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Form 990-PF

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.

OMB No 1545-0052

Ir		Revenue Service	► Information al	out For	m 990-PF	and its se	parate	e instruc	ctions	is at www	ı.irs.go	v/form990pf.	Open to Public Insp	ection
F	<mark>ბr c</mark> a	lendar year 2015	or tax year beg	inning			JULY	1_,:	2015	, and en	ding		JUNE 30 , 2	016
	Name	of foundation									1	A Employer ide	ntification number	
,	THE	SAM & NADA	SIMON FOUND	MOITA								27-0581	.002	
_	Numb	er and street (or P O	box number if mail is n	ot delivered	to street a	ddress)				Room/su	te I	B Telephone nu	mber (see instructions)	
										1			·	
1	59	PIERCE STREE	r.T									313-662	2530	
_		town, state or province		foreign po	stal code						<del></del>	313-002	. 3337	
	, -		,,,	<b>3 F</b>								C If exemption ap	olication is	
	- T 1	ATRICUITANA NAT	40000										here	
		MINGHAM, MI	48009		- 1	14!-14		f - f			<del>  </del>			
G	Che	eck all that apply	Initial retu		<u> </u>				ner p	oublic cha	arity   t	D 1 Foreign organ	nizations, check here	<b>-</b>
			Final retu			Amende							nizations meeting the ick here and attach	
_		<del></del>	Address			Name cl								<b>▶</b> ∐
Н	_	eck type of organia										E If private found	ation status was terminated	
L		ection 4947(a)(1) r				<u>her taxab</u>						•	07(b)(1)(A), check here .	<b>-</b>
ı	Fair	market value o	of all assets at	J Acco	ounting m	nethod:	_] Ca	sh X	Acc	rual	l F	If the foundatio	n is in a 60-month termination	on
		of year (from Par	rt II, col. (c), lıne	C	ther (spe	ecify)							7(b)(1)(B), check here .	
	16)	▶ \$	3,392	(Part I,	column (d	must be o	n casl	h basis )						
E	art l	Analysis of Rev	venue and Expen	ses (The	(a) R	evenue and	1						(d) Disburseme	
			columns (b), (c), ai		exp	enses per			et inve	estment	(c)	Adjusted net income	for charitable purposes	e
		column (a) (see in:		13 111		books						income	(cash basis of	nly)
_	1	Contributions, gifts, grant	ts, etc , received (attach so	chedule) .		5,0	00	State	emer	t 1				
	2	Chock I If the	e foundation is <b>not</b> red ch Sch B	urred to										
	3	Interest on savings a										-1/		
	4	Dividends and inte												
	5a	Gross rents									<u> </u>			
	Ь												· · · · · · · · · · · · · · · · · · ·	
മ	1	Net rental income or (					-+		_					
Revenue	b	Net gain or (loss) from Gross sales price for a		line 10			$\dashv$							
ē	l _	assets on line 6a												
Re	7	Capital gain net in	•	, -			+					-		
_	8	Net short-term cap	-				-					<del></del>		
	9 10 a	Income modification Gross sales less return		• • • •						<del></del>				
		and allowances												
		Less Cost of goods so						- •						
	С	Gross profit or (loss												
	11	Other income (atta												
_	12	Total. Add lines 1	through 11	· · · ·	ļ	5,0	00						_	
'n	13	Compensation of office	cers, directors, trustees	, etc					_		ļ			
Š	14	Other employee sa	alaries and wages .											
and Administrative Expenses	15	Pension plans, em				EOF	7,		7_					
×	16a	Legal fees (attach s	schedule)			ECEI	Vt.	IJ	1_					
Ę	ь	Accounting fees (a	attach schedule)		5			C						
Ž	c	Other professional	fees (attach schedu	le)	7 (	ICT 27	201		1					
ra	17	Interest			ய்		== ¥ 1€	·   eh						
ist	18	Taxes (attach sche	dule) (see instructio	ns)		TATE	(X32-4) Q	The same						
ij	19	Depreciation (attac		•	U	MARIA								
P	20	Occupancy						700	4					
ΑF	21	Travel, conferences				83	37							
ы	22	Printing and public	•			_		•		,		_	-	
<u> </u>	23	Other expenses (at				-	58	Stat	eme	nt 2				58
Ē	23 24 25	Total operating an	•											<del>_</del> _
era		Add lines 13 through		-		89	95							58
ă	25	Contributions, gifts	-			14,85		<del> ·</del>					14,	
J	26	Total expenses and disb			<u> </u>	15,74							14,	
-	27	Subtract line 26 fro		. , uniq 20			+						13,	
		Excess of revenue over		onte		-10,74	15							
	l		come (if negative, e		<del>                                     </del>									

c Adjusted net income (If negative, enter -0-). .

_	A (I)	Balance Cheete	Attached schedules and amounts in the	Beginning of year		of year
۲	art II	Balance Sneets	description column should be for end-of-year amounts only (See instructions )	(a) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bear	ng	13,300	3,392	3,392
N			cash investments			
		Accounts receivable				
			btful accounts ▶			
		Pledges receivable ▶				
- 1		_	btful accounts ▶			
	_		officers, directors, trustees, and other			
			tach schedule) (see instructions)			
		• •	eceivable (attach schedule)			
			btful accounts ▶			
Ŋ			e			
Assets	_		eferred charges			
ΑS		·	e government obligations (attach schedule).			
1			e stock (attach schedule)			-
			bonds (attach schedule)			
	11 C	Investments - land, building				
		and equipment basis Less accumulated deprecia	<u> </u>			
- 1		(attach schedule)				
			loans	<del></del>	*****	
		Land, buildings, and	ach schedule)			
		equipment basis Less accumulated deprecia				
		(attach schedule)		<del></del>		
		Other assets (describe				
	16		completed by all filers - see the age 1, item l)		2 202	3,392
_				13,300	3,392 837	3,392
ies			accrued expenses		637	-
		• •				-
	19					-
Ę	20		ors, trustees, and other disqualified persons			-
<u>a</u>	21		otes payable (attach schedule)			-
	22	Other liabilities (describe	•▶)			-
	23	Total liabilities (add las	on 17 through 22)		837	
_	23		es 17 through 22)		037	-
Ś			low SFAS 117, check here . ▶ ☐☐ 24 through 26 and lines 30 and 31.			
ses			=			
<u>a</u>	24					-
Ba	25					†
힏	26	•	not follow SFAS 117.			
or Fund Balan			not follow SFAS 117, plete lines 27 through 31.			
5			· ·			
ī	27	-	cipal, or current funds			
Se	28		r land, bldg, and equipment fund	13,300	2,555	_
Net Assets	29	•	ulated income, endowment, or other funds	13,300	2,555	-
e	30		d balances (see instructions)	13,300	2,333	1
Z	31			13,300	3,992	
F	art il		nges in Net Assets or Fund Bala		3,332	
			palances at beginning of year - Part		must agree with	
'			ed on prior year's return)			13,300
2			, line 27a			-10,745
			ded in line 2 (itemize) ▶			
					_	2,555
5		creases not included i			5	1 -, -, -, -
			palances at end of year (line 4 minus	s line 5) - Part II. column		2,555
		aiot abouto or faile i	The state of the s		(a))	Form <b>990-PF</b> (2015)

Pa	rt IV₄ Capital Gains	and Losses for Tax on Inv	restment Income			
	(a) List an	d describe the kind(s) of property sold	(e g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
`	2-story b	rick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo , day, yr )	(mo, day, yr)
1a	N/A		-			
b						
c		· · · · · · · · · · · · · · · · · · ·				
d						
e					_	
<u> </u>		(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	uss)
	(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) mini	
					-	
_ <u>a</u> b						
<u>c</u>					· · ·	
	•	-		-		
<u>e</u>	Complete only for assets	showing gain in column (h) and owne	ed by the foundation on 12/31/69		0	
	Complete any for addets	<del></del>	<del></del>		Gains (Col (h) g (k), but not less t	
	(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				Losses (from co	
_						
_ <u>a</u>						
<u>b</u>	<u></u>					
_ <u>c</u>		-				
<u>d</u>						
<u>e</u>			Facin clas enter in Bort Lline 7			<del></del>
2	Capital gain net income		f gain, also enter in Part I, line 7 } f (loss), enter -0- in Part I, line 7	2		
2	Not short form conital as	יי ) aın or (loss) as defined in sections	• •		<del></del>	
3			structions). If (loss), enter -0- in )			
				,		
		Under Section 4040/a) for Be	educed Tax on Net Investment I	3		
_		· · · · · · · · · · · · · · · · · · ·	· <del></del>			
(FO	or optional use by domesti	c private foundations subject to tr	ne section 4940(a) tax on net invest	ment inco	me)	
16 -		leave this part blank N/A				
IT S	ection 4940(d)(2) applies,	leave this part blank N/A				
	- 11 - 6 1-11 1-11- 6	46 40 - 40 40 4 46 46			ام	7 v [ 7 v-
			butable amount of any year in the b	ase period		」Yes
		not qualify under section 4940(e)				
1			ar, see the instructions before makir	ng any ent	ries.	
	(a) Base period years	(b)	(c)		Distribution n	atio
_Ca	elendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	col (c))
_	2014					
	2013					
	2012	<u> </u>				
_	2011					
	2010	<u> </u>	<u> </u>	1		
2	Total of line 1, column (c	d)		2		
			de the total on line 2 by 5, or by the			
	number of years the four	ndation has been in existence if le	ss than 5 years	3		
	•		·			
4	Enter the net value of no	oncharitable-use assets for 2015 f	rom Part X, line 5	4		
			,			
5	Multiply line 4 by line 3			5		
J	maniply into a by into o					
6	Enter 1% of net investme	ent income (1% of Part Lline 27h)		6		
6	Litter 1 % of het investme	entinicome (1 % of Fatti, line 270)				
7	Add lines E and E			7		
7	Aud iiiles 5 aiil 6					-
_	الاستامات ماليان المالية	ione from Dart VII line 4		8		
8	If line 8 is equal to or g	reater than line 7, check the box	In Part VI, line 1b, and complete		using a 1% ta	x rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru		s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
,	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	_	_	
b	Domestic_foundations that meet the section 4940(e) requirements in Part V, check			0
	here ▶			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			0_
3	Add lines 1 and 2			
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		_	
6	Credits/Payments			
a	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 6b			1
b	Exempt foreign organizations - tax withheld at source			
c d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		-	0
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶ 11			0
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		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation $\blacktriangleright$ \$ N/A (2) On foundation managers $\blacktriangleright$ \$ N/A			
_				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers $\blacktriangleright$ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	-	x
-	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	;		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		х
	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?	5		x
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		٠.	}-
	conflict with the state law remain in the governing instrument?	6	<u> </u>	<u> </u>
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	7	Х	-
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► MICHIGAN			
L				
Q	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? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or			<u> </u>
3	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"	^	-	
	complete Part XIV	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
. •	names and addresses	10		х
			0-PF	(201E)

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	7	Yes	No
	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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address ► N/A			
14	The books are in care of ▶ JEFFREY TOTTIS  Telephone no ▶313-662-3	539		
	Located at ▶ 335 E. MAPLE, BIRMINGHAM MI ZIP+4 ▶ 48009			
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		:	N/A
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority_	\	res	No
	over a bank, securities, or other financial account in a foreign country?	16		Χ
	See the instructions for exceptions and filing requirements for FinCEN Form 114. 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.	<b>'</b>	/es	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		Ε.	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		ii ii	
	disqualified person?		1	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No			
	(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	İ		
	termination of government service, if terminating within 90 days )		İ	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here		1	
С	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 2015?	1c		<u> </u>
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))		l	
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e Part XIII) for tax year(s) beginning before 2015?			
	co, rainty to react your (o) beginning obtained to the first term of the first term			
	If "Yes," list the years			
D	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	2h		Х
_	all years listed, answer "No" and attach statement - see instructions)	2b		
G	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	-	ŀ	
20	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		ŀ	
Ja	at any time during the year?			
h	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	{	ŀ	
J	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		1	
	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 2015) . N/A	3b		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>x</u>
	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 2015?	4b		х

Par	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Rec	uired (continued)			
5a	During the year did the foundation pay or incur any amo	ount to					_
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes X No	0	i i	
	(2) Influence the outcome of any specific public ele	ection (see section	1955), or to carry or	າ,			
	directly or indirectly, any voter registration drive?			Yes X No	0		
	(3) Provide a grant to an individual for travel, study, or o				。		1
	(4) Provide a grant to an organization other than a						
	section 4945(d)(4)(A)? (see instructions)				,		
	(5) Provide for any purpose other than religious, ch				-		
	purposes, or for the prevention of cruelty to children						
b	If any answer is "Yes" to 5a(1)-(5), did any of the		· · · · · · · · · · · · ·	• — —	-		
_	Regulations section 53 4945 or in a current notice regar				. 5b		•
	Organizations relying on a current notice regarding disaster assistance check here						
c	If the answer is "Yes" to question 5a(4), does the						
·	because it maintained expenditure responsibility for the	nrant? N/A	Actipation from the t	Yes No	,		
	If "Yes," attach the statement required by Regulations se-	=					
6a	Did the foundation, during the year, receive any fur	` '	actly to nay premiur	ne			
Ou .	on a personal benefit contract?				,		
b	Did the foundation, during the year, pay premiums, dire			. — —	. 6ь	1 .	Х
-	If "Yes" to 6b, file Form 8870	only of indirectly, on a	personal benefit contro		.   05		<u> </u>
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?	Ves X N	,		
	If "Yes," did the foundation receive any proceeds or have				. 7b		
	Information About Officers, Directo						
	and Contractors						
	List all officers, directors, trustees, foundation n	nanagers and their (b) Title, and average	(c) Compensation (see	(d) Contributions to			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense other al	se accour lowances	
<u>SAM</u>	R SIMON	PRES/TREAS					
159 I	PIERCE ST, BIRMINGHAM MI 48009	SEC/DIR 0 HRS	0	0			0
ROBE	RT KENYON	VICE					
159 I	PIERCE ST, BIRMINGHAM MI 48009	PRESIDENT 0 HRS	0	0			0_
EDWI	N HERBERT						
159 I	PIERCE ST, BIRMINGHAM MI 48009	DIRECTOR 0 HRS	0	0			0_
MICH	AEL EVANS						
	PIERCE ST, BIRMINGHAM MI 48009	DIRECTOR 0 HRS	0	0			0_
2	Compensation of five highest-paid employees "NONE."	(other than thos	e included on line	e 1 - see instructi	ons). If n	one, e	nter
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other all	se accour lowances	
NC	NE			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	· · · · · · · · · · · · · · · · · · ·		<del></del>				
			- "				
	· · · · · · · · · · · · · · · · · · ·						
Total	number of other employees paid over \$50,000						
					Form 99	1_DE /	2015)

Pa	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empand Contractors (continued)	oloyees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "N	ONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NONE	
		<del></del>
	<del></del>	
		-
		<u> </u>
Pa	t IX-A Summary of Direct Charitable Activities	
	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number parizations and other beneficianes served, conferences convened, research papers produced, etc.	of Expenses
1	N/A	_
		_
2		
		<del>-</del>
3		_
•		-
4		
-		_
Pa	IX-B Summary of Program-Related Investments (see instructions)	. <u>l</u>
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	N/A	_
-		-
2		
		_
Δ	other program-related investments. See instructions	
	other program-related investments. See instructions	
		-
rat.	LAdd lines 1 through 3	<u> </u>

Par	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn foundations,
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	<b>1a</b> 0
b		<b>1b</b> 11,805
С		1c 0
d		1d 11,805
е		
	1c (attach detailed explanation)0	
2	Acquisition indebtedness applicable to line 1 assets	<b>2</b> 0
3	Subtract line 2 from line 1d	3 11,805
4	Subtract line 2 from line 1d  Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see	
	instructions)	4   177
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 11,628
6	Minimum investment return. Enter 5% of line 5	6 581
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ▶ □ and do not complete this part.)	dations
1	Minimum investment return from Part X, line 6	1 581
2 а		- 301
Z a	at the state of th	
C		2c
3	Add lines 2a and 2b	3 581
4	Recoveries of amounts treated as qualifying distributions	4
5	Add lines 3 and 4	<b>5</b> 581
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,	<del></del>
•	line 1	581
		301
Part	t XII Qualifying Distributions (see instructions)	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	_
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	<b>1a</b> 14,908
b	Program-related investments - total from Part IX-B	1b
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	
	purposes	2
3	Amounts set aside for specific charitable projects that satisfy the	
а	Suitability test (prior IRS approval required)	3a
b	Cash distribution test (attach the required schedule)	3b
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4 14,908
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 14,908
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	
	qualifies for the section 4940(e) reduction of tax in those years.	

Form **990-PF** (2015)

Ρá	rt XIII Undistributed Income (see instr	uctions)		·	
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
•	line 7				581
2	Undistributed income, if any, as of the end of 2015				301
_	Enter amount for 2014 only			0	
	i		0		
	Total for pnor years 20,20,20		<u> </u>		
	i ' 12				
	0.700				
	10.006				
	From 2012				
	From 2013				
-	From 2014	05 212			
	Total of lines 3a through e	95,313			
4	Qualifying distributions for 2015 from Part XII,				
	line 4 ▶ \$14,908				
а	Applied to 2014, but not more than line 2a			0	
b	Applied to undistributed income of prior years (Election required - see instructions)		o		
_	Treated as distributions out of corpus (Election				
	required - see instructions)	0			
d	Applied to 2015 distributable amount				581
	Remaining amount distributed out of corpus	14,327			
5	Excess distributions carryover applied to 2015. (If an amount appears in column (d), the same	0	<u>-</u> .		0
	amount must be shown in column (a) )				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	109,640			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		0		
С	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		0		
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions		0		<del></del>
е	Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see				
	instructions			0	
f	Undistributed income for 2015 Subtract lines				
•	4d and 5 from line 1 This amount must be				
	distributed in 2016				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)	0			
8	Excess distributions carryover from 2010 not				
	applied on line 5 or line 7 (see instructions)	30,746			
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	78,894			
10	Analysis of line 9				
	Excess from 2011 8,729				
b	Excess from 2012 12,096				
	Excess from 2013 24,396				
	Excess from 2014 19,346				
	Excess from 2015				

Pa	rt XIV, Private Ope	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)	
1 a	If the foundation has r	received a ruling or d	etermination letter that	t it is a private opera	atıng	
	foundation, and the ruling	•	=		<u> </u>	·
b	Check box to indicate w	whether the foundation	is a private operating	foundation described in	section 4942(	j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	T	(e) Total
	justed net income from Part	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	<del></del>
	I or the minimum investment return from Part X for each					
	year listed					<del>  -</del>
b	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .	<del></del>				
a	Amounts included in line 2c not used directly for active conduct					
	of exempt activities					
е	Qualifying distributions made directly for active conduct of					
	exempt activities. Subtract line					
3	2d from line 2c					
•	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying			<u> </u>		
	under section					
h	4942(j)(3)(B)(i)					
Ü	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
c	"Support" alternative test - enter					
Ŭ	(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 sup-			**		
	port from an exempt organization					
	(4) Gross investment income					
Pa				only if the founda	tion had \$5,000 o	r more in assets at
		uring the year - see				
	Information Regarding	-				
а	List any managers of the before the close of any					
	•	, ,	-			
	DA AND SAM R. SII List any managers of					y large portion of the
U	ownership of a partner					y large portion of the
		,,,, ,,,, ,, ,,,, ,, ,,, ,, ,		•		
ı	1/A					
2	Information Regarding	Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ► X if the	he foundation only	makes contributions	to preselected char	itable organizations	and does not accept
	unsolicited requests for	or funds If the found	ation makes gifts, gra	ants, etc (see instruc	tions) to individuals	or organizations under
	other conditions, comp	lete items 2a, b, c, an	d d			
а	The name, address, ar	nd telephone number	or e-mail address of t	he person to whom ap	plications should be ac	ldressed.
	N/A					
b	The form in which appl	ications should be sul	omitted and information	on and materials they	should include:	
	N/A					
	Any submission deadli	nes:				
	N/A		augh ag bu sassa	ombiool organizations	able fields loads of	mothiutions on all-
d	Any restrictions or lift factors:	mitations on awards	, such as by geogra	apriicai areas, charita	able Heids, Kinds of	msulutions, or other

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 contribution   Purpose of grant or contribution   Amount    Name and address (home or business)   Amount							
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient	contribution				
a Paid during the year							
CEE A CHEA CUMENTE							
SEE ATTACHMENT							
		,					
Total			▶ 3a	14,850			
<b>b</b> Approved for future payment							
NONE							

Part XVI	<ul> <li>Analysis of Income-Prod</li> </ul>	ucing Act	ivities			
	amounts unless otherwise indicated		ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	n service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
-	N/A					
	.,,	_				
			<del>.</del>			
						· · · · · · · · · · · · · · · · · · ·
f			-	1.=-		
	and anti-sets from accomment appropria					
-	and contracts from government agencies					
	ship dues and assessments			-		<del></del>
	on savings and temporary cash investments -					
	ds and interest from securities					
	al income or (loss) from real estate			+		
a Debt	-financed property					
<b>b</b> Not o	debt-financed property			<u> </u>		
6 Net renta	il income or (loss) from personal property			<del> </del>		
7 Other in	vestment income					
8 Gain or (	loss) from sales of assets other than inventory					
9 Net inco	ome or (loss) from special events					
0 Gross p	rofit or (loss) from sales of inventory					
1 Other re	venue a					
b						
С						
е						
2 Subtotal	Add columns (b), (d), and (e)					
	dd line 12, columns (b), (d), and (e)		•	•	13	
See worksl	heet in line 13 instructions to verify calci	ulations)				
Part XVI-	B Relationship of Activities	s to the A	ccomplishment of E	xempt Pur	poses	
Line No. ▼	Explain below how each activity accomplishment of the foundation	-	•		•	•
	N/A					
	·					
					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
						<del>.</del>
						_
			<del>_</del>			
						<del></del>
			<u> </u>			<del></del>
				<del></del>		<del></del>
			<del></del>		<del></del>	<del></del>
					<del></del>	
	<del> </del>	-		<del></del>		<del></del>
			<del></del>			
	Î.					

Form 99	<u>`</u>									ge 13
Part 2	ΧVĮI	Information R Exempt Organ		sfers To and Transa	ctions a	and Relationship	s With Non	chari	table	9
1 D	id the	organization direct	ly or indirectly en	gage in any of the follow	ving with	any other organizati	on described		Yes	No
				ction 501(c)(3) organizat						
0	rganız	ations?								
аT	ransfe	ers from the reporting	ng foundation to a	noncharitable exempt or	ganızatıon	of		.		
(1	I) Cas	h						1a(1)		X
								1a(2)		X
b O	ther t	ransactions						_		-
(1	i) Sal	es of assets to a no	ncharitable exemp	t organization				1b(1)		<u>x</u>
				e exempt organization				1b(2)		X
(3	3) Rer	ntal of facilities, equi	ipment, or other as	sets				1b(3)		X
										X
(5	i) Loa	ns or loan guarantee	es					1b(5)		X
				or fundraising solicitations						X
				other assets, or paid emp						X
Vä	alue o	f the goods, other	assets, or service	complete the following s given by the reporting ment, show in column (d	foundation	on If the foundation	received less	than t	faır m	narke
(a) Line	no	(b) Amount involved	(c) Name of non	charitable exempt organization	(b)	Description of transfers, tra	nsactions, and sha	nng апта	ngeme	nts
N/A										
		· · · · · · · · · · · · · · · · · · ·								
·										
d	escrib		of the Code (other	ated with, or related to, er than section 501(c)(3))			inizations [	Ye	es X	] No
		(a) Name of organization	n	(b) Type of organization	ſ	(c) Des	cription of relations	ship		
N/A	7									
							,			
				- ,						
				this return, including accompanying eyer) is based on all information of who			est of my knowledg	e and b	elief, it	is true
Sign		( 1/		10001	L	1/10	May the IRS	discree	s this	return
Here		C. L. 1/4	Mer	10000	70	· · · ·		eparer s		
11416	Sign	ature of officer or trustee	•	Date	Title		(see instruction	s)?	Yes	No
	<u> </u>			T						
Paid		Print/Type preparer's na	me	Preparer's signature		Date		PTIN		
. u.u				<u> </u>			self-employed			

Form **990-PF** (2015)

Firm's EIN

Phone no

Paid Preparer

Use Only

Firm's name

Firm's address

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

► 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.

OMB No 1545-0047

2015

Name of the organization	Employer identification number					
TITE 611/ 1 11101 671/01/	0501000					
THE SAM & NADA SIMON FOUNDATION   27-0581002						
Organization type (oneok one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private fou	indation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundar	tion				
	501(c)(3) taxable private foundation					
Note. Only a section 501(c)(7), instructions  General Rule	(8), or (10) organization can check boxes for both the General Rule and a S	Special Rule See				
or more (in money or						
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 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						

Name of organization

Employer identification number

THE S.	AM & NADA SIMON FOUNDATION		27-0581002		
Part I	Contributors (see instructions). Use duplicate cop	opies 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 E. BARLETT  9197 S. PEORIA STREET  ENGLEWOOD, CO 80112	\$\$	Person  Payroli  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		
		<b>\$</b>	Person Payroll Noncash (Complete Part II for		

Name of organization THE SAM & NADA SIMON FOUNDATION **Employer Identification number** 

27-0581002

Dowt II	Manageh Property (see instructions)	Llea duplicate copies o	f Part II if additional enace is needed
Part II	Noncash Property (see instructions).	. Ose duplicate copies o	rant in it additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	-	
<del></del>		-	
		_   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		_   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		-	
		_   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- -	
		_	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Employer identification number Name of organization THE SAM & NADA SIMON FOUNDATION 27-0581002 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. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

THE SAM & NADA SIMON FOUNDATION

27-0581002

FYE: 6/30/2016

# **FEDERAL STATEMENTS**

# Statement 1 - Form 990-PF, Part I, Line 1 - Contributions

Description	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for Charitable Purposes
Contribution from James Barlett	\$5,000	N/A	N/A	N/A
Total	\$5,000	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

# Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for Charitable Purposes
Meeting expense/ business cards	\$58	\$ 0	\$ 0	\$58
Total	<u>\$58</u>	<u>\$ 0</u>	\$0	<u>\$58</u>

### The Sam & Nada Simon Foundation 2015 Form 990-PF (7/1/2015 - 6/30/2016)

Part XV - Question 3
Grants and Contributions Paid During the Year or Approved for Future Payments

Recipient - Name and address	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
JDRF International 26 Broadway Fl 14 New York, NY 10004	N/A	PC	Support JDRF One Walk for diabetes research \$ and advocacy	750
Michigan Education Trust PO Box 30198 Lansing, MI 48909	N/A	GOV	Sponsor Fostering Futures Scholarship charitable event to raise money for scholarships for children in foster care	100
Hope Clinic P O. Box 980311 Ypsilanti, MI 48198-0311	N/A	PC	Sponsor Evening of Hope event to raise money for medical, dental and food programs	2,000
Tri-Community Coalition 14700 W Lincoln Royal Oak, MI 48237	N/A	PC	Sponsor Laughter Is My Drug event to raise money for programs to prevent substance abuse by children	1,000
Generation of Promise 1335 Oakman Blvd Detroit, MI 48238	N/A	PC	Support diversity and leadership program for high school students	1,000
City Year Detroit 1 Ford Place, Suite 1F Detroit, MI 48202	N/A	PC	Sponsor CY Detroit's FY 16 Red Jacket Gala to raise money to support tutors, mentors and role models in high-need public schools	5,000
The Garden Party Foundation 373 Victor Avenue Highland Park, MI 48203	N/A	PC	Sponsor event to raise money to provide trade school scholarships to underprivileged young adults	5,000

	· · · · · · · · · · · · · · · · · · ·	
Total	_\$	14,850