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Forth 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

	OMB	No.	1545-0052
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2009 Treated as a Private Foundation Department of the Treasury Internal Revenue Service Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements 2009, and ending For calendar year 2009, or tax year beginning Initial Return of a former public charity G Check all that apply: Initial return Final return Address change Amended return Name change Employer identification number Use the NOEL C. AND IDA B. SMITH CHARITABLE IRS label. 26-1405041 Otherwise, **FOUNDATION** В Telephone number (see the instructions) print 5202 E GOLD DUST AVENUE or type. PARADISE VALLEY, AZ 85253 See Specific If exemption application is pending, check here Instructions. 1 Foreign organizations, check here . . 2 Foreign organizations meeting the 85% test, check X Section 501(c)(3) exempt private foundation Check type of organization: here and attach computation. Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated Accounting method: X Cash Fair market value of all assets at end of year J under section 507(b)(1)(A), check here . . . (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 359,866 (Part I, column (d) must be on cash basis.) Analysis of Revenue and (c) Adjusted net (a) Revenue and (b) Net investment (d) Disbursements Expenses (The total of amounts in expenses per books income ıncome for charitable columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) purposes (cash basis only) (see the instructions).) 45,000 Contributions, gifts, grants, etc, received (att sch) W. 1 1 to 4 3 . V. · 李·李·李·李·李· · if the foundn is not reg to att Sch B Interest on savings and temporary 5,719 5,719 cash investments 5,719 18- 11-4 3 Synte Dividends and interest from securities . . 1. 粉香香。 5a Gross rents b Net rental income or (loss) · (1) (1) (1) (1) (1) (1) (1) (1) REVENUE 6a Net gain/(loss) from sale of assets not on line 10. b Gross sales price for all assets on line 6a . . TO THE TANK Capital gain net income (from Part IV, line 2) Net short-term capital gain . Income modifications : 7 10 a Gross sales less returns and allowances - 阿蒙斯人 2.4.2000 2,1 7, 1.受害 肾清重素的 "" c Gross profit/(loss) (att sch) 1965年,全有1967年前1965年 11 Other income (attach schedul **注为。徐德华皇帝哲识** 50,719 5,719 5,719 12 Total. Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 2,426 16a Legal fees (attach schedule) See St 1 ADMINISTRATIVE b Accounting fees (attach sch) See St 2 1,590 c Other prof fees (attach sch) RECEIVEL 17 Interest 18 Taxes (attach schedule)(see instr.) 58. Depreciation (attach sch) and depletion 19 Occupancy | O | No. | No Occupancy 21 Printing and publication GDEN
Other expenses (attach schedule) 22 10. See Statement 24 Total operating and administrative expenses. Add lines 13 through 23. 4,084 Contributions, gifts, grants paid Part XV 19,000 19,000. Total expenses and disbursements. 0 0 19,000. 23,084 Add lines 24 and 25 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 27,635

b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-)

5,719.

5,719.

Page 2

Part	II I	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
-			(a) Book value	(b) Book value	(C) Fall Warket Value
		Cash – non-interest-bearing	341,116.	170,438.	170,438.
		Savings and temporary cash investments	341,110.	170,436.	170,430.
	3	Accounts receivable		·	
					
	. 4	Pledges receivable Less: allowance for doubtful accounts			
	_				
	5	Grants receivable			· · · · · · · · · · · · · · · · · · ·
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch) .			
S		Less allowance for doubtful accounts ▶			
A S E T	_	Inventories for sale or use			
Ť		Prepaid expenses and deferred charges	 		
S	10 a	Investments — U.S. and state government obligations (attach schedule)Statement 5		198,313.	189,428.
	b	Investments — corporate stock (attach schedule)			
	C	: Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis		では、	B. A. A. B. C. B.
		Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis	1		, ,
		Less: accumulated depreciation (attach schedule)			
	15 16	Other assets (describe Total assets (to be completed by all filers —	341,116.	368,751.	359,866.
-	17	see instructions. Also, see page 1, item I)	341,110.	300,731.	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ī	17 18		-		
A B	19				
Ĭ	20	Loans from officers, directors, trustees, & other disqualified persons			
ŀ	21	Mortgages and other notes payable (attach schedule)			
Ť		Other liabilities (describe			
i E					
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F E U	24	Unrestricted			
T N	25	Temporarily restricted			
D	26				
ŜΒ		Foundations that do not follow SFAS 117, check here \mathbb{X} and complete lines 27 through 31.			
SAEL	I		1	260 751	
TA	27	Capital stock, trust principal, or current funds	341,116.	368,751.	
SNC	28	Paid-in or capital surplus, or land, building, and equipment fund			
O E R S	29	Retained earnings, accumulated income, endowment, or other funds	341,116.	368,751.	
КЗ	30	Total net assets or fund balances (see the instructions) Total liabilities and net assets/fund balances			
		(see the instructions)	341,116.	368,751.	1,3%,000
Part]]]	Analysis of Changes in Net Assets or Fund Balanc	es		· · · · · · · · · · · · · · · · · · ·
1	Tota	I net assets or fund balances at beginning of year - Part II, colu of-year figure reported on prior year's return)	umn (a), line 30 (must a	gree with	341,116.
2		or-year rigure reported on prior year's return;			27,635.
2 3		increases not included in line 2 (itemize)		3	2.,055.
4		lines 1, 2, and 3			368,751.
5		ases not included in line 2 (itemize).		5	
_		I net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), I		368,751.

	Losses for Tax on Investment the kind(s) of property sold (e.g., r		(b) How acquired	(C) Date acquired	(d) Date sold
2-story brick warehous	se; or common stock, 200 shares ML	C Company)	P — Purchase D — Donation	(month, day, year)	(month, day, year)
1a N/A					
<u>b</u>					ļ
<u> </u>		<u>.</u>			
e					
(e) Gross sales price	sis le	(h) Gain or (e) plus (f) m			
a					
b					
				 	
<u>d</u>					
Complete only for assets show	I gain in column (h) and owned by	the foundation on 12/31/69		(I) Cours (Col	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a) (i) g	(I) Gains (Col jain minus column (l an -0-) or Losses (fi	k), but not less
a					
b			- 		
<u>c</u>					··
e					·
	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	enter in Part I, line 7		1	.
2 Capital gain net income or (ne	t capital loss).	ter -0- in Part I, line 7	. 2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	and (6):			
ın Part I, line 8	e 8, column (c) (see the instructions)		. 3		
	r Section 4940(e) for Reduce e foundations subject to the section of			N/A	
	this part blank. Stion 4942 tax on the distributable an lify under section 4940(e). Do not co		se period?	Yes	No
	in each column for each year; see the		g any entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	sets (col	(d) Distributior umn (b) divided	
2008					
2007					
2006					
2005	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
2004	!				
2 Total of line 1, column (d)			2		
3 Average distribution ratio for the number of years the foundation	ne 5-year base period — divide the to n has been in existence if less than 5	otal on line 2 by 5, or by the years	3		.
4 Enter the net value of nonchar	itable-use assets for 2009 from Part	X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment inc	come (1% of Part I, line 27b)		. 6		
7 Add lines 5 and 6			7		
8 Enter qualifying distributions fr	rom Part XII, line 4		8	<u> </u>	
If line 8 is equal to or greater t Part VI instructions.	part using a 1%	tax rate. See t	he		

Form	990-PF (2009) NOEL C. AND IDA B. SMITH CHARITABLE 26-140504	11	Page	e 4
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instr	ructions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here • and enter 'N/A' on line 1.	,		
	Date of ruling or determination letter: (attach copy of letter if necessary - see instr.)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		114	1.
	check here ▶ and enter 1% of Part I, line 27b		1	٠
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)	· 5.		
9	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			•
2	foundations only Others enter -0-).		(<u>).</u>
3	Add lines 1 and 2		114	1.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 4		(<u>) . </u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		114	1.
6	Credits/Payments.	- , , , , , , , , , , , , , , , , , , ,		.
а	2009 estimated tax pmts and 2008 overpayment credited to 2009		4.4	2
b	Exempt foreign organizations – tax withheld at source	100	125	
С	Tax paid with application for extension of time to file (Form 8868) . 6c 6c			; ;
d	Backup withholding erroneously withheld		· · ·	
	Total credits and payments. Add lines 6a through 6d		(<u>O.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		114	<u>1.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax PRefunded 11			_
Part	VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes N	lo {
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b	,	ζ.
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	3 - 4		
,	Did the foundation file Form 1120-POL for this year?	. 1c	>	<u>. </u>
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	1.5	A STORY	<u></u>
	(1) On the foundation . >\$ 0. (2) On foundation managers >\$	아 : 취		.
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	1	9	1
_	foundation managers \$ 0.	2	***** *	Χ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	14.34	1 2 2 3	$\overline{}$
	If 'Yes,' attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	. 3	3	<u></u> X
4 -	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4b	N/A	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>X</u>
5	If 'Yes,' attach the statement required by General Instruction T	11.1	100	<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			
·	By language in the governing instrument, or	1	建筑	2 -
		*		
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	. 6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV.	7	Х	
-	Enter the states to which the foundation reports or with which it is registered (see the instructions).	1-1	15. 2	, ',
	AZ			1
ł	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8ь	X	لــــــــــــــــــــــــــــــــــــــ
_		<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\neg
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part X	Ŵ 9	7	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		X
BAA		Form 99 0	0-PF (20	109)

BAA

	405041	Page 5
Part VII-A Statements Regarding Activities Continued		
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 X
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12	x_
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application	on? 13	X
Website address		
14 The books are in care of ► GAIL SMITH TIEKEN Telephone no ►		
Located at ► 5202 E GOLD DUST AVENUE PARADISE VALLEY AZ ZIP + 4 ► 8525		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here .	N/	A ► 🔲
and enter the amount of tax-exempt interest received or accrued during the year	5	N/A
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required		
File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	ļ	Yes No
1a During the year did the foundation (either directly or indirectly):	_ : 35	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	X No	制度機 图片
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_ 💸	
disqualified person?	X No	
(***)	X No	1
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No A	
(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)?	X No	
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the	7	
foundation agreed to make a grant to or to employ the official for a period after termination	ਹ. 🎏	
of government service, if terminating within 90 days.)	X No	
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	11	b N/A
Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here	ー トツ	J N/A
	-	
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 2009?	10	c 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))	1	
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	X No	
If 'Yes,' list the years ► 20 , 20 , 20		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		
(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	1.32	
all years listed, answer 'No' and attach statement — see the instructions)	. 21	b N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		非激情。
► 20 , 20 , 20 , 20	Vi k	5.4
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	X No	
b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation	162 (17) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved	A #	
or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to		
determine if the foundation had excess business holdings in 2009.)	3	b N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its		
charitable purposes?	4	a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could	4	-
jeopardize its charitable purpose that had not been removed from jeopardy before the first day of	- <u>-</u>	
the tax year beginning in 2009?	. 4	b X
	FORM ¥	

Organizations relying on a current notice regarding disaster assistance check here c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If 'Yes,' attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b 6c Contraction Contractio	Form 990-PF (2009) NOEL C. AND IDA B.			26-14(05041	Page
(1) Carry on propaganda, or otherwise attempt to influence legistation (section 495(e))?			TIEU May De Req	uneu (continueu)	T	1
(3) Provide a grant to an individual for travel, study, or other similar purposes?	• • •	=	on (section 4945(e))?	Yes 🗓	No 📜 👯	
(4) Provide a grant to an organization other than a chantable, etc. organization described in section 590(6)(7), (2), or (3), or section 494(6)(7), 62-7 (see instructions)	(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	n 4955); or to carry	· L L	1 1 2 1 3 1	
in section 506(a/th), (2), or (3), or section 4940(d/c2)? (see instructions)	•	•	•	Yes X	No The state of th	
bill any answer is Yes to 5a(1)-65, did any of the transactions fail to qualify under the exceptions described in Regulations section 53:4950 or in a current notice regarding disaster assistance (see instructions). Organizations relying on a current notice regarding disaster assistance check here ci if the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes, "attach the statement required by Regulations section 53:4945-5(a) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums a part of the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract? If Yes is 6b, file Form 8370. 7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction? Yes Xino bil tyes, did the foundation receive any proceeds or have any net income attributable to the transaction? 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). 1 Dia B SMITH President O. (OContributions to employee benefit plans and deferred compensation) 1 Dia B SMITH President O. (A Kezpe) 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter NONE. (a) Name and address of each employee (b) Title and average hours per week devoted to postion (b) Title and average hours per week devoted to postion 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter NONE. (a) Name and address of each employee (b) Title and average hours per week devoted to postion of five highest-paid employees (other than those included on line 1—see instructions). If none, enter NONE. (a) Name and address of each employee (b) Title and average hours per week devoted to postion of five highest-paid employees (other than those included on line 1—see instructions). If none, enter NON	(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, o 4940(d)(2)? (see instri	rganization described uctions)	. Yes X	No	
described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here If we see the second of the	(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	c, literary, or or animals?.	Yes X	No	1
C If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(g) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, receive any funds, directly or indirectly, on a personal benefit contract? b Did the foundation during the year, was the foundation a party to a prohibited tax shelter transaction?	described in Regulations section 53.4945 or in	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions	5b 1	N/A
tax because it maintained expenditure responsibility for the grant of 1 m yes; attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 6b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction? 7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction? 7b N/2 7a At any time during the lax year, was the foundation at party to a prohibited tax shelter transaction? 7a At any time during the lax year, was the foundation at party to a prohibited tax shelter transaction? 7b N/2 7c No 7c		rding disaster assistan	ce check here	▶]	1 1 1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If 'Yes' to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg	sibility for the grant? . <i>ulations section 53</i> 494	 5-5(d)] No	
If Yes' to 6b, file Form 8870. Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?						X X
Discription	If 'Yes' to 6b, file Form 8870.	-				
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title and average hours per week devoted to position (c) Compensation (c) (c) Compensation (d) Contributions to primply explain the proposed of the railowances of		• •				11/2
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title and average hours per week devoted to position devoted devoted devoted to position devoted devoted to position devoted d						ΝγА
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title and average devoted to position (c) Compensation (ind paid, enter -0-) employee benefit plans and deferred compensation (TIDA B SMITH 19000 E SAN VICTOR DR, UNIT 168 SCOTTSDALE, AZ 85258-5091 GAIL SMITH TIEKEN Vice Preside AR NEEDED PARADISE VALLEY, AZ 85253 2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.' (a) Name and address of each employee hours per week devoted to position None Total number of other employees paid over \$50,000		nectors, musices,	i outication manaç	jers, riiginiy r ala i	Linployees,	
(a) Name and address (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deterred compensation (d) Contributions to employee benefit plans and deterred compensation (e) Expense account of the plans and deterred compensation (f) Contributions to employee benefit plans and deterred compensation (a) Name and address (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee enter in plans and deterred compensation (d) Contributions to employee and the plans and deterred compensation (d) Contributions to employee enter 'NONE.' (e) Expense account of the highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.' (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account of the plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account of the plans and deterred plans and deterred compensation (e) Expense account of the plans and deterred plans and deterred compensation (e) Expense account of the plans and deterred plans and deterred plans and deterred compensation (e) Expense account of the plans and deterred		n managers and their	compensation (see inst	ructions).		
Da B SMITH		(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred		
SCOTTSDALE, AZ 85258-5091 GAIL SMITH TIEKEN PARADISE VALLEY, AZ 85253 2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.' (a) Name and address of each employee paid more than \$50,000 None (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account of the allowances of each employee souther allowances of each employee benefit plans and deferred compensation None		1	0.			C
2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.' (a) Name and address of each employee hours per week devoted to position None None Total number of other employees paid over \$50,000	SCOTTSDALE, AZ 85258-5091	<u> </u>				
(a) Name and address of each employee paid more than \$50,000 None (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances of the plans and deferred compensation (f) Contributions to employee benefit plans and deferred compensation (h) Title and average hours per week devoted to position (h) Title and average hours per week devoted to position (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation to employee benefit plans and deferred compensation (h) Contributions to employee benefit plans and deferred compensation to employee benefit plans and	5202 E GOLD DUST AVENUE		0.	0.		(
(a) Name and address of each employee paid more than \$50,000 None (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances of the remployees paid over \$50,000						
(a) Name and address of each employee paid more than \$50,000 None (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account other allowances of the remployees paid over \$50,000						
None None Total number of other employees paid over \$50,000 hours per week devoted to position other allowances devoted to position Total number of other employees paid over \$50,000	2 Compensation of five highest-paid employed				enter 'NONE.'	
Total number of other employees paid over \$50,000	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expense ac other allowar	couni ces
Total number of other employees paid over \$50,000	None					
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$55,000						
	Total number of other employees hald over \$50.00				-	
			07/06/09	<u>· </u>		(200)

Form 990-PF (2009) NOEL C. AND IDA B. SMITH CHARITABLE 26-14	
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	(ey compensation
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 relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N/A</u>	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	-
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 N/A	Amount
2	
All other program-related investments See instructions. 3	
Total. Add lines 1 through 3	0
TOTAL COUNTRY INTO A LITTURAL OF THE COUNTRY OF THE	

Form **990-PF** (2009)

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Form 990-PF (2009) NOEL C. AND IDA B. SMITH CHARITABLE	26-1405041	Page 8
Part X Minimum Investment Return (All domestic foundations must complete this particle see instructions.)	rt. Foreign found	lations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes: a Average monthly fair market value of securities.	1 a	40,565.
b Average of monthly cash balances	. 1b	300,262.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1 d	340,827.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	. 2	0.
3 Subtract line 2 from line 1d	3	340,827.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3		
(for greater amount, see instructions)	4	5,112.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	335,715.
6 Minimum investment return. Enter 5% of line 5	6	16,786.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private	operating founda	ations
and certain foreign organizations check here ► and do not complete the	ıs part.)	
1 Minimum investment return from Part X, line 6	. 1	16,786.
2a Tax on investment income for 2009 from Part VI, line 5.	114.	
b Income tax for 2009 (This does not include the tax from Part VI.) 2b	- 5	
c Add lines 2a and 2b	2 c	114.
3 Distributable amount before adjustments. Subtract line 2c from line 1	. 3	16,672.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	16,672.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	16,672.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	19,000.
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 a Suitability test (prior IRS approval required)	. 3a	
b Cash distribution test (attach the required schedule)	3Ь	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line	4	19,000.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4.	6	19,000.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7			,,	16,672.
2 Undistributed income, if any, as of the end of 2009: a Enter amount for 2008 only		Spirate State	0.	
b Total for prior years: 20 , 20 , 20	*- * ,	0.	<u>'</u> 3° ^	1444 1 1 1 1 1
3 Excess distributions carryover, if any, to 2009	14		12 12 12 12 12 12 12 12 12 12 12 12 12 1	3 3 3 3 3
a From 2004	, ,			
b From 2005		, J. F.		The state of the s
c From 2006				PARTY CALLED
d From 2007	, ta	-4°47	4	
e From 2008 . 237.			一种的数数	一种,这种是一个
f Total of lines 3a through e	237.			
4 Qualifying distributions for 2009 from Part	. Aleksain sister	A LONG TO COMPANY	ACCOUNT AND ADDRESS OF	CALLED AND AND AND AND AND AND AND AND AND AN
XII, line 4: ► \$ 19,000.				
a Applied to 2008, but not more than line 2a			0	The second second
	THE RESERVE THE PROPERTY OF THE	7, 3 " " " " " " " " " " " " " " " " " "	· · · · · · · · · · · · · · · · · · ·	THE PARTY OF THE P
b Applied to undistributed income of prior years		^	A PARTY OF THE	
(Election required – see instructions)	* * * * * * * * * * * * * * * * * * * *	<u>U.</u>		A CONTRACTOR OF THE PARTY OF TH
c Treated as distributions out of corpus	0	一种		
(Election required – see instructions)	0.	The second of th	The state of the s	ALL BURNING STATES
d Applied to 2009 distributable amount	2 220	And the second s	The state of the second of the second	16,672.
e Remaining amount distributed out of corpus	2,328.	The state of the s	A STATE OF THE STA	公司工業等人
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the	0.	white is not seen the second	and the second of the second o	U. 6 * \tau \ 42 \ 8 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
same amount must be shown in column (a).)	李雪龙			1
				A STATE OF THE STATE OF
6 Enter the net total of each column as				
indicated below:	7.			
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5.	2,565.		And House of the control and control	\$ 1 3 1 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Prior years' undistributed income. Subtract line 4b from line 2b.		0.		
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount — see instructions		A TOTAL	0.	
f Undistributed income for 2009 Subtract lines		2000年		
4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of		A to an a second party of	AND THE BUTTON	The state of the s
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
	<u> </u>		No. of the second	A Secretary of the second of t
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions).	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	2,565.	A Company of the Comp		
10 Analysis of line 9:	-	ξ	1、"我们就说道法	
a Excess from 2005 .				15 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -
b Excess from 2006				
c Excess from 2007		, - ,	\$ ~f ,	
d Excess from 2008 237.		Í		
e Excess from 2009 2,328.			, -	·

1a If the foundation has received a ruling or is effective for 2009, enter the date of the			VII-A, question		N/A
	determination letter ruling	that it is a private	operating foundation		
b Check box to indicate whether the foundar	tion is a private ope	erating foundation of	described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Tota
b 85% of line 2a				<u> </u>	
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities .					
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test - enter.					
(1) Value of all assets	ļ			<u> </u>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter.					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income .					
art XV Supplementary Information assets at any time during the second of the foundation Mana a List any managers of the foundation who close of any tax year (but only if they hav IDA B SMITH	ne year — see ir gers: have contributed m	ore than 2% of the	total contributions	received by the foun	
	own 10% or more	of the stock of a co	rporation (or an eq	ually large portion of	
b List any managers of the foundation who a partnership or other entity) of which the None		on greater inter	est.	,	the ownershi
 a partnership or other entity) of which the None Information Regarding Contribution, Gra Check here X if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d. 	nt, Gift, Loan, Scho makes contributions es gifts, grants, etc	olarship, etc, Progr s to preselected cha , (see instructions)	ams: aritable organizatio to individuals or or	ns and does not acce ganizations under oth	ept unsolicited
 a partnership or other entity) of which the None Information Regarding Contribution, Gra Check here X if the foundation only requests for funds. If the foundation make 	nt, Gift, Loan, Scho makes contributions es gifts, grants, etc	olarship, etc, Progr s to preselected cha , (see instructions)	ams: aritable organizatio to individuals or or	ns and does not acce ganizations under oth	ept unsolicited
a partnership or other entity) of which the None 2 Information Regarding Contribution, Gra Check here ► X if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d.	nt, Gift, Loan, Scho makes contribution es gifts, grants, etc er of the person to	plarship, etc, Progr s to preselected cha , (see instructions) whom applications	ams: aritable organizatio to individuals or or should be address	ns and does not acce ganizations under oth ed	ept unsolicited
a partnership or other entity) of which the None 2 Information Regarding Contribution, Gra Check here \(\overline{X} \) if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d. a The name, address, and telephone numb	nt, Gift, Loan, Scho makes contribution es gifts, grants, etc er of the person to	plarship, etc, Progr s to preselected cha , (see instructions) whom applications	ams: aritable organizatio to individuals or or should be address	ns and does not acce ganizations under oth ed	ept unsolicited
a partnership or other entity) of which the None 2 Information Regarding Contribution, Gra Check here X if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d. a The name, address, and telephone numb	nt, Gift, Loan, Schomakes contributionses gifts, grants, etc er of the person to submitted and info	plarship, etc, Progress to preselected cha (see instructions) whom applications	ams: aritable organizatio to individuals or or- should be address	ns and does not acce ganizations under oth ed ude:	ept unsolicited

Form 990-PF (2009) NOEL C. AND IDA B. SMITH CHARITABLE 26-1405041 Page 11 Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year See Statement 6 19,000. **Total** b Approved for future payment 3ь **Total**

Form **990-PF** (2009)

Part XVI-A Analysis of Income-Producing Activities

BAA

Ente	gross amounts unless otherwise indicated.	Unrelate	d business income	Excluded by	section 512, 513, or 514	
	Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
' a	•			Code		(acc the mandenona)
Ŀ				 	-	
			·	 		
,						
•						
f						
ç	Fees and contracts from government agencies		_			
_	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	5,719.	
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate:			4		
	Debt-financed property .					
ŧ	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income	ļ	······································			
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events.			+ +		··
10	Gross profit or (loss) from sales of inventory	-				
11	Other revenue:					
				+ +		
1		 		+	<u> </u>	
•		1		+ +		
						<u> </u>
12	Subtotal. Add columns (b), (d), and (e)			1 - 1 -	5,719.	
	Total. Add line 12, columns (b), (d), and (e)		•		13	5,719.
	worksheet in the instructions for line 13 to verify ca	alculations.)				
	t XVI-B Relationship of Activities to the		shment of Exem	pt Purpose	es	
			- <u> </u>			ly to the
LII	e No. Explain below how each activity for which in accomplishment of the foundation's exempt	purposes (ot	her than by providing	funds for su	ch purposes) (See t	the instructions.)
	I/A		·			
			-			
-						
					.	
					 	
						
				<u>-</u> .		
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TEEA0502L 07/06/09

Pá	art XVII	Informa Exemp	ation Re t Organ	egarding Tra	ansfers To	and Transact	ions an	d Relationsh	ips With Nor	charitable	•	
_		<u>-</u>									Yes	No
	descri	ie organizatio ibed in section ng to political	n 501(c) c	of the Code (of	ngage in any d ther than secti	of the following w on 501(c)(3) orga	rith any o anizations	ther organizations) or in section 5	n 527,	, -		
		.	-		a noncharitab	le exempt organi	zation of					. 1
	(1) C:		-							1a(1)		X
	` '	ther assets.							•	1a (2)		X
	` '	transactions:			• •	•		••••		14(2)		<u> </u>
				charitable eve	mpt organizati	ion				1b(1)		X
	` '					ion ganization .		•	•	1 b (2)		X
					· ·				•• ••	1b (3)		X
		emai or iaciin eimbursemen		_				•		1b (4)		X
	• • •	oans or loan	•						•	1 b (5)		X
		'				ng solicitations	• •	•	•	1b (6)		X
	٠,				•	=	V005	•		10 (0)		X
	c Snam	ng or racilities	s, equipme	ent, maning its	its, other asse	ts, or paid emplo	yees.	•	•	· [1C		
	the go any tr	oods, other as ansaction or	sets, or s sharing ai	services given rrangement, sl	by the reporting how in column	following scheduling foundation. If it (d) the value of	the found the goods	ation received lo s, other assets,	ess than fair ma or services rece	rket value in ived.		
) Line no.	(b) Amount	involved	(c) Name o	of noncharitable ex	empt organization	(d)	Description of trans	sfers, transactions, a	ind sharing arrar	ngement	<u>s</u> _
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	descr	foundation dibed in sections, complete t	n 501(c) (of the Code (o	ated with, or ro ther than secti	elated to, one or ion 501(c)(3)) or	more tax in section	-exempt organız ı 527?	zations	Yes	X	No
_		(a) Name of			(b) Tv	pe of organization	n	(c) Description of	relationship		
N	/A	(u) Hame of	organizati		<u> </u>	po or organization	-		<u>, </u>			
						······································					·	
								1-7-111				
_	~						_					
_									 			
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 complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.								nd belief, it is tru	e, correc	t, and		
S	$\triangleright X$				ے Sec.	Treasurer	ا برا	5/13/10	► X Sec. 1	Treasu	100	_
GZ	Signa	ature of officer or	trustee		, , , , ,		Date	7 -	Title			
N		<u> </u>					Date	,	Charles F	reparer's Identify	ıng num	ber
HERE	Paid	Preparer's signature	- Co.	ace Can	يديد لاه لام	CPA	_<	1/13/10	self.	See Signature in N/A	me insti	:5)
R	Pre- parer's	Firm's name (a)	Panh	ard & Apo	lehy Ø/C	<u> </u>		110110	EIN N/A	*/ 44		—
	Use	Firm's name (or yours if self-	→ √√√0		ert Rd., S	Suite 117						
	Only	employed), address, and ZIP code	Mesa			Julice 111			Phone no ► (480) 834	-355	in
B/	AA	LIF CODE		, 0020	-				Thorie iio	Form 9 9		
											1	,/

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Walle of the organication NOEL C. ANI	U IDA B. SMITH CHARITABLE						
FOUNDATION		26-1405041					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not						
	527 political organization	, treated as a private roundation					
Form 990-PF	X 501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation						
	d by the General Rule or a Special Rule . or (10) organization can check boxes for both the General	Rule and a Special Rule. See instructions.					
General Rule							
X For an organization filing Form 9 contributor. (Complete Parts ar	990, 990-EZ, or 990-PF that received, during the year, 5 , and II)	000 or more (in money or property) from any one					
Special Rules -							
509(a)(1)/170(b)(1)(A)(vi) and receiv	tion filing Form 990 or 990-EZ, that met the 33-1/3% supp ved from any one contributor, during the year, a contribution of th II, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I an	he greater of (1) \$5,000 or (2) 2% of the					
aggregate contributions of more	10) organization filing Form 990 or 990-EZ, that received than \$1,000 for use exclusively for religious, charitable, s or animals. Complete Parts I, II, and III.	from any one contributor, during the year, cientific, literary, or educational purposes, or the					
contributions for use exclusively this box is checked, enter here t	10) organization filing Form 990 or 990-EZ, that received to for religious, charitable, etc, purposes, but these contribu- he total contributions that were received during the year for the parts unless the General Rule applies to this organization.	itions did not aggregate to more than \$1,000. If for an exclusively religious, charitable, etc.					
religious, charitable, etc, contrib	utions of \$5,000 or more during the year	▶ \$					
990-PF) but it must answer 'No' on	covered by the General Rule and/or the Special Rules do Part IV, line 2 of their Form 990, or check the box on line eet the filing requirements of Schedule B (Form 990, 990-	H of its Form 990-EZ, or on line 2 of its Form					
BAA For Privacy Act and Paperwo for Form 990, 990EZ, or 990-PF.	ork Reduction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)					

	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
NoEL (C. AND IDA B. SMITH CHARITABLE		r identification number 405041
Part I	Contributors (see instructions)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	IDA B SMITH 9000 E SAN VICTOR DR, UNIT 168	\$ 45,000.	Person X Payroll Noncash
	SCOTTSDALE, AZ 85258-5091		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

	(Form 990, 990-EZ, or 990-PF) (2009)	Page		
Name of organ				ntification number
NOEL C.	AND IDA B. SMITH CHARITABLE		26-1405	041
Part li	Noncash Property (see instructions.)			
(a) No. from Part I	(b) Description of noncash property given	FMV (see i	(c) (or estimate) nstructions)	(d) Date received
	N/A			
		-		[
		\$		
		`		
(a) No. from Part I	(b) Description of noncash property given	FMV (see i	(c) (or estimate) nstructions)	(d) Date received
]		
		ļ		
		\$		1
		ľ		
(a) No. from Part I	(b) Description of noncash property given	FMV (see i	(c) (or estimate) nstructions)	(d) Date received
		\$		
		 *		
(a) No. from Part I	(b) Description of noncash property given	FMV (see i	(c) (or estimate) nstructions)	(d) Date received
		_		
		5		
		\ 		
(a) No. from Part I	(b) Description of noncash property given	FMV (see	(c) (or estimate) nstructions)	(d) Date received
		4		
		İs		
(a) No. from Part i	(b) Description of noncash property given	FMV (see	(c) (or estimate) nstructions)	(d) Date received

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

Schedule E	(Form 990, 990-EZ, or 990-PF) (2009)		P	age 1	of 1	of Part III		
lame of organ					Employer identifica			
	AND IDA B. SMITH CHARITABLE				26-140504			
Part III	Exclusively religious, charitable, e organizations aggregating more th	tc, individual contributio an \$1.000 for the year.@	ns to sectio	n 501(c)	(7), (8), or (10)	ing line entry		
	For organizations completing Part III, enter	•	•	y a nough	(c) and the follow	ing inte entry.		
	contributions of \$1,000 or less for the year.	(Enter this information once –	see instruction	ns.)	►\$	N/		
(a)	(b)	(c)			(d)			
No. from Part I	Purpose of gift	Use of gift		Des	cription of how gi	ft is held		
- μιτι	N/A		·					
		(0)			 			
		(e) Transfer of gift						
	Transferee's name, addres		Relati	ionship of	transferor to tran	sferee		
			_		···			
(a)	(b)	(c)	L		(d)	<u> </u>		
No. from	Purpose of gift	Use of gift		Description of how gift is h				
Part I		·						
								
		(e) Transfer of gift						
	Transferee's name, addres		Relat	ionship of	transferor to tran	sferee		
(a)	(b)	(c)	L		(d)			
No. from	Purpose of gift	Use of gift	+	Des	cription of how gi	ft is held		
Part I								
		· · · ·	-					
	(e) Transfer of gift							
	Transfer of gift Transferee's name, address, and ZIP + 4			ionship of	f transferor to tran	sferee		

			<u> </u>					
(a)	(b)	(c)	<u> </u>		(d)			
No. from	Purpose of gift	Use of gift		Des	cription of how gi	ft is held		
Part I								
								
				-				
		(e)						
	Transferee's name, addres	Relationship of transferor to transferee						
	remarked a maine, additess, and ZIF T 4							
}						-		
			<u> </u>					
BAA			Schedi	ule B (Fori	m 990, 990-EZ, or	990-PF) (200		

2009	Federal Statements NOEL C. AND IDA B. SMITH CHARITABLE				Page 1
Client 004		FOUNDATIO		26-1405041	
5/11/10 Statement 1 Form 990-PF, Part I, Line 16a Legal Fees					12:17PM
GUNDERSON, DENTON, PROF	FITT PC . Total	(a) Expenses Per Books \$ 2,426. \$ 2,426.	(b) Net Investment Income \$ 0.	(c) Adjusted Net Income	
Statement 2 Form 990-PF, Part I, Line 16b Accounting Fees					
PACKARD & APPLEBY PC	Total	(a) Expenses per Books \$ 1,590. \$ 1,590.	(b) Net Investment Income \$ 0.	(c) Adjusted Net Income	(d) Charitable Purposes \$ 0.
Statement 3 Form 990-PF, Part I, Line 18 Taxes					
EXCISE TAX	Total	(a) Expenses per Books \$ 58. \$ 58.		(c) Adjusted Net Income	
Statement 4 Form 990-PF, Part I, Line 23 Other Expenses					
ARIZONA CORPORATION COM	MISSION. Total	(a) Expenses per Books \$ 10. \$ 10.		(c) Adjusted Net Income	(d) Charitable Purposes \$ 0.
Statement 5 Form 990-PF, Part II, Line 10a Investments - U.S. and State	a Government C	Obligations			•
State/Municipal Oblicat	ione		Valuation Method	Book Value	Fair Market Value
State/Municipal Obligat EDWARD JONES - MUNICIPA			Cost \$	198,313. 198,313.	189,428.

2009

Federal Statements

Page 2

NOEL C. AND IDA B. SMITH CHARITABLE FOUNDATION

Client 004

26-1405041

5/11/10

12:17PM

Statement 5 (continued)
Form 990-PF, Part II, Line 10a
Investments - U.S. and State Government Obligations

Total \$ 198,313. \$ 189,428.

Statement 6 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	<u>Amount</u>	
PHOENIX RESCUE MISSION 1801 SOUTH 35TH AVE PHOENIX, AZ 85009		501 (C) (3)	GENERAL FUND	\$ 3,0	000.
SOJOURNER CENTER P.O. BOX 20156 PHOENX, AZ 85023		501 (C) (3)	GENERAL FUND	3,0	100.
WILLIAM J CLINTON FDN FOR AIDS/HIV 610 PRESIDENT CLINTON AVE LITTLE ROCK, AR 72201		501 (C) (3)	GENERAL FUND	3,0	100.
THE SMILE TRAIN 41 MADISON AVE, 28TH FL NEW YORK, NY 10010		501 (C) (3)	GENERAL FUND	3,0	00.
PLANNED PARENTHOOD FDN OF AMERICA 434 WEST 33RD STREET NEW YORK, NY 10001		501 (C) (3)	GENERAL FUND	2,0	100.
BREAST CANCER RESEARCH FOUNDATION 60 EAST 56TH STREET, 8TH FLOOR NEW YORK, NY 10022		501 (C) (3)	GENERAL FUND	2,0	000.
PETSMART CHARITIES 19601 N 27TH AVE PHOENIX, AZ 85027		501 (C) (3)	GENERAL FUND	3,0	00.

Total \$ 19,000.