VETERANS HOSPITAL PMB SPRINGFIELD,IL 62704	N/A	PC	GENERAL OPERATING SUPPORT	27,500
Autism Care Nepal 156-NEEL SARASWATI MARG, GAIRIDHARA-2, KATHMANDU NP	N/A	PC	EARTHQUAKE RELIEF AND RECOVERY OF FAMILIES OF Autism Care Nepal community	50,000
GENERAL BOARD OF GLOBAL MINISTRIES COVENANT RELATIONSHIP OFFICE 475 RIVERSIDE DRIVE ROOM 320 NEW YORK,NY 10115	N/A	PC	GENERAL OPERATING SUPPORT	45,000
SEBS-North America 3348 Conquistador Ct ANNANDALE,VA 22003	N/A	PC	Directed to Bloom Nepal School to rebuild the school and student residences affected by the earthquake in Nepal	25,000
Partners Asia 436 14th Street Suite 700 OAKLAND,CA 94612	N/A	PC	GENERAL OPERATING SUPPORT	20,000
Gurung Tamu Society 3224 71st Street East Elmhurst,NY 11370	N/A	PC	for Hamro Nepal International Benefit Concert	10,000
POSSIBLE 17 WEST 17TH STREET 7TH FLOOR NEW YORK,NY 10011	N/A	PC	GENERAL OPERATING SUPPORT	200,000
PROJECT PRAKASH FOUNDATION 955 MASSACHUSETTS AVENUE 351 CAMBRIDGE,MA 02139	N/A	PC	GENERAL OPERATING SUPPORT	100,000
Nepal Ko Yuwa 35 Chestnut Street Belmont,NY 02478	n/a	PC	to support Walk for Nepal	3,000
Total				4,761,898

TY 2014 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	54,750	18,068	0	47,513
BDO AUDIT AND TAX - GHS	13,360	4,409		8,240
FMA BOOKKEEPING - GHS	41,864	13,815		41,864

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

TY 2014 Depreciation Schedule

Name: NICK SIMONS FOUNDATION

EIN: 20-3101239

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

TY 2014 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 JHAMSIKHEL, LALITPUR NP	2015-06-19	2,146,888	TO TRAIN AND SUPPORT SKILLED COMPASSIONATE HEALTHCARE WORKERS IN THE RURAL REGIONS OF NEPAL	2,146,888	NO	6/30/2015		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		2015-06-30	5,000	TO SUPPORT Hospice's important mission TO PROVIDE palliative care	5,000	NO	6/30/2015		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		2015-06-19	15,000	TO Support Ambulatory Care to Kathmandu and Patan	15,000	NO	6/30/2015		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	2015-03-27	5,000	TO SUPPORT FOUNDATION'S restoration and education PROJECT in Mustang	5,000	NO	6/30/2015		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
NORTHERN IRELAND HOSPICE	18 ONEILL ROAD NEWTOWNABBEY BT36 6WB EI	2015-01-29	80,000	TO FUND PALLIATIVE CARE FELLOWSHIP	80,000	NO	6/30/2015		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 Academy of Health Sciences	PO Box 26500 Kathmandu NP	2015-05-22	200,000	to support emergency response including surgical supplies, equip & charitable medical srvc	200,000	NO	6/30/2015		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 Academy of Health Sciences	PO Box 26500 Kathmandu NP	2015-05-22	35,717	To support the Oxygen Generator Project at Patan Hospital in Kathmandu, Nepal	35,717	NO	6/30/2015		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
Autism Care Nepal	156-NEEL SARASWATI MARG GAIRIDHARA-2, KATHMANDU NP	2015-05-22	50,000	To support relief and recovery for families of the Autism Care Nepal community	50,000	NO	6/30/2015		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
United Mission to Nepal	PO Box 126 Kathmandu NP	2015-04-28	100,000	To support renovation and expansion project of the Okhaldhunga Hospital	100,000	NO	6/30/2015		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
Prime Minister's Earthquake Disaster	OFFICE OF THE PRIME MINISTER SINGH DURBAR, KATHMANDU NP	2015-05-19	1,000,000	to alleviate the suffering of families and communities affected by the earthquake and its aftermath	1,000,000	NO	6/30/2015		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 2014 General Explanation Attachment

Name: NICK SIMONS FOUNDATION

EIN: 20-3101239

Identifier	Return Reference	Explanation																																				
FORM 990PF, PART III, LINE 5	FORM 990PF, PART III, LINE 5	<p>Transfer of net assets on March 30, 2015 to Gradian Health Systems, LLC (EIN 27 2092828), exempt under Internal Revenue Code ("IRC") Section 501(c)(3) and a private operating foundation under IRC Section 4942 (j)(3) Gradian received tax-exempt status pursuant to a determination letter issued by the Internal Revenue Service on May 7, 2015</p> <table border="0"> <tr> <td>CASH AND CASH EQUIVALENTS</td> <td>\$2,111,263</td> <td>ACCOUNTS RECEIVABLE</td> <td>18,684</td> <td>PREPAID EXPENSES AND OTHER ASSETS</td> <td>167,064</td> </tr> <tr> <td>INVENTORY</td> <td>1,816,493</td> <td>FIXED ASSETS</td> <td>127,200</td> <td>TOTAL</td> <td></td> </tr> <tr> <td>ASSETS</td> <td>\$4,240,704</td> <td>ACCOUNTS PAYABLE AND ACCRUED EXPENSES</td> <td></td> <td>\$ 235,454</td> <td></td> </tr> <tr> <td>ACCRUED WARRANTY COSTS</td> <td></td> <td>50,653</td> <td>DEFERRED REVENUE</td> <td>36,090</td> <td>TOTAL</td> </tr> <tr> <td>LIABILITIES</td> <td>\$ 322,197</td> <td>-----</td> <td>TOTAL TRANSFER OF NET</td> <td></td> <td></td> </tr> <tr> <td>ASSETS</td> <td>\$3,918,507</td> <td>=====</td> <td></td> <td></td> <td></td> </tr> </table>	CASH AND CASH EQUIVALENTS	\$2,111,263	ACCOUNTS RECEIVABLE	18,684	PREPAID EXPENSES AND OTHER ASSETS	167,064	INVENTORY	1,816,493	FIXED ASSETS	127,200	TOTAL		ASSETS	\$4,240,704	ACCOUNTS PAYABLE AND ACCRUED EXPENSES		\$ 235,454		ACCRUED WARRANTY COSTS		50,653	DEFERRED REVENUE	36,090	TOTAL	LIABILITIES	\$ 322,197	-----	TOTAL TRANSFER OF NET			ASSETS	\$3,918,507	=====			
CASH AND CASH EQUIVALENTS	\$2,111,263	ACCOUNTS RECEIVABLE	18,684	PREPAID EXPENSES AND OTHER ASSETS	167,064																																	
INVENTORY	1,816,493	FIXED ASSETS	127,200	TOTAL																																		
ASSETS	\$4,240,704	ACCOUNTS PAYABLE AND ACCRUED EXPENSES		\$ 235,454																																		
ACCRUED WARRANTY COSTS		50,653	DEFERRED REVENUE	36,090	TOTAL																																	
LIABILITIES	\$ 322,197	-----	TOTAL TRANSFER OF NET																																			
ASSETS	\$3,918,507	=====																																				

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 17 UAMS IN 17 HOSPITALS IN 7 COUNTRIES LINE 2 PARTNERSHIP WITH 18 HOSPITALS IN NEPAL AND SUPPORT TRAINING FOR 4,090 RURAL HEALTH CARE WORKERS, CURRICULA DEVELOPMENT, TRAINING SITE START-UP AND DEVELOPMENT, AND PROGRAMS THAT HELP RETAIN HEALTH CARE WORKERS IN THE FIELD

TY 2014 Investments - Other Schedule

Name: NICK SIMONS FOUNDATION

EIN: 20-3101239

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
HEDGE FUNDS	FMV	62,089,704	62,089,704

TY 2014 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	6,741			6,741
LEGAL FEES - GHS	58,071			38,154

TY 2014 Other Decreases Schedule**Name:** NICK SIMONS FOUNDATION**EIN:** 20-3101239

Description	Amount
TRANSFER OF NET ASSETS TO GRADIAN	0
HEALTH SYSTEMS, LLC, (EIN 27-2092828),	0
(SEE GENERAL EXPLANATION ATTACHMENT)	3,918,507

TY 2014 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		517,826	0	
PARTNERSHIP EXP - RIDA		500,832		
PROGRAM EXPENSES - GHS	113,682			99,600
DUES AND SUBSCRIPTIONS - NSF	1,699			1,699
DUES AND SUBSCRIPTIONS - GHS	12,451			12,451
OFFICE EXPENSES - NSF	3,842			3,842
OFFICE EXPENSES - GHS	123,666			106,778
INSURANCE - NSF	28,175			28,406
INSURANCE - GHS	26,419			18,195
PRODUCTION DEV COSTS - GHS	339,805			339,805
WARRANTY EXPENSE - GHS	17,139			8,712
MARKETING EXPENSE - GHS	266,615			266,615
BOARD DEVELOPMENT, TECHNICAL				
ADVISORY AND COUNTRY				
REPRESENTATION SERVICES - NSF	66,500			66,500
HEALTH CARE WORKER DEVELOPMENT				
AND TRAINING - NSF	103,000			103,000
PAYROLL SERVICE FEES - GHS	20,225			20,225
VIDEO PRODUCTION - GHS	15,285			15,285
MISCELLANEOUS - NSF	88,645			88,645
MISCELLANEOUS - GHS	11,891			11,891

TY 2014 Other Income Schedule

Name: NICK SIMONS FOUNDATION

EIN: 20-3101239

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FROM PARTNERSHIP INTERESTS - RIDA		-7,872	

TY 2014 Other Increases Schedule

Name: NICK SIMONS FOUNDATION

EIN: 20-3101239

Description	Amount
NET UNREALIZED GAIN ON INVESTMENTS	4,335,759

TY 2014 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	173,012	264,720

TY 2014 Other Professional Fees Schedule

Name: NICK SIMONS FOUNDATION

EIN: 20-3101239

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL FEES - GHS	47,642	0	0	47,642

TY 2014 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	199,760		199,760

TY 2014 Taxes Schedule

Name: NICK SIMONS FOUNDATION

EIN: 20-3101239

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX EXPENSE	91,708		0	0
FOREIGN TAXES PAID		23,444		

TY 2014

TransfersToControlledEntities

Name: NICK SIMONS FOUNDATION

EIN: 20-3101239

Name	US / Foreign Address	EIN	Description	Amount
NICK SIMONS INSTITUTE	BOX 8975 EPC 1813 JHANSIKHEL, LALITPUR NP	20-3101239	TO TRAIN & SUPPORT HEALTHCARE WORKERS IN THE RURAL REGIONS OF NEPAL	2,146,888
Total				2,146,888

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.**

2014

Name of the organization
NICK SIMONS FOUNDATION

Employer identification number
20-3101239

Organization type (check one)

- Filers of:** Form 990 or 990-EZ **Section:**
- 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, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
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	\$ 9,737,641	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	THE TECH MUSEUM OF INNOVATION 201 S Market Street SAN JOSE, CA 95113	\$ 75,000	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)

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

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

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

(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
_____	_____
_____	_____
_____	_____