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Department of the Treasury

Internal Revenue Service

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DLN: 93491319009227

2016

OMB No 1545-0052

**Return of Private Foundation** 

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

▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

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

Open to Public

For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016 Name of foundation SIMMONS FAMILY FOUNDATION INC C/O SIMMONS/PATRIOT MEDIA & COMMUNICATIO A Employer identification number 06-1409685 Number and street (or P O box number if mail is not delivered to street address) 35 MASON STREET B Telephone number (see instructions) (203) 622-8999 City or town, state or province, country, and ZIP or foreign postal code GREENWICH, CT 06830  ${f C}$  If exemption application is pending, check here ☐ Initial return Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, check here and attach computation ☐ Name change Address change E If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation H Check type of organization under section 507(b)(1)(A), check here  $\square$  Section 4947(a)(1) nonexempt charitable trust  $\square$  Other taxable private foundation I Fair market value of all assets at end J Accounting method ✓ Cash ☐ Accrual If the foundation is in a 60-month termination of year (from Part II, col (c), under section 507(b)(1)(B), check here Other (specify) line 16) \$ 1,731,596 (Part I, column (d) must be on cash basis ) Part I Analysis of Revenue and Expenses (The total (d) Disbursements Revenue and (b) Net investment Adjusted net for charitable (c) of amounts in columns (b), (c), and (d) may not necessarily expenses per books equal the amounts in column (a) (see instructions) ) (cash basis only) Contributions, gifts, grants, etc , received (attach schedule) Check ► ✓ If the foundation is **not** required to attach 2 3 Interest on savings and temporary cash investments Dividends and interest from securities 40,865 40,865 Gross rents 5a b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 28 28 11 Total. Add lines 1 through 11 35,052 40,893 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . Accounting fees (attach schedule) Other professional fees (attach schedule) 6,629 إجد 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 Travel, conferences, and meetings 22 Printing and publications . . 23 Other expenses (attach schedule) 7.816 7.816 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . 14,445 8,523 124,800 124,800 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 139,245 8,523 124,850 27 Subtract line 26 from line 12 Excess of revenue over expenses and -104,193 disbursements 32,370 Net investment income (if negative, enter -0-) Adjusted net income(If negative, enter -0-)

```
1,724,734
                                                            1,647,478
Land, buildings, and equipment basis
Less accumulated depreciation (attach schedule)
Other assets (describe > _
Total assets (to be completed by all filers—see the
instructions Also, see page 1, item I)
                                                1,769,741
                                                            1,665,548
Loans from officers, directors, trustees, and other disqualified persons
Mortgages and other notes payable (attach schedule). . . . . .
```

1,075,486

694,255

1,769,741

1,769,741

1.075,486

590,062

1,769,741

-104,193

1,665,548

1,665,548

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1,665,548 1,665,548

2

3 4

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6

1,713,526

1,731,596

Investments—corporate bonds (attach schedule) . . . . . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . .

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds . . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Investments—land, buildings, and equipment basis ▶ \_

Less accumulated depreciation (attach schedule)

C

11

12

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14

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21

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24

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28

29

31 Part III Other liabilities (describe -\_

Unrestricted . . . . Temporarily restricted

Permanently restricted . . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . . . .

Other increases not included in line 2 (itemize) ▶ \_\_\_\_

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a NORTHERN TRUST			Р		
b CAPITAL GAINS DIVIDEN	IDS		Р		
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain d	h) or (loss) i) minus (g)
a 13	4,775		145,759	, , , , ,	-10,984
b	5,143				5,143
С					
d					
e					
	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	,	1)
(i) F M V as of 12/31/69	(i)  Adjusted basis as of 12/31/69	Excess	(k) of col (i) (j), if any	Gains (Col ( col (k), but not	( <b>1)</b> h) gain minus less than -0-) <b>or</b> om col (h))
а			(3//		-10,984
b					5,143
С					
d					
e					
	or (net capital loss)  gain or (loss) as defined in sections rt I, line 8, column (c) (see instructi		· ' '	3	-5,841
For optional use by domestic p if section 4940(d)(2) applies, le Was the foundation liable for th if "Yes," the foundation does no	Under Section 4940(e) for Recrivate foundations subject to the server this part blank e section 4942 tax on the distributant of qualify under section 4940(e) Domount in each column for each year,	ction 4940(a) tax on ne ble amount of any year not complete this part	et investment incom in the base period?	е)	es 🗹 No
(a)	, ,			(d)	
Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	Distribution rat (col (b) divided by o	
2015	140,328		1,854,289		0 075678
2014	91,880		1,867,009		0 049212
2013	176,805		1,251,619		0 141261
2012	114,972		347,205		0 331136
2011	165,870		444,603		0 373074
2 Total of line 1, column (	d)		2		0 970361
number of years the four	for the 5-year base period—divide idation has been in existence if less ncharitable-use assets for 2016 fron	than 5 years	, or by the		0 194072 1,692,945
<b>5</b> Multiply line 4 by line 3			5		328,553
<b>6</b> Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		324
<b>7</b> Add lines 5 and 6			7		328,877
	ons from Part XII, line 4 , eater than line 7, check the box in Pa		8 oplete that part usin	g a 1% tax rate Se	124,850 e the Part VI
				F	orm <b>990-PF</b> (2016)

				Yes ∟	No	1 1
If "Yes," attach the statement requ		, -	, ,			
<b>6a</b> Did the foundation, during the year	r, rece	eive any funds, directly or	indirectly, to pay premiu	ims on		
a personal benefit contract?				· 🗌 Yes 🗸	No	
<b>b</b> Did the foundation, during the year	r, pay	premiums, directly or ind	irectly, on a personal be	nefit contract?	6b	No
If "Yes" to 6b, file Form 8870						
<b>7a</b> At any time during the tax year, w				⊔ Yes 🖭	No	
<b>b</b> If yes, did the foundation receive a					7b	
	Offic	ers, Directors, Trust	ees, Foundation Ma	nagers, Highly Paid Er	nployees,	,
and Contractors						
1 List all officers, directors, truste	es, f	oundation managers an	d their compensation	-	_	
(a) Name and address	(	Title, and average hours per week <b>b)</b> devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		nse account, allowances
EILEEN SIMMONS		SIDENT	0	(		0
35 MASON STREET GREENWICH, CT 06830	0 25					
STEVEN J SIMMONS	VP &		0	C		0
35 MASON STREET GREENWICH, CT 06830	0 25					
DANIEL L DANIELS		RETARY	0	C		0
400 ATLANTIC STREET STAMFORD, CT 06911	0 25					
2 Compensation of five highest-pa	aid er	nployees (other than th	nose included on line 1	.—see instructions). If no	ne, enter "	NONE."
(a) Name and address of each employee p more than \$50,000	aıd	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation		se account, allowances
NONE						
		<u> </u>				
Total number of other employees paid o	ver \$5	50,000		•		0
					Form <b>99</b>	<b>0-PF</b> (2016)

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		• 0
Part IX-A Summary of Direct Charitable Activities		_
List the foundation's four largest direct charitable activities during the tax year Include rel		r of Expenses
organizations and other beneficiaries served, conferences convened, research papers produ	uced, etc	
1		
		<del> </del>
2		<del> </del>
2		<del> </del>
2		
3		<del> </del>
		<del> </del>
4		
4		
Part IX-B Summary of Program-Related Investments (see	<u> </u>	
Describe the two largest program-related investments made by the foundation during t	the tax year on lines 1 and 2	Amount
1		
2		+
2		
All other program-related investments. See instructions		
all other program-related investments. See instructions		
<u> </u>		
Total. Add lines 1 through 3		<b>▶</b> 0
		Form <b>990-PF</b> (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

За 3h

4

5

124,850

124.850

124.850

Form 990-PF (2016)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

1

2

3

4

5

Page 9

84.000

84.000

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**b** Total for prior years

From 2011. . . . .

**b** From 2012. . . . . c From 2013. . .

**d** From 2014. . . . .

e From 2015. . . . .

XII, line 4 ▶ \$

indicated below:

Excess distributions carryover, if any, to 2016

f Total of lines 3a through e. . . . . . . .

4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a **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 2016 distributable amount. . . . .

(If an amount appears in column (d), the

line 4b from line 2b . . . . . . . . .

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 . . . . . . . . . . . . . e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . . 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 2011 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. .

**b** Excess from 2013. .

c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

same amount must be shown in column (a) )

0-PF (20	016)	
XIII	Undistributed Income	(see instructions)

- 1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only. . . . . . .

115,200

121.981 9,499

53,167

115.200 121,981

9,499

53.167

40.850

- 166,550

466,397

(چە

40.850

507,247

166.550

340,697

(a)

Corpus

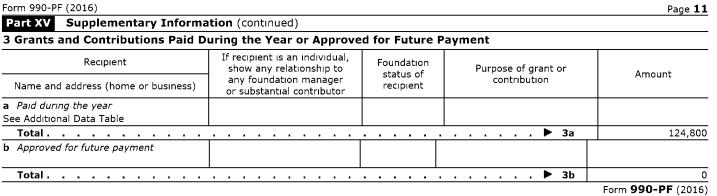
(b)

Years prior to 2015

(c)

2015

e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2016 6 Enter the net total of each column as a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract c Enter the amount of prior years' undistributed



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Part XVI-A Analysis of Income-Producing	Activities				
Enter gross amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
a					
b c					
d					
e f					
g Fees and contracts from government agencies					
Membership dues and assessments.     Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	40,865	
5 Net rental income or (loss) from real estate					
<ul><li>a Debt-financed property.</li><li>b Not debt-financed property.</li></ul>					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	28	
<b>8</b> Gain or (loss) from sales of assets other than inventory			18	-5,841	
9 Net income or (loss) from special events					
<ul><li>10 Gross profit or (loss) from sales of inventory</li><li>11 Other revenue a</li></ul>					
b					
c					
e					
12 Subtotal Add columns (b), (d), and (e)		0		35,052	
<b>13 Total.</b> Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations	ns)		1	3	35,052
Part XVI-B Relationship of Activities to th		ment of Exem	pt Purposes		
Line No. Explain below how each activity for which the accomplishment of the foundation's explain instructions ()					
				Fo	rm <b>990-PF</b> (2016)

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Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Part XVII	Exempt Organia	-	anste	ers 10 a	and Transact	cion	s and Re	iatio	nsnips with Noi	ncnarita	ibie		
	ganization directly or in Code (other than sectio	directly engag								on 501		Yes	No
, ,	from the reporting foun		-						yaa	F			
										.	La(1)		No
<b>(2)</b> Other	rassets										La(2)		No
<b>b</b> Other tran	sactions												
<b>(1)</b> Sales	of assets to a nonchar	table exempt	organı	ızatıon.				•		[1	lb(1)		No
(2) Purch	nases of assets from a n	oncharitable	exempt	t organiz	zation					[1	lb(2)		No
(3) Renta	al of facilities, equipmer	nt, or other as	sets.							4	lb(3)		No
	bursement arrangemen									. 4	lb(4)		No
	s or loan guarantees.										lb(5)		No
	mance of services or m	•		_						· [	lb(6)		No
_	facilities, equipment, n									·	1c		No
of the goo	wer to any of the above ds, other assets, or ser nsaction or sharing arra	vices given by	the re	eporting	foundation If th	he fo	oundation re	eceive	ed less than fair mar	ket value			
(a) Line No	(b) Amount involved	(c) Name of	noncharı	itable exe	mpt organization		(d) Descript	tion of	transfers, transactions	, and sharıı	ng arrai	ngemen	ts
+						<u> </u>							
2a Is the four	ndation directly or indire	ectly affiliated	with, d	or relate	d to, one or mo	re ta	x-exempt	organ	ızatıons				
described	in section 501(c) of the	Code (other	than se	ection 50	01(c)(3)) or in se	ectio	on 527?			$\square$	Yes	<b>✓</b> N	0
<b>b</b> If "Yes," c	omplete the following so	chedule											
	(a) Name of organization	n		(1	<b>b)</b> Type of organiza	ation			(c) Description	of relation	ship		
of m Sign which	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co							than taxpayer) is ba	ased on a	l infor	mation	of
Here 👠 📋	*****				2017-11-10		_ \ ****	**		May the IRS			
<b> </b>	Signature of officer or ti	rustee			Date		Title			(see instr )	· —		
	Print/Type preparer's	name	Prepar	er's Sıgr	nature		Date		Charles 16	PTIN			
									Check if self-	Р	00783	192	
D-!-I	HANK MURATOVIC								employed ▶ ☐				
Paid													
Preparer	Third Harrier Roll	US LLP			<u> </u>					Fırm's EIN	N ▶42-	 07143	25
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	ST	AMFORD, CT	06902	2						i none no	(203	, 52/-3	-112

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	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
AMERICAN CANCER SOCIETY PO BOX 22718 OKLAHOMA CITY, OK 73123	NONE		FOR CHARITABLE PURPOSES	1,500		
AMERICAN LUNG ASSOCIATION 55 W WACKER DRIVE SUITE 1150 CHICAGO, IL 60601	NONE		FOR CHARITABLE PURPOSES	100		
BOYS & GIRLS CLUB OF GREENWICH 4 HORSENECK LANE GREENWICH, CT 06830	NONE		FOR CHARITABLE PURPOSES	2,500		
CHILDREN OF FALLEN PATRIOTS FOUNDATION 419 3RD ST N	NONE		FOR CHARITABLE PURPOSES	100		

CHICAGO, IL 60601			
BOYS & GIRLS CLUB OF GREENWICH 4 HORSENECK LANE GREENWICH, CT 06830	NONE	FOR CHARITABLE PURPOSES	2,5
CHILDREN OF FALLEN PATRIOTS FOUNDATION 419 3RD ST N	NONE	FOR CHARITABLE PURPOSES	1

JACKSONVILLE BEACH, FL 32250 3,600

CONNCAN 85 WILLOW STREET NONE FOR CHARITABLE PURPOSES

NEW HAVEN, CT 06511 124,800 Total .

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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	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
CONNECTICUT PUBLIC BROADCASTING NETWORK 1049 ASYLUM AVE HARTFORD, CT 06105	NONE		FOR CHARITABLE PURPOSES	250		
CORNELL UNIVERSITY 144 EAST AVENUE ITHACA, NY 14850	NONE		FOR CHARITABLE PURPOSES	10,000		
GREENWICH ALLIANCE FOR EDUCATION 48 MAPLE AVE GREENWICH, CT 06830	NONE		E050258 - 04/28/16 16 26 PM WORKSHEET FORM 990-PF RETURN OF PRIVATE	100		
GREENWICH CAMPERSHIP PROGRAM 101 FIELD POINT ROAD GREENWICH, CT 06830	NONE		FOR CHARITABLE PURPOSES	250		
HARVARD UNIVERSITY 86 BRATTLE STREET	NONE		FOR CHARITABLE PURPOSES	25,000		

CAMBRIDGE, MA 02138

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	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
HILL HOUSE SENIOR RESIDENCE 10 RIVERSIDE AVENUE RIVERSIDE, CT 06878	NONE		FOR CHARITABLE PURPOSES	100			
HUMAN RIGHTS FIRST 75 BROAD ST 31ST FLOOR NEW YORK, NY 10004	NONE		FOR CHARITABLE PURPOSES	500			
INTERNATIONAL RESCUE COMMITTEE 122 E 42ND ST NEW YORK, NY 10017	NONE		FOR CHARITABLE PURPOSES	100			
MARTHA'S VINEYARD FILM SOCIETY INC 79 BEACH RD VINEYARD HAVEN, MA 02568	NONE		E050258 - 04/28/16 16 27 PM WORKSHEET FORM 990-PF RETURN OF PRIVATE	100			
MARTHA'S VINEYARD THEATER FOUNDATION OAK BLUFFS AVE OAK BLUFFS, MA 02557	NONE		FOR CHARITABLE PURPOSES	250			

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	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	NONE		FOR CHARITABLE PURPOSES	2,500		
NORWICH UNIVERSITY 158 HARMON DR NORTHFIELD, VT 05663	NONE		FOR CHARITABLE PURPOSES	1,000		
POLICE ATHLETIC LEAGUE 1550 SPRING RD 310 OAK BROOK, IL 60523	NONE		FOR CHARITABLE PURPOSES	100		
READ TO GROW 53 SCHOOL GROUND RD 3 BRANFORD, CT 06405	NONE		FOR CHARITABLE PURPOSES	1,000		
SEEDS OF PEACE 370 LEXINGTON AVENUE SUITE 1201 NEW YORK, NY 10017	NONE		FOR CHARITABLE PURPOSES	100		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SILVER HILL HOSPITAL 208 VALLEY RD NONE FOR CHARITABLE PURPOSES 1,000 NEW CANAAN, CT 06840 SILVERMINE ARTS CENTER NONE FOR CHARITABLE PURPOSES 250 1037 SILVERMINE RD NEW CANAAN, CT 06840 SPECIAL OLYMPICS NONE FOR CHARITABLE PURPOSES 100 633 W 5TH STREET SUITE 2000 LOS ANGELES, CA 90071 THE WHITE HOUSE HISTORICAL NONE FOR CHARITABLE PURPOSES 5,000 ASSOCIATION 1450 PENNSYI VANTA AVE NW WASHINGTON DC 20006 VGC FOUNDATION NONE FOR CHARITABLE PURPOSES 500

124,800

100 CLUBHOUSE LANE EDGARTOWN, MA 02539

Total . .

3a

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	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	any foundation manager or substantial contributor	recipient				
a Paid during the year						
WCS INC 2300 SOUTHERN BLVD BRONX, NY 10460	NONE		FOR CHARITABLE PURPOSES	500		
WOMEN'S BUSINESS DEVELOPMENT COUNCIL 184 BEDFORD STREET SUITE 201 STAMFORD, CT 06901	NONE		FOR CHARITABLE PURPOSES	1,250		
YALE NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06510	NONE		FOR CHARITABLE PURPOSES	250		
YWCA OF GREENWICH 259 E PUTNAM AVENUE GREENWICH, CT 06830	NONE		FOR CHARITABLE PURPOSES	250		
INNER-CITY SCHOLARSHIP FUND	NONE		FOR CHARITABLE PURPOSES	10,000		

124,800

1011 1ST AVENUE 1400 NEW YORK, NY 10022

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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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
STEW LEONARD III CHILDREN'S CHARITIES 100 WESTPORT AVENUE NORWALK, CT 06851	NONE		FOR CHARITABLE PURPOSES	1,000
AMOGERONE VOLUNTEER FIRE DEPARTMENT CENTRAOL FIRE STATION PO BOX 121 GREENWICH, CT 068360121	NONE		FOR CHARITABLE PURPOSES	100
GREENWICH POLICE SILVER SHIELD ASSOCIATION 11 HAVEMEYER PLACE GREENWICH, CT 06830	NONE		FOR CHARITABLE PURPOSES	500
NYRR TEAM FOR KIDS 156 WEST 56TH STREET 3RD FLOOR NEW YORK, NY 10019	NONE		FOR CHARITABLE PURPOSES	250
BMCC FOUNDATION 199 CHAMBERS STREET FH 1330 NEW YORK NY 10007	NONE		FOR CHARITABLE PURPOSES	1,000

NEW YORK, NY 10007

124,800 Total . За

Form 990PF Part XV Line 3 - Gran	ts and Contributions Paid	During the	Year or Approved for Future	Payment
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)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
STAMFORD MUSEUM AND NATURE CENTER 39 SCOFIELDTOWN ROAD STAMFORD, CT 06903	NONE		FOR CHARITABLE PURPOSES	500
THE FRESH AIR FUND 633 3RD AVENUE 14 NEW YORK, NY 10017	NONE		FOR CHARITABLE PURPOSES	100
MARGUERITE HUTCHINS MEMORIAL FUND 150 E FRANKLIN STREET CHAPEL HILL, NC 27514	NONE		FOR CHARITABLE PURPOSES	1,000
FRANKLIN PIERCE UNIVERSITY 40 UNIVERSITY DRIVE RINDGE, NH 03461	NONE		FOR CHARITABLE PURPOSES	2,000
HABITAT FOR HUMANITY 6040 N PULASKI ROAD CHICAGO, IL 60646	NONE		FOR CHARITABLE PURPOSES	100

124,800

Total . 3a

If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
any foundation manager or substantial contributor	recipient		
NONE		FOR CHARITABLE PURPOSES	100
NONE		FOR CHARITABLE PURPOSES	100
NONE		FOR CHARITABLE PURPOSES	250
NONE		FOR CHARITABLE PURPOSES	15,000
NONE		FOR CHARITABLE PURPOSES	1,000
	show any relationship to any foundation manager or substantial contributor  NONE  NONE  NONE  NONE	show any relationship to any foundation manager or substantial contributor  NONE  NONE  NONE  NONE	show any relationship to any foundation manager or substantial contributor  NONE  FOR CHARITABLE PURPOSES  NONE  FOR CHARITABLE PURPOSES  NONE  FOR CHARITABLE PURPOSES  FOR CHARITABLE PURPOSES  FOR CHARITABLE PURPOSES  FOR CHARITABLE PURPOSES  NONE  FOR CHARITABLE PURPOSES

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
EDGARTOWN FIREMAN'S ASSOCIATION 68 PEASES POINT WAY S EDGARTOWN, MA 02539	NONE		FOR CHARITABLE PURPOSES	100
TEACH FOR AMERICA 300 W ADAMS STREET 1000 CHICAGO, IL 60606	NONE		FOR CHARITABLE PURPOSES	5,000
SHERIFF'S MEADOW FOUNDATION 57 DAVID AVENUE VINEYARD HAVEN, MA 02568	NONE		FOR CHARITABLE PURPOSES	100
ARTHRITIS FOUNDATION 35 E UPPER WACKER DRIVE 260 CHICAGO, IL 60601	NONE		FOR CHARITABLE PURPOSES	100
GREENWICH COUNTRY DAY SCHOOL 401 OLD CHURCH ROAD GREENWICH, CT 06830	NONE		FOR CHARITABLE PURPOSES	1,000

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	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
GREENWICH EMERGENCY MEDICAL SERVICE INC 1111 E PUTNAM AVE 201 RIVERSIDE, CT 06878	NONE		FOR CHARITABLE PURPOSES	250
MARTHA'S VINEYARD HOSPITAL 1 HOSPITAL ROAD OAK BLUFFS, MA 02557	NONE		FOR CHARITABLE PURPOSES	1,000
FRANKLIN D ROOSEVELT PRESIDENTIAL LIBRARY 4079 ALBANY POST ROAD HYDE PARK, NY 12538	NONE		FOR CHARITABLE PURPOSES	15,000
YEAR UP 223 W JACKSON BLVD 400 CHICAGO, IL 60606	NONE		FOR CHARITABLE PURPOSES	5,000
THE LUSTGARTEN FOUNDATION 1111 STEWART AVENUE BETHPAGE, NY 11714	NONE		FOR CHARITABLE PURPOSES	5,000
Total	<del></del>			124,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN, 38105	NONE	FOR CHARITABLE PURPOSES	1,000

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MEMPHIS, TN 38105			
262 DANNY THOMAS PLACE			
HOSPITAL			

MEMPHIS, TN 38105		
Total	 	 124,800

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93491319009227 TY 2016 Distribution from Corpus Election Name: SIMMONS FAMILY FOUNDATION INC C/O SIMMONS/PATRIOT MEDIA & COMMUNICATIO **EIN:** 06-1409685 Election: PURSUANT TO IRC SEC. 4942(H)(2) AND REG. 53.4942(A)-3(D) (2), THE SIMMONS FAMILY FOUNDATION, INC. HEREBY ELECTS TO TREAT CURRENT YEAR OUALIFYING DISTRIBUTIONS IN EXCESS OF THE IMMEDIATELY PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME AS BEING MADE OUT OF CORPUS.

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319009227
TY 2016 Investments - Other	Schodulo		
11 2010 livestillents - Other	Scriedule		
Name:	SIMMONS FAMILY	FOUNDATION INC	
	C/O SIMMONS/PA	TRIOT MEDIA & COMMUNI	CATIO

<b>EIN:</b> 06-1409685				
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value	
SECURITIES	AT COST	1,647,478	1,713,526	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491319009227	
TY 2016 Other Expenses Scho	edule				
Name:	SIMMONS FAMI	ILY FOUNDATION	INC		
	C/O SIMMONS/PATRIOT MEDIA & COMMUNICATIO				
EIN:	06-1409685				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
BANK FEES	19	19		0	
MANAGEMENT FEES - NORTHERN TRUST	138	138		0	

7,659

7,659

AGENCY FEES - NORTHERN TRUST

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319009227
TY 2016 Other Income Schedul	le		
Name: S	SIMMONS FAMILY	FOUNDATION INC	

## C/O SIMMONS/PATRIOT MEDIA & COMMUNICATIO

**EIN:** 06-1409685

Other Income Schedule						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
NORTHERN TRUST - OTHER INCOME	28	28	28			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319009227				
TY 2016 Substantial Contributors							
Schedule							
Name:	SIMMONS FAMILY FOUNDATION INC						
	C/O SIMMONS/PATRIOT MEDIA & COMMUNICATIO						
EIN:	: 06-1409685						
Name			Address				
STEVEN J SIMMONS			C/O SIMMONS/PATRIOT MEDIA COMMUNICA IONS 35 MASON STREET GREENWICH, CT 06830				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	DLI		N: 93491319009227				
TY 2016 Taxes Schedule								
				!				
Name: SIMMONS FAMILY FOUNDATION INC								
C/O SIMMONS/PATRIOT MEDIA & COMMUNICATIO								
<b>EIN:</b> 06-1409685								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
FOREIGN TAXES PAID	707	707	·	0				
STATE TAXES	50	0		50				
DEPARTMENT OF TREASURY	5,872	0		0				