EXTENDED TO NOVEMBER 16, 2020 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. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

Form	990-PF
Departr	nent of the Treasury
Internal	Revenue Service

SCANNED UEC 0 1 2020

For calendar year 2019 or tax year beginning and ending A Employer identification number Name of foundation SIMMONS FOUNDATION 38-6075922 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 3390 TRAVIS POINTE RD 734-996-0900 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ANN ARBOR, MI 48108-9620 Initial return Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply: Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: | X Cash Accrual F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 1,206,217. (Part I, column (d), must be on cash basis.) ▶\$ (d) Disbursements or charitable purposes (cash basis only) Part I Analysis of Revenue and Expenses (c) Adjusted net (b) Net investment (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income N/A Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 22,405. 22,405. STATEMENT STATEMENT 11,503. 11,503. 4 Dividends and interest from securities 5a Gross rents RECEIVED h Net rental income or (loss) 26,639 68 Net gain or (loss) from sale of assets not on line 10 80 Gross sales price for all assets on line 6a 403,224. 7. 2020 26,639. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain OGIDEN. UT Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 15,969. STATEMENT 3 I 15,460. 11 Other income 76,516. 76,007. Total. Add lines 1 through 11 12 0. 0. 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 7.195. 3,598. 3,597. STMT 4 b Accounting fees 5,480. 5,480. 0. STMT 5 c Other professional fees 17 Interest 1,768. 0. 388. STMT 6 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 0. STMT 7 1,161. 1,161. 23 Other expenses 24 Total operating and administrative 3,597. 15,604 10,627. expenses. Add lines 13 through 23 50,000. 50,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 53,597. 65,604 10,627. Add lines 24 and 25 27 Subtract line 26 from line 12: 10,403. & Excess of revenue over expenses and disbursements 65,889. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-) Form **990-PF** (2019)

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

2019.04020 SIMMONS FOUNDATION 9 412317.1

Foi	rm 99	00-PF (2019) SIMMONS FOUNDATION		38	6075922 Page 2
È	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<u> </u>
느	<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			44 056
	2	Savings and temporary cash investments	33,536.	11,956.	11,956.
	3	Accounts receivable ▶			
	١.	Less: allowance for doubtful accounts	·-·		
	4	Pledges receivable	<u></u>		
	١.	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	١,	disqualified persons Other notes and loans receivable			
	<i>'</i>	Less; allowance for doubtful accounts			
	8	Inventories for sale or use		·	
Assets	J	Prepaid expenses and deferred charges		·	
Ass	1	Investments - U.S. and state government obligations			
	1	Investments - corporate stock STMT 8	433.910.	501,637.	592,242.
	1	Investments - corporate bonds STMT 9	433,910. 493,355.	493,625.	566,065.
	1	Investments - land, buildings, and equipment basis		,	. 1
	`	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 10	42,661.	6,855.	35,954.
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe ► ACCRUED INTEREST)	175.	0.	0.
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item l)	1,003,637.	1,014,073.	1,206,217.
	17	Accounts payable and accrued expenses		· ·	
	18	Grants payable			
es	19	Deferred revenue			<u>-</u>
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe			,
		Table Labilitation (and lines 17 Abrasian 00)	0.	0.	
_	23	Total liabilities (add lines 17 through 22)	U•	<u> </u>	
	l	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.			i
ces	24	Net assets without donor restrictions	,		ŀ
ğ	25	Net assets with donor restrictions			
8	•	Foundations that do not follow FASB ASC 958, check here		·	i
Ē		and complete lines 26 through 30.			
Ē	26	Capital stock, trust principal, or current funds	1,276,180.	1,276,180.	}
ţ	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balan	28	Retained earnings, accumulated income, endowment, or other funds	-272,543.	-262,107.	
ž	29	Total net assets or fund balances	1,003,637.	1,014,073.	
ž					
	30	Total liabilities and net assets/fund balances	1,003,637.	1,014,073.	
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
Ξ					
		net assets or fund balances at beginning of year - Part II, column (a), line 2	29		1 002 627
	•	it agree with end-of-year figure reported on prior year's return)		1	1,003,637.
		r amount from Part I, line 27a r increases not included in line 2 (itemize) MISC TIMING	DIEEED PNCEC	2	33.
		Increases not included in line 2 (itemize) MISC TIMING lines 1, 2, and 3	PILLBURNCES	3 4	1,014,073.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 29		1,014,073.
<u> </u>	, o tui	The second of th	(2))		Form 990-PF (2010)

	MONS FOUNDATI and Losses for Tax		Income	ਰਜ਼ਨ	3 000 3 01		8-6073		Page 3
	the kind(s) of property sold				ATTACE acquired irchase		TATEME acquired	(d) Dai	te sold
	arehouse; or common stock,			D - D	irchase onation		day, yr.)	(mo., d	
1a									
b									
<u>c</u>				 				<u> </u>	
_d				 					
<u>e</u>				<u> </u>	1				
(e) Gross sales price	(f) Depreciation allow (or allowable)		est or other basis expense of sale				iain or (loss) s (f) minus (
8									
_b			 -						
_ 	 -								
e 403,224.			373,36	, -				26	,639.
Complete only for assets showing	on dain in column (h) and ow	med by the foundation		' 		I) Coine (C	Cal (b) cara		,039.
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E	xcess of col. (i) r col. (j), if any			l. (k), but ı	Col. (h) gain not less than (from col. (l	1 -0-) or	
a							-		
b									
C									
d									
е	<u></u>							26	<u>,639.</u>
2 Capital gain net income or (net ca	apital loss) { If gain, a	lso enter in Part I, line enter -0- in Part I, line	7 e 7	} 2				26	,639 <u>.</u>
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,		22(5) and (6):		}					
If (loss), enter -0- in Part I, line 8	nder Section 4940(V 5		3	1		N/A		
Part V Qualification U (For optional use by domestic private					Helit IIIC	JIII C			
If section 4940(d)(2) applies, leave the	•	table amount of any ve	ear in the hase peri	od2				∏ Vas	X No
If "Yes," the foundation doesn't qualif Enter the appropriate amount in a	y under section 4940(e). Do	not complete this part	t		<u></u>	<u>.</u>			
(a)		(b)	1	(c)				(d) ution ratio	
Base period years Calendar year (or tax year beginnii	Administration amplif	ying distributions	Net value of no		le-use assets	}	Distrib (col. (b) divi	ution ratio ded by col.	(c))
2018		48,779.		1,1	11,111		(-7		43901
2017		52,829.		1,1	31,830				46676
2016		52,909.		1,1	15,024	•	_	.04	47 <u>45</u> 1
2015		57,230.			83,797				<u> 48344</u>
2014		52,673.		1,2	26,927	•		.04	42931
2 Total of line 1, column (d)						2		. 22	<u> 29303</u>
3 Average distribution ratio for the state foundation has been in exister	•	ne total on line 2 by 5.	0, or by the numbe	er of years	•	3		.04	45861
4 Enter the net value of noncharitab	le-use assets for 2019 from	Part X, line 5				4		1,139	<u>, 231.</u>
5 Multiply line 4 by line 3						5_		52	<u>, 246 .</u>
5 Enter 1% of net investment incom	e (1% of Part I, line 27b)					6			659.
7 Add lines 5 and 6						7		52	<u>,905.</u>
B Enter qualifying distributions from	n Part XII, line 4					_8_		53	<u>,597.</u>
If line 8 is equal to or greater than	line 7, check the box in Part	VI, line 1b, and comp	lete that part using	g a 1% tax	rate.				
See the Part VI instructions.									DE ::-
923521 12-17-19							Fo	orm 990-	ㄷㄷ (2019

Part IV Capital Gains and Los	sses for Tax on Investment Income				
(a) List and 2-story bi	d describe the kind(s) of property so rick warehouse, or common stock, 2	ld, e.g., real estate, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADE			P		
b PUBLICLY TRADE	D SECURITIES 208	5	P		
c PUBLICLY TRADE			P		
d PUBLICLY TRADE		8	P	_	
	UNITS BUCKEYE PA	RTNERS LP	P		
f FROM K-1 - BUCI			P		
g PFIZER LITIGAT			P		
h CAPITAL GAINS					_
1					_
					_
k					
i .					
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) blus (f) minus (g)	
a 184,247.	1	181,658.	(*/ F	.,	2,589.
450.005		123,390.			27,505.
	<u> </u>	123,350.			58.
25 222		25,000.			0.
42 004		43,319.			-325.
		43,319.			-3,218.
1 24					24.
g 24. h 6.					6.
h 6.		 			0.
					:
					
<u>k</u>				<u></u>	
<u>I</u>			!		
<u>m</u>			 .		
<u>n</u>	.=	<u> </u>			-
0		the foundation on 10/01/00			·
Complete only for assets showin	ng gain in column (h) and owned by	1	(I) Los	sses (from col. (h)) of col. (h) gain over	col (k)
(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	but n	of less than "-0-")	coi. (k),
	as 01 12/3 1/09	over cor. ()), if any	··· -	· · · · · · · · · · · · · · · · · · ·	2 500
<u>a</u>					2,589.
<u>b</u>					27,505.
C					58.
<u>d</u>					0.
<u>e</u>		-			-325.
f					-3,218.
<u>g</u>	· -				24.
h					6.
1					
<u></u>					
<u>k</u>					
1					
m			····		
n					
0		<u> </u>			
2 Capital gain net income or (net ca	upital loss) { If gain, also ente	er in Part I, line 7 -0-" in Part I, line 7	2		26,639.
		\			,
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line	column (c).	nd (6):	2	N/A	
ILLUOSSI, enter "-U-" IN Part I. line i	٥)	3 1	N/A	

Form 990-PF (2019) SIMMONS FOUNDATION Part VI Excise Tax Based on Investment Income (Section 49)	940(a), 4940(b), 4940(e), or 4	38-6075 948 - see ii		Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here		T		
Date of ruling or determination letter: (attach copy of letter if				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▼ X and enter 1%	1	6	<u> 59.</u>
of Part I, line 27b		,		1
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter	r 4% of Part I, line 12, col. (b) ノ			ليــ
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	r, others, enter -0-)	2		0.
3 Add lines 1 and 2		3	6	559.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations onl	y; others, enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	6	59.
6 Credits/Payments	1 204			1
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a 1,284.	1		
b Exempt foreign organizations - tax withheld at source		1		.]
c Tax paid with application for extension of time to file (Form 8868)	6c U.	┥		
d Backup withholding erroneously withheld	60 .	7	1,2	84
 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is 	attached	8	± , 2	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	attacheo	9	•	- • •
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpai	4	10	6	25.
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax	625. Refunded	11		0.
Part VII-A Statements Regarding Activities	323 Theianded			
1a During the tax year, did the foundation attempt to influence any national, state, or local l	egislation or did it participate or intervene	ın	Yes	No
any political campaign?			1a	х
b Did it spend more than \$100 during the year (either directly or indirectly) for political pu	irposes? See the instructions for the defin	ition	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop	•			
distributed by the foundation in connection with the activities.				
c Did the foundation file Form 1120-POL for this year?			10	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the year:			· 1
(1) On the foundation. > \$ (2) On foundation management	gers. ▶ \$0.	_		
e Enter the reimbursement (if any) paid by the foundation during the year for political expe	anditure tax imposed on foundation			1 ' 1
managers. ► \$0 .				
2 Has the foundation engaged in any activities that have not previously been reported to the	ne 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 governi	ng instrument, articles of incorporation, o	r	<u> </u>	
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?	37 / 3	4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	x
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ary		5	 ^ _
If "Yes," attach the statement required by General Instruction T	d authors		1	
Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfies	u enner			-
 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no manda 	story directions that conflict with the state	law		
remain in the governing instrument?	atory off ections that conflict with the state	Idvv	6 X	.
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	amplete Part II col (c) and Part XV		7 X	
γ Did the foundation have at least φ0,000 in assets at any time during the year. If 103, 60	Ampleto Fart II, ook (o), and Fart Av			\vdash
8a Enter the states to which the foundation reports or with which it is registered. See instru	actions •		[,	
MI				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	ne 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	f section 4942(1)(3) or 4942(1)(5) for cale	ndar		<u> </u>
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," or			9	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a set			10_	X
		Fo	rm 990-PF	(2019)

Pa	rt VII-A Statements Regarding Activities (continued)			
-			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ DAVID T SIMMONS Telephone no. ▶ 734-99		<u>900</u>	
	Located at ► 3390 TRAVIS POINTE RD SUITE B, ANN ARBOR, MI ZIP+4 ► 48	<u> 108</u>		
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 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			- 1
_	foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	r .	V	NIa
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	.		1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	i'		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
		i .		. 1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (2) Yes No		-	
	(4) Pay compensation to, or pay of remindire the expenses of, a disqualified person? (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)?	ľ		
	(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.)	c		
Ь	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		X
	Organizations relying on a current notice regarding disaster assistance, check here			: 1
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):		Ì	
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			Ι ,
	6d and 6e) for tax year(s) beginning before 2019?			· ` [
	If "Yes," list the years -,			
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.)		—	
	Statistical vectors and the statistical vectors are statistical vectors and the statistical vectors are statistical vectors and the statistical vectors are statistical vectors and the statistical vectors and the statistical vectors and the statistical vectors and the statistical vectors are statistical vectors and the statistical ve	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.			
20	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	-		
Ja	during the year? Yes X No			
	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
U	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			-
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,	<u>.</u> .		<u> </u>
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			لت
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
	Fo	m 990)-PF	(2019)

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Form 990-PF (2019) SIMMONS FOUNDATION			38-60759	22	Pa	age 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be R	equired (contin	ued)	150	/I	NIa
 5a During the year, did the foundation pay or incur any amount to: 				!	es	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (secti			es 🗓 No			ŀ
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire		(T)			Ī
any voter registration drive?	_		es X No			_ [
(3) Provide a grant to an individual for travel, study, or other similar purpose		Ye	es X No			1
(4) Provide a grant to an organization other than a charitable, etc., organizate 4945(d)(4)(A)? See instructions	ion described in section	Ye	es X No	•		
(5) Provide for any purpose other than religious, charitable, scientific, literar the prevention of cruelty to children or animals?	y, or educational purposes, or f	or Ye	es X No			ļ
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	inder the exceptions described i	ın Regulations		_	•	
section 53.4945 or in a current notice regarding disaster assistance? See insi		·	N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check			▶□ □			[
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ined	İ	-		ŀ
expenditure responsibility for the grant?		1/A 🔲 Ye	es 🔲 No	- 1		i
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			ŀ	ľ	.	j
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	o pay premiums on					٠,
a personal benefit contract?		Ye	es 🗓 No 📙	_		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b		X
If "Yes" to 6b, file Form 8870.				- 1.		ĺ
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	es 🗶 No 📙			i
b If "Yes," did the foundation receive any proceeds or have any net income attrib	outable to the transaction?		N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than	\$1,000,000 in remuneration or		!:],		Ì.
excess parachute payment(s) during the year?			s X No			
Part VIII Information About Officers, Directors, Trus	tees. Foundation Mar	nagers Highly				
- Daid Francisco and Contractors	,	lagoro, inginy				
Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and						
Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and	their compensation.	(c) Compensation	(d) Contributions to	(e) Exper	nșe
	their compensation. (b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e acc al	Experiount, o	nse other
List all officers, directors, trustees, and foundation managers and (a) Name and address	their compensation. (b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	(e acc al	Experiount, o	nse other ces
List all officers, directors, trustees, and foundation managers and (a) Name and address DAVID T SIMMONS	their compensation. (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred	(e acc al	Experiount, o	nse other ces
1 List all officers, directors, trustees, and foundation managers and (a) Name and address DAVID T SIMMONS 3390 TRAVIS POINTE RD SUITE B	their compensation. (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred	al	llowand	nse other ces
1 List all officers, directors, trustees, and foundation managers and (a) Name and address DAVID T SIMMONS 3390 TRAVIS POINTE RD SUITE B	their compensation. (b) Title, and average hours per week devoted to position PRESIDENT & T	(c) Compensation (If not paid, enter -0-) REASURER	employee benefit plans and deferred compensation	al	llowand	ces_
1 List all officers, directors, trustees, and foundation managers and (a) Name and address DAVID T SIMMONS 3390 TRAVIS POINTE RD SUITE B ANN ARBOR, MI 48108	their compensation. (b) Title, and average hours per week devoted to position PRESIDENT & T	(c) Compensation (If not paid, enter -0-) REASURER	employee benefit plans and deferred compensation	al	llowand	ces_
1 List all officers, directors, trustees, and foundation managers and (a) Name and address DAVID T SIMMONS 3390 TRAVIS POINTE RD SUITE B ANN ARBOR, MI 48108 CHRISTINE R. WEST	their compensation. (b) Title, and average hours per week devoted to position PRESIDENT & T	(c) Compensation (If not paid, enter -0-) REASURER	employee benefit plans and deferred compensation	al	llowand	ces_
1 List all officers, directors, trustees, and foundation managers and (a) Name and address DAVID T SIMMONS 3390 TRAVIS POINTE RD SUITE B ANN ARBOR, MI 48108 CHRISTINE R. WEST 3390 TRAVIS POINTE RD SUITE B	their compensation. (b) Title, and average hours per week devoted to position PRESIDENT & T 6.00 SECRETARY	(c) Compensation (If not paid, enter -0-) "REASURER	employee benefit plans and deferred compensation	al	llowand	O.
1 List all officers, directors, trustees, and foundation managers and (a) Name and address DAVID T SIMMONS 3390 TRAVIS POINTE RD SUITE B ANN ARBOR, MI 48108 CHRISTINE R. WEST 3390 TRAVIS POINTE RD SUITE B	their compensation. (b) Title, and average hours per week devoted to position PRESIDENT & T 6.00 SECRETARY	(c) Compensation (If not paid, enter -0-) "REASURER	employee benefit plans and deferred compensation	al	llowand	O.
1 List all officers, directors, trustees, and foundation managers and (a) Name and address DAVID T SIMMONS 3390 TRAVIS POINTE RD SUITE B ANN ARBOR, MI 48108 CHRISTINE R. WEST 3390 TRAVIS POINTE RD SUITE B	their compensation. (b) Title, and average hours per week devoted to position PRESIDENT & T 6.00 SECRETARY	(c) Compensation (If not paid, enter -0-) "REASURER	employee benefit plans and deferred compensation	al	llowand	O.
1 List all officers, directors, trustees, and foundation managers and (a) Name and address DAVID T SIMMONS 3390 TRAVIS POINTE RD SUITE B ANN ARBOR, MI 48108 CHRISTINE R. WEST 3390 TRAVIS POINTE RD SUITE B	their compensation. (b) Title, and average hours per week devoted to position PRESIDENT & T 6.00 SECRETARY	(c) Compensation (If not paid, enter -0-) "REASURER	employee benefit plans and deferred compensation	al	llowand	O.
1 List all officers, directors, trustees, and foundation managers and (a) Name and address DAVID T SIMMONS 3390 TRAVIS POINTE RD SUITE B ANN ARBOR, MI 48108 CHRISTINE R. WEST 3390 TRAVIS POINTE RD SUITE B	their compensation. (b) Title, and average hours per week devoted to position PRESIDENT & T 6.00 SECRETARY	(c) Compensation (If not paid, enter -0-) "REASURER	employee benefit plans and deferred compensation	al	llowand	O.
1 List all officers, directors, trustees, and foundation managers and (a) Name and address DAVID T SIMMONS 3390 TRAVIS POINTE RD SUITE B ANN ARBOR, MI 48108 CHRISTINE R. WEST 3390 TRAVIS POINTE RD SUITE B ANN ARBOR, MI 48108	their compensation. (b) Title, and average hours per week devoted to position PRESIDENT & T 6.00 SECRETARY 0.50	(c) Compensation (If not paid, enter -0-) REASURER 0.	employee benefit plans and deferred compensation	al	llowand	O.
1 List all officers, directors, trustees, and foundation managers and (a) Name and address DAVID T SIMMONS 3390 TRAVIS POINTE RD SUITE B ANN ARBOR, MI 48108 CHRISTINE R. WEST 3390 TRAVIS POINTE RD SUITE B	their compensation. (b) Title, and average hours per week devoted to position PRESIDENT & T 6.00 SECRETARY 0.50	(c) Compensation (If not paid, enter -0-) REASURER 0.	employee benefit plans and deferred compensation	al	llowand	0 ·
1 List all officers, directors, trustees, and foundation managers and (a) Name and address DAVID T SIMMONS 3390 TRAVIS POINTE RD SUITE B ANN ARBOR, MI 48108 CHRISTINE R. WEST 3390 TRAVIS POINTE RD SUITE B ANN ARBOR, MI 48108	their compensation. (b) Title, and average hours per week devoted to position PRESIDENT & T 6.00 SECRETARY 0.50	(c) Compensation (If not paid, enter -0-) REASURER 0.	employee benefit plans and deferred compensation	(e acc	llowand	O. O.
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0

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

	art*X Minimum investment Return (All domestic foundations must complete this part. Foreign foundations must complete this part.	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1,133,691.
b	Average of monthly cash balances	1b	22,889.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,156,580
e	Reduction claimed for blockage or other factors reported on lines 1a and		•
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,156,580.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	17,349
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,139,231.
6_	Minimum investment return. Enter 5% of line 5	6	56,962
IP.	art:XII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	id certain	
	foreign organizations, check here 🕨 🔲 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	56,962.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2¢	659.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	56,303.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	56,303.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	56,303.
IIP.	art:XII] Qualifying Distributions (see instructions)		
			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		E2 E07
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	53,597.
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:		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	F2 F0F
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	53,597.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		650
	Income. Enter 1% of Part I, line 27b	5	659.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	52,938.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies for	the section
	4040(a) reduction of tax in those years		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,				F.C. 202
line 7				56,303.
2 Undistributed income, if any, as of the end of 2019			25 025	
a Enter amount for 2018 only			25,035.	
b Total for prior years.		_		
		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018	0.		- <u> </u>	
f Total of lines 3a through e	<u> </u>			
4 Qualifying distributions for 2019 from				ļ
Part XII, line 4: ► \$ 53,597.	ļ		25,035.	
a Applied to 2018, but not more than line 2a	-	-	23,033.	<u></u>
b Applied to undistributed income of prior		0.		1
years (Election required - see instructions)				
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				28,562.
d Applied to 2019 distributable amount	0.			20,302.
e Remaining amount distributed out of corpus	U •	··-		
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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		0.		
d Subtract line 6c from line 6b. Taxable				j
amount - see instructions	 ,	0.	· <u>-</u>	
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				07 741
be distributed in 2020			<u> </u>	27,741.
7 Amounts treated as distributions out of				ļ
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 2014	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.	^			
Subtract lines 7 and 8 from line 6a	0.	-		
10 Analysis of line 9:				
a Excess from 2015				<u> </u>
b Excess from 2016				
c Excess from 2017				
d Excess from 2018]
e Excess from 2019			<u>.</u>	- 000 DE (0040)

923581 12-17-19

Form **990-PF** (2019)

	FOUNDATION				175922 Bage
Part'XIV Private Operating Fo				<u>N/</u> A	
1 a If the foundation has received a ruling of			·		
foundation, and the ruling is effective for	•	•	▶ └	7 .0.00	
b Check box to indicate whether the found		foundation described		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41.0040	Prior 3 years	1	4.5.
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed	L				ļ
b 85% of line 2a					
c Qualifying distributions from Part XII,				X	
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		~			<u> </u>
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	1	
(1) Value of all assets			 	 	
(2) Value of assets qualifying				1	
under section 4942(j)(3)(B)(i)	<u> </u>		 		 -
b "Endowment" alternative test - enter 2/3 of minimum investment return	j l				
shown in Part X, line 6, for each year					•
listed				<u> </u>	ļ
c "Support" alternative test - enter	/				
(1) Total support other than gross	/				
investment income (interest,					1
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	/		1	1	1
section 4942(j)(3)(B)(iii)	/				
(3) Largest amount of support from					
an exempt organization	/				
(4) Gross investment income	<u>f</u>	. Aleks is such a sub-	if the foundation	had \$5 000 as ma	
Part'XV Supplementary Info			if the foundation	nad \$5,000 or mo	re in assets
at any time during the	ne year-see instru	ctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who			tributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed m	iore than \$5,000). (See sec	ction 507(d)(2).)			
IONE					
b List any managers of the foundation who	own 10% or more of the	stock of a corporation	(or an equally large porti	on of the ownership of a pa	artnership or
other entity) of which the foundation has	a 10% or greater interest.				
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan, S	cholarship, etc., P	rograms:		
Check here ► X If the foundation of				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone numb					
DAVID T SIMMONS, 734-		ροισσιι το πιιστιι αρμι	canono eneglia de adulto		
3390 TRAVIS POINTE RI		ARROR MT	48108		
b The form in which applications should be ETTER OF REQUEST	e submitted and informatio	on and materials triey s			
c Any submission deadlines;					
ONE			 		
d Any restrictions or limitations on awards	, such as by geographical	areas, charitable fields	, kınds of ınstitutions, or	other factors:	
IONE					
23601 12-17-19					Form 990-PF (201

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	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				
		ŀ		
ANN ARBOR ART CENTER		501(C)(3)	SUPPORT FOR ACTIVITIES	
117 W LIBERTY RD				1 000
ANN ARBOR, MI 48104		1		1,000.
			CURRORM FOR ACMINIMIES	
ARBOR HOSPICE 2366 OAK VALLEY DR.		501(C)(3)	SUPPORT FOR ACTIVITIES	
ANN ARBOR, MI 48103				1,000.
				· ·
	,			
EAST COWETA BAND BOOSTERS		501(C)(3)	SUPPORT FOR ACTIVITIES	
PO BOX 635				
SHARPSBURG, GA 30277	<u></u>			11,000.
EVANGELICAL HOMES OF MICHIGAN		501(C)(3)	SUPPORT FOR ACTIVITIES	
FOUNDATION				
400 WEST RUSSELL ST				
SALINE, MI 48176				1,000.
FORGOTTEN HARVEST		501(C)(3)	SUPPORT FOR ACTIVITIES	
21800 GREENFIELD RD				1 625
OAK PARK, MI 48237	ONTINUATION SHEE	T(S)	▶ 3a	1,625. 50,000.
b Approved for future payment	JATINOMI TON DALL	1		· · · · · · · · ·
, ,				
NONE		'		
NONE				
	-		-	
		<u> </u>		
Total	<u> </u>		► 3b	0.

SIMMONS FOUNDATION

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	00/14/12/10/11	
FUNDING LOVE CORP.		501(C)(3)	SUPPORT FOR ACTIVITIES	
21 ALABAMA AVE.				
SHARPSBURG, GA 30277	-			1,50
		E01/G)/3)	CURRORM FOR ACMILITATES	-
HUMANE SOCIETY OF HURON VALLEY		501(C)(3)	SUPPORT FOR ACTIVITIES	
3100 CHERRY HILL RD ANN ARBOR, MI 48105	<u> </u>			1,50
MICHIGAN JUVENILE DETENTION		501(C)(3)	SUPPORT FOR ACTIVITIES	
ASSOCIATION- YOUTH ARTS ALLIANCE				
4125 WASHTENAW AVE				
ANN ARBOR, MI 48108				3,00
SALINE AREA FIRE DEPARTMENT		501(C)(3)	SUPPORT FOR ACTIVITIES	
100 NORTH HARRIS STREET		DUT(C)(3)	BOFFORT FOR ACTIVITIES	
SALINE, MI 48176		1		1,00
SPIRITUS SANCTUS ACADEMY		501(C)(3)	SUPPORT FOR ACTIVITIES	
10450 JOY RD				
ANN ARBOR, MI 48105				4,00
ST JOSEPH MERCY HEALTH SYSTEM		501(C)(3)	SUPPORT FOR ACTIVITIES	
5301 MCAULEY DRIVE				
YPSILANTI, MI 48197		<u> </u>		5,00
WILLIAMSTON COMMUNITY SCHOOLS		501(C)(3)	SUPPORT FOR ACTIVITIES	
1729 E. SHERWOOD WILLIAMSTON, MI 48895				11,50
THE MICHIGAN EQUINE SCHOLARSHIP FUND		501(C)(3)	SUPPORT FOR ACTIVITIES	
39209 W SIX MILE RD, STE 201				1 00
LIVONIA, MI 48152	-			1,00
DOMINICAN SISTERS OF MARY		501(C)(3)	SUPPORT FOR ACTIVITIES	
4597 WARREN RD.				
ANN ARBOR, MI 48105				1,00
MULTIPLE MYELOMA RESEARCH FUND		501(C)(3)	SUPPORT FOR ACTIVITIES	
PO BOX 414238 BOSTON, MA 02241				1,00
Total from continuation sheets				34,37

38-6075922

SIMMONS FOUNDATION

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) recipient 501(C)(3) SUPPORT FOR ACTIVITIES MATTHEW 25 MINISTRIES 11060 KENTWOOD RD. 1,625. CINCINNATI, OH 45242 501(C)(3) SUPPORT FOR ACTIVITIES ARBOR WOMEN 24 FRANK LLOYD WRIGHT DR., STE L 2200 2,250. ANN ARBOR, MI 48106 Total from continuation sheets

Form 990-PF (2019) SIMMONS FOUNDA Part XVI-A Analysis of Income-Produ					075922 Page 12
Enter gross amounts unless otherwise indicated.	Unrelated b	ousiness income	Excluded b	y section 512, 513, or 514	(e)
cinei gioss amounts uness otherwise mulcated.	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue;	Business code	Amount	sion	Amount	function income
a	-			·	
b	- -				
c					
d					· -
e		-			
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					<u> </u>
3 Interest on savings and temporary cash					- -
investments			14	22,405.	
4 Dividends and interest from securities			14	11,503.	
5 Net rental income or (loss) from real estate:					<u> </u>
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income		···-	14	15,460.	
8 Gain or (loss) from sales of assets other				0.5.50	
than inventory			18	26,639.	
9 Net income or (loss) from special events			- - -		· · · · · · · · · · · · · · · · · · ·
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	1]]		
å	-				
b			 		
<u> </u>			+		
d	-	· ·			
e			5. -	76,007.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	76,007
(See worksheet in line 13 instructions to verify calculations.)				"	70,007
····	A	Mala a a a a a a a a a a			
Part XVI-B Relationship of Activities	to the Accom	plisnment of E	exempt Pur	poses	

Part XV	Helationship of Activities to the Accomplishment of Exempt Purposes
Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	
-	

923621 12-17-19

Form 990)-PF (20	019) SIMMO	NS FOUND	ATION				38-60	75922	Pa	age 13
¡Part)	(VII)			nsfers to a	nd Transa	ctions an	d Relationsh	ips With Nonch	aritable		
		Exempt Organ	izations						· · · · · · · · · · · · · · · · · · ·		
1 Did	the org	ganization directly or indi	rectly engage in an	ny of the following	ig with any oth	er organizatior	n described in sect	ion 501(c)		Yes	No
(oth	ner thar	section 501(c)(3) organ	nizations) or in sect	tion 527, relating	to political or	ganızatıons?					
a Trai	nsfers 1	from the reporting founda	ation to a nonchari	itable exempt org	ganization of:						
(1)	Cash								1a(1)		X
(2)	Other	assets							1a(2)	L	Х
b Oth	er trans	sactions:									
(1)	Sales	of assets to a noncharita	ble exempt organi	zation					1b(1)		X
(2)	Purch	ases of assets from a no	ncharitable exemp	t organization					1b(2)		Х
(3)	Renta	l of facilities, equipment,	or other assets						1b(3)		X
(4)	Reimt	oursement arrangements							1b(4)		X
(5)	Loans	or loan guarantees							1b(5)		X
(6)	Perfor	mance of services or me	mbership or fundr	aising solicitatio	ns				1b(6)		X
c Sha	ırıng of	facilities, equipment, ma	uling lists, other as	sets, or paid em	ployees				1c	L .	X
		er to any of the above is		-		• •				ets,	
		given by the reporting fo			ed less than far	r market value	in any transaction	or sharing arrangemer	nt, show in		
) the value of the goods,					1				
(a) Line no	-	(b) Amount involved	(c) Name	of noncharitable	e exempt organ	lization	(d) Description	n of transfers, transactions,	and sharing arr	angeme	nts
			<u> </u>	N/A						_	
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2a le ti	he four	idation directly or indirec	.l	or related to one	or more tax-e	xempt organiz	ations described				
		501(c) (other than sectio		•	or more tax o	nompt organiz	4(10110 000011000		Yes	X	☐ No
		mplete the following sch		3000011 027							
<u> </u>	00, 00	(a) Name of org			(b) Type of (organization	-	(c) Description of relat	ionship		
		N/A									
	-			-							
		-									
			-								
		penalties of perjury, I declare t							May the IRS	discuss I	this
Sign	and be	lier, it is true, correct and com	nplete Declaration of	preparey (other than	taxpayer) is base	(nt-			return with the shown below		
Here		Ware >	SV. 10	~~~	7	/अ/२०	PRESI	DENT	X Yes	. \square	☐ No
	Sign	ature of officer or trustee)		Date		Title		<u> </u>		
		Print/Type preparer's na	ame	Preparer's s	ignature		Date	Check if P	ΓIN		
						{		self- employed			
Paid		G. E. BORE			BOREL,	CPA	08/31/20		P00091		
Prepa	arer	Firm's name ► REH	MANN ROB	SON LLC				Firm's EIN ► 38-	-36357	06	

Phone no. (734) 761-2005

Use Only

Firm's address ▶ 555 BRIARWOOD CIRCLE, STE 300

ANN ARBOR, MI 48108

FORM 990-PF INTERE	ST ON SAVIN	GS AND T	EMPORA	RY CASI	IN	VESTMENTS	STATEMENT 1	1
SOURCE	~	RE'	(A) VENUE BOOKS		r in	(B) VESTMENT COME	(C) ADJUSTED NET INCOME	Ξ
INTEREST			22,405.			22,405.		_
TOTAL TO PART I, LI		22,405.		22,405.			_ _	
FORM 990-PF	DIVIDENDS	AND INT	EREST	FROM SI	ECUR	ITIES	STATEMENT 2	 2
SOURCE	GROSS AMOUNT	CAPITA GAINA DIVIDE	S	(A) REVENT PER BOO		(B) NET INVES' MENT INCO		
DIVIDENDS	11,509.		6.	11,5	503.	11,50	3.	
TO PART I, LINE 4	11,509.		6.	11,5	503.	11,50	3.	
DESCRIPTION		OTHER	(REV	A) ENUE BOOKS		(B) ET INVEST- ENT INCOME	(C) ADJUSTED	
PUBLICLY TRADED PAR INTERESTS ORDINARY GAIN FROM PUBLICLY TRADED PAR	DISPOSITION	OF		-466 15,926	5. — —	43 15,926		
TOTAL TO FORM 990-P	F, PART I,	LINE 11		15,460). == =	15,969	· =	
FORM 990-PF		ACCOUN	ring F	EES			STATEMENT 4	 1
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST T INCOM		(C) ADJUSTED NET INCOM		
ACCOUNTING		7,19	 5.	3,59	8.		3,59	7.
TO FORM 990-PF, PG	1, LN 16B	7,19	 5.	3,59	8.		3,59	7.
					== =			

FORM 990-PF (OTHER PROFES	SIONAL FEES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MERRILL LYNCH CHARGES ADR FEES	5,452. 28.			0.	
TO FORM 990-PF, PG 1, LN 16C	5,480.	5,480.		0.	
FORM 990-PF	TAX	ES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES EXCISE TAXES	388.	388.		0.	
TO FORM 990-PF, PG 1, LN 18	1,768.	388.		0.	
FORM 990-PF	OTHER E	XPENSES	S'	TATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BOND AMORTIZATION	1,161.	1,161.		0.	
TO FORM 990-PF, PG 1, LN 23	1,161.	1,161.		0.	
FORM 990-PF	CORPORAT			PATEMENT 8	

FORM 990-PF CORPORATE STOCK		STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK 2085 CORPORATE STOCK 7B38	427,693. 73,944.	533,663. 58,579.
TOTAL TO FORM 990-PF, PART II, LINE 10B	501,637.	592,242.

FORM 990-PF	CORPORATE BONDS		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS 7B38		493,625.	566,065.
TOTAL TO FORM 990-PF, PART I	, LINE 10C	493,625.	566,065.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
OMITED TARRESON OF THE CONTROL OF TH	COST	6,855.	35,954.
OTHER INVESTMENTS			