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Department of the Treasury  
Internal Revenue Service

For calendar year 2010 or other tax year beginning 01/01, 2010, and ending 12/31, 2010 See separate instructions.

**2010**

Open to Public Inspection for 501(c)(3) Organizations Only

**A**  Check box if address changed

**B** Exempt under section  
 501(C)(3)  408(e)  220(e)  408A  530(a)  529(a)

**C** Book value of all assets at end of year

**D** Employer identification number (Employees trust, see instructions for Block D on page 9)  
**13-3794889**

**E** Unrelated business activity codes (See instructions for Block E on page 9)  
**525990**

Name of organization (  Check box if name changed and see instructions.)  
**THE SIMONS FOUNDATION, INC.**

Number, street, and room or suite no. If a P O box, see page 8 of instructions  
**160 FIFTH AVENUE, 7TH FLOOR**

City or town, state, and ZIP code  
**NEW YORK, NY 10010**

**F** Group exemption number (See instructions for Block F on page 9) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity ▶ **INVESTMENTS IN LIMITED PARTNERSHIPS**

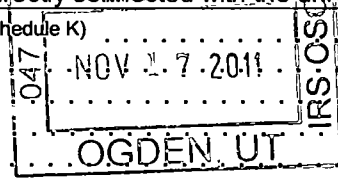
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation ▶

**J** The books are in care of ▶ **MARILYN SIMONS** Telephone number ▶ **646-654-0066**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶	1 c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4 a	1,714.	1,714.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	99,004.	99,004.
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See page 10 of the instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12	13	100,718.	100,718.

**Part II Deductions Not Taken Elsewhere** (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule)	18		
19	Taxes and licenses	19		6,035.
20	Charitable contributions (See page 13 of the instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)	21	0.	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b 0.
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28		10,124.
29	Total deductions. Add lines 14 through 28	29		16,159.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30		84,559.
31	Net operating loss deduction (limited to the amount on line 30)	31		84,559.
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	32		
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33		1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	34		



ATTACHMENT 2

995

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. 36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. 37 Proxy tax. See page 16 of the instructions. 38 Alternative minimum tax. 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 40b Other credits (see page 16 of the instructions). 40c General business credit. Attach Form 3800. 40d Credit for prior year minimum tax (attach Form 8801 or 8827). 40e Total credits. Add lines 40a through 40d. 41 Subtract line 40e from line 39. 42 Other taxes. Check if from. 43 Total tax. Add lines 41 and 42. 44a Payments A 2009 overpayment credited to 2010. 44b 2010 estimated tax payments. 44c Tax deposited with Form 8868. 44d Foreign organizations: Tax paid or withheld at source (see instructions). 44e Backup withholding (see instructions). 44f Credit for small employer health insurance premiums (Attach Form 8941). 44g Other credits and payments. 45 Total payments. Add lines 44a through 44g. 46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached. 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed. 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 49 Enter the amount of line 48 you want Credited to 2011 estimated tax.

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here BERMUDA. 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year \$.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year. 2 Purchases. 3 Cost of labor. 4a Additional section 263A costs (attach schedule). 4b Other costs (attach schedule). 5 Total. Add lines 1 through 4b. 6 Inventory at end of year. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: MWA Scina, Date: 11/10/11, Title: President. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only: Print/Type preparer's name: Scott Thompson, Preparer's signature: Scott Thompson, Date: 11/09/2011, Firm's name: GRANT THORNTON LLP, Firm's EIN: 36-6055558, Firm's address: 666 THIRD AVENUE, NEW YORK, NY 10017-4011, Phone no: 212-542-9609, PTIN: P00741490

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col. (B)				Enter here and on page 1, Part II, line 26

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b> . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>(5) Totals from Part I</b>	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I line 11, col. (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
<b>Total. Enter here and on page 1, Part II, line 14.</b> . . . . . ▶			

THE SIMONS FOUNDATION, INC.  
Schedule D Detail of Long-term Capital Gains and Losses

13-3794889

ATTACHMENT 2

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
SHORT TERM CAPITAL GAINS FROM LIMITED PARTNERSHIP INVESTMENTS			1,645.		1,645.
<b>Totals</b>			<b>1,645.</b>		<b>1,645.</b>

THE SIMONS FOUNDATION, INC.  
 Schedule D Detail of Short-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Short-term Gain/Loss
SHORT TERM CAPITAL GAINS FROM LIMITED PARTNERSHIP INVESTMENTS	VAR	VAR	69.		69.
<b>Totals</b>			69.		69.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ See separate instructions.

OMB No 1545-0123

**2010**

Name: **THE SIMONS FOUNDATION, INC.** Employer identification number: **13-3794889**

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example 100 shares of Z Co)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
<b>1</b>					
<b>ATTACHMENT 1</b>			<b>69.</b>		<b>69.</b>

<b>2</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37	<b>2</b>	
<b>3</b> Short-term gain or (loss) from like-kind exchanges from Form 8824	<b>3</b>	
<b>4</b> Unused capital loss carryover (attach computation)	<b>4</b>	( )
<b>5</b> Net short-term capital gain or (loss). Combine lines 1 through 4	<b>5</b>	<b>69.</b>

**Part II Long-Term Capital Gains and Losses-Assets Held More Than One Year**

<b>6</b>		
<b>ATTACHMENT 2</b>		<b>1,645.</b>

<b>7</b> Enter gain from Form 4797, line 7 or 9	<b>7</b>	
<b>8</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37	<b>8</b>	
<b>9</b> Long-term gain or (loss) from like-kind exchanges from Form 8824	<b>9</b>	
<b>10</b> Capital gain distributions (see instructions)	<b>10</b>	
<b>11</b> Net long-term capital gain or (loss). Combine lines 6 through 10	<b>11</b>	<b>1,645.</b>

**Part III Summary of Parts I and II**

<b>12</b> Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11)	<b>12</b>	<b>69.</b>
<b>13</b> Net capital gain. Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5)	<b>13</b>	<b>1,645.</b>
<b>14</b> Add lines 12 and 13. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	<b>14</b>	<b>1,714.</b>

Note. If losses exceed gains, see Capital losses in the instructions.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions on page 18)

1. Description of property

Table with 1 column: (1), (2), (3), (4)

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Includes Total and (c) Total income rows.

Schedule E - Unrelated Debt-Financed Income (see instructions on page 19)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes Totals row.

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income, 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes Totals row.



**The Simons Foundation**  
**EIN#: 13-3794489**  
**990-T NOL Carryover Schedule**  
**FYE: 12/31/2010**

<b>Tax Year</b>	<b>NOL Generated</b>	<b>NOL Utilized</b>	<b>NOL Carryover</b>
6/30/2007	-		
6/30/2008	\$ -		
6/30/2009	\$ 75,818	\$ 75,818	\$ -
12/31/2009	\$ 64,085	\$ 8,781	\$ 55,304
12/31/2010			
<b>Total</b>	\$ 139,903	\$ 84,599	\$ 55,304

\*\$8,781 of 2010 taxable income offset by 12/31/2009 net operating loss.

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization <b>THE SIMONS FOUNDATION, INC.</b>	Employer identification number <b>13-3794889</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>160 FIFTH AVENUE, 7TH FLOOR</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. <b>NEW YORK, NY 10010</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ MARILYN SIMONS

Telephone No ▶ 646 654-0066 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2010 or  
 ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

COPY

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$	4,100.
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES	3,500.
INVESTMENT MANAGEMENT FEES	6,624.
PART II - LINE 28 - OTHER DEDUCTIONS	<u>10,124.</u>

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

ORDINARY INCOME FROM INVESTMENTS IN  
LIMITED PARTNERSHIPS

99,004.

INCOME (LOSS) FROM PARTNERSHIPS

99,004.