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Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2010

Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year (from Part II, col. (c), line 16) Other (specify) E If private foundation status was terminated under section 507(b)(1)(A), check here	
Name of foundation E.G. & KLARA M SMITH FOUNDATION Number and street (or P O box number if mail is not delivered to street address) A Employer identification number 23-2494804 B Telephone number 610-670-1000 City or town, state, and ZIP code WEST LAWN, PA 19609 H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at end of year J Accounting method:	
Number and street (or P O box number if mail is not delivered to street address) 3333 PENN AVENUE, PO BOX 2657 City or town, state, and ZIP code WEST LAWN, PA 19609 H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at end of year (from Part II, col. (c), line 16) B Telephone number 610-670-1000 C if exemption application is pending, check here D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation If private foundation status was terminated under section 507(b)(1)(A), check here (from Part II, col. (c), line 16) C if exemption application is pending, check here D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation E If private foundation is a 60-month terminal	
Number and street (or P O box number if mail is not delivered to street address) 3333 PENN AVENUE, PO BOX 2657 City or town, state, and ZIP code WEST LAWN, PA 19609 H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at end of year (from Part II, col. (c), line 16) B Telephone number 610-670-1000 C if exemption application is pending, check here D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation If private foundation status was terminated under section 507(b)(1)(A), check here (from Part II, col. (c), line 16) Other (specify)	
City or town, state, and ZIP code WEST LAWN, PA 19609 H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year (from Part II., col. (c), line 16) C If exemption application is pending, check here D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation If private foundation status was terminated under section 507(b)(1)(A), check here (from Part II., col. (c), line 16) C If exemption application is pending, check here D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation Limit the foundation is pending, check here D 2. Foreign organizations meeting the 85% test, check here and attach computation Limit the foundation is pending, check here D 3. Foreign organizations meeting the 85% test, check here and attach computation C if exemption application is pending, check here D 4. Foreign organizations meeting the 85% test, check here and attach computation C if exemption application is pending, check here D 5. Foreign organizations meeting the 85% test, check here and attach computation E If private foundation is pending, check here D 6. Foreign organizations meeting the 85% test, check here and attach computation C if exemption application is pending, check here D 7. Foreign organizations, check here D 8. Foreign organizations meeting the 85% test, check here and attach computation C if exemption application is pending, check here	
WEST LAWN, PA 19609 H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year (from Part II, col. (c), line 16) Other (specify) D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation I Foreign organizations meeting the 85% test, check here and attach computation E If private foundation status was terminated under section 507(b)(1)(A), check here	
H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year J Accounting method: X Cash Accrual (from Part II, col. (c), line 16) 2. Foreign organizations meeting the 85% test, check here and attach computation E If private foundation status was terminate under section 507(b)(1)(A), check here	ightharpoonup
Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of year J Accounting method: X Cash Accrual under section 507(b)(1)(A), check here (from Part II, col. (c), line 16) Other (specify)	▶□
I Fair market value of all assets at end of year J Accounting method: X Cash Accrual I Fair market value of all assets at end of year J Accounting method: X Cash Accrual I fixed rounded to induction status was terminated under section 507(b)(1)(A), check here (from Part II, col. (c), line 16) Other (specify) F If the foundation is in a 60-month terminated under section 507(b)(1)(A), check here	▶Ш
(from Part II, col. (c), line 16) United Specify)	
OTA FOR (Post Locking (d) must be an each beaut)	ion
\$\\ 974,597. \(\text{(Part I, column (d) must be on cash basis.)}\\ \text{Under section 507(b)(1)(B), check here}\\ \text{Part I Analysis of Revenue and Expenses}\\ \text{(a) Revenue and (b) Net investment}\\ \text{(c) Adjusted net}\\ \text{(d) Disbursen}\\ (d) Disburs	<u>▶</u> ∟∟
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) (b) Not involved in (b) Not involved in (c) Not involved in (poses
1 Contributions, gifts, grants, etc., received 150,009. N/A	
2 Check Interest on savings and temporary 12 677 12 677	m 1
3 cash investments 12,0// STATEMEN	
4 Dividends and interest from securities 1. STATEMEN 5a Gross rents	T 4
b Net rental income or (loss)	
63 Net gap or (loce) from calle of assets not on line 10.	
b Gross sales price for all assets on line 8a 554, 204.	
b Gross sales price for all assets not or line to assets not or line to assets on line 6a 7 Capital gain net income (from Part IV, line 2)	
8 Net short-term capital gain	
9 Income modifications	
10a Gross sales less returns and allowances	
b Less Cost of goods sold	
Guidos prontos (1886)	
11 Other income 12 Total, Add lines 1 through 11 173.60.26. 23,067.	
	0.
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	<u> </u>
15 Pension plans, employee benefits	
16a Legal fees	
b Accounting fees STMT 3 4,100. 4,100.	0.
b Accounting fees STMT 3 4,100. 4,100. C Other professional fees STMT 4 10,000. 10,000.	0.
9 17 Interest	
17 Interest 18 Taxes STMT 5 250. 250. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings	0.
19 Depreciation and depletion	
20 Occupancy	
21 Travel, conferences, and meetings	
22 Printing and publications 23 Other expenses STMT 6 2,916. 2,916.	0.
23 Other expenses STMT 6 2,916. 2,916.	
23 Other expenses STMT 6 2,916. 2,916	0.
25 Contributions, gifts, grants paid 129,000.	000.
26 Total expenses and disbursements	<u> </u>
	000.
27 Subtract line 26 from line 12:	
a Excess of revenue over expenses and disbursements 26,810.	
b Net investment income (if negative, enter -0-) 5,801.	
C Adjusted net income (if negative, enter -0-) N/A Page 10-10-10-10-10-10-10-10-10-10-10-10-10-1	

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985,539.

Decreases not included in line 2 (itemize) ▶

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

Add lines 1, 2, and 3

		KLARA M SMITI						23	3-2494	1804	Page 3
		sses for Tax on In		Income	76.5.1	1					
(a) List and descr 2-story brick wa	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (b) How acquired P - Purchase D - Donation			nase '') Date a (mo., da	cquired ly, yr.)	(d) Dat (mo., d	te sold ay, yr.)			
1a		<u></u> .									
b SEE ATTACHED	STAT	TEMENT			<u> </u>						
C											
d										_	
<u>e</u>	10.5	\	4-1.0	A	١			42.0-	· (1)		
(e) Gross sales price	(1) [Depreciation allowed (or allowable)		t or other basis xpense of sale				(n) Ga (e) plus	in or (loss) (f) minus (ç	1)	
a											
b											
C	-										
d				E 4 2 01	E .					1.0	200
complete only for assets showing	a aan in	nalumn (h) and awaed by t	he foundation	543,81	э.		40.6) (O-	.1 (1-)		<u>,389.</u>
Complete only for assets showing		· · · · · · · · · · · · · · · · · · ·							ol. (h) gain r ot less than		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (j), if any			1	Losses (from col. (h))	
a											
b											
С											
d											
е										10	,389.
2 Capital gain net income or (net ca	pıtal loss)	If gain, also enter If (loss), enter -0-			}	2				10	,389.
3 Net short-term capital gain or (los	s) as defi	`									
If gain, also enter in Part I, line 8,			u (0).)						
If (loss), enter -0- in Part I, line 8		ection 4940(e) for			r	3			N/A		
If section 4940(d)(2) applies, leave th Was the foundation liable for the sec If "Yes," the foundation does not qual	tion 4942 ify under	tax on the distributable ami section 4940(e). Do not coi	mplete this pa	rt.						Yes	X No
1 Enter the appropriate amount in	each colui	mn for each year; see instru	ictions before	making any entri	es.			_	_		
(a) Base period years Calendar year (or tax year beginni	ng in)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) ncha		use assets	(Dıstrıbı col. (b) dıvı	(d) ution ratio ded by col	. (c))
2009		13	1,651.			78	5,128.			.1	67681
2008			2,911.			36	4,534.			. 6	93793
2007			0,700.				9,098.			4	33512
2006			2,356.	. ===			1,540.				67704
2005		9	0,243.			<u> 38</u>	<u>1,117.</u>	<u> </u>		. 2	<u> 36786</u>
2 Total of line 1, column (d)								2		1.8	99476
3 Average distribution ratio for the the foundation has been in existe			on line 2 by 5,	or by the number	of ye	ars		3		3	79895
4 Enter the net value of noncharitat		-	іпе 5					4			,732.
		55.5 16. 20 10 11 011 11 art A, I		-	•					_	
5 Multiply line 4 by line 3								5	•	343	,569.
6 Enter 1% of net investment incon	ne (1% of	Part I, line 27b)						6			58.
7 Add lines 5 and 6								7		323	,627.
8 Enter qualifying distributions from								8	· · · · · ·	129	,000.
If line 8 is equal to or greater than See the Part VI instructions.	ı lıne 7, ch	neck the box in Part VI, line	1b, and comp	lete that part usin	ıg a 1	% tax ı	rate.				
023521 12-07-10									Fo	rm 990-	PF (2010)

	n 990-PF (2010) E.G. & KLARA M SMITH FOUNDATION Int.VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 49			24948			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here \to \tag{3.1} and enter "N/A" on line 1.)	040		<u> </u>	01101	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instruction	ne)					
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1			1	16.
	of Part I, line 27b		•				<u> </u>
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col.	(b).		!			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	(5).	2				0.
	Add lines 1 and 2	·	3			1	16.
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			1	16.
	Credits/Payments:						
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6a						
	Exempt foreign organizations - tax withheld at source 6b						
	Tax paid with application for extension of time to file (Form 8868)	125.					
	1 Backup withholding erroneously withheld 6d						
	Total credits and payments. Add lines 6a through 6d		7	1		1	25.
			8		-		
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9				
		•	10				9.
	· ·	Refunded -	11				0.
	art VII-A Statements Regarding Activities						
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it particip	ate or intervene	ın			Yes	No
	any political campaign?			. [1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for	or definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate	erials publishe	d or				
	distributed by the foundation in connection with the activities						
C	Did the foundation file Form 1120-POL for this year?				1c		<u> </u>
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$	0.		ļ			
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on fo	oundation				ı	
	managers. ▶ \$ 0 .						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		<u> </u>
	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, o	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		_X_
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			.	4a		X
b	b If "Yes," has it filed a tax return on Form 990-T for this year?		N	1/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?					_5_		_X_
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that confi	ict with the state	e law		_	7.	
	remain in the governing instrument?				6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year?				_7	X	
	If "Yes," complete Part II, col. (c), and Part XV.						
ва	a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶						
	PA						
þ	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or de	isignate)			0.	v	
^	of each state as required by General Instruction G? If "No," attach explanation	14011\1E\ fo= c=1	ndar		8b	X	
9		142(J)(5) 101 Cale	nuar		0		v
40	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		X
<u> 10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and	addresses			10	L	<u> </u>

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had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Form 990-PF (2010) E.G. & KLARA M SMITH FOU			23-24948	0 4 Page 6
Part VII-B Statements Regarding Activities for Which F 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instruction of the companizations relying on a current notice regarding disaster assistance check his companizations relying on a current notice regarding disaster assistance check his companizations relying on a current notice regarding disaster assistance check his companizations relying on a current notice regarding disaster assistance check his companizations relying on a current notice regarding disaster assistance check his companizations relying on a current notice regarding disaster assistance check his companizations relying on a current notice regarding disaster assistance check his companization claim exemption from the grant?	4945(e))? to carry on, directly or indirectly or educational purposes, or formula individual sections.	Ye ctly, Ye Ye	s X No	5b
 If "Yes," attach the statement required by Regulations section 53.4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pa a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a pif "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax significant by the foundation receive any proceeds or have any net income attributed. Part VIII Part VIII	ersonal benefit contract? helter transaction? table to the transaction?	Ye	s X No N/A	6b X
Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their	compensation			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		0.	0.	0.
Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000 NONE	luded on line 1). If none, (b) Title, and average hours per week devoted to position	enter "NONE."	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Total number of other employees paid over \$50,000			▶ [0

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	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	376,626. 488,077.
Ь	Average of monthly cash balances	1b	488,077.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	864,703.
е	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	864,703.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,971.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	851,732.
6	Minimum investment return Enter 5% of line 5	6	42,587.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certaii	1
1	Minimum investment return from Part X, line 6	1	42,587.
	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	116.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	42,471.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	42,471.
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	42,471.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	129,000.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	129,000.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	_6	129,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies	for the section
	4940(e) reduction of tax in those years.		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				42,471.
2 Undistributed income, if any, as of the end of 2010		-		
a Enter amount for 2009 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005 71,421.				
b From 2006 140,609.				1
c From 2007 195,587.				
d From 2008 235, 192.				
e From 2009 92,635.	725 444			
f Total of lines 3a through e	735,444.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$ 129,000.			0.	
a Applied to 2009, but not more than line 2a			U •	
b Applied to undistributed income of prior		0.		-
years (Election required - see instructions) c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount	0.			42,471.
e Remaining amount distributed out of corpus	86,529.	,		32,11.
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	821,973.			
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		0.		
assessed d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line		•		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	71,421.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	750,552.	·-·		
10 Analysis of line 9:				
a Excess from 2006 140,609.			1	
b Excess from 2007 195, 587.				
c Excess from 2008 235,192.				
d Excess from 2009 92,635. e Excess from 2010 86,529.				
e Excess from 2010 86,529.		<u></u>	<u> </u>	Form 990-PF (2010)

3 Grants and Contributions Paid During the Ye	ear or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year CONTRIBUTIONS TO CHARITIES (SEE ATTACHED)				17,500.
CONTRIBUTIONS TO CHURCHES				111,500.
(SEE ATTACHED)				111,300.
Total			▶ 3a	129,000.
b Approved for future payment			7 02	129,000
NONE				
·— — — ·—				
Total			▶ 3b	0.

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— • • • • • • • • • • • • • • • • • • •		
Part XVI-A	Analysis of Income-Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Buŝiness code	Amount	sion	Amount	function income
a		-			
b					
С		-			
d					
e					
f					
g Fees and contracts from government agencies				-	
2 Membership dues and assessments		-			
3 Interest on savings and temporary cash					
investments	1		14	12,677.	
4 Dividends and interest from securities			14	1.	
5 Net rental income or (loss) from real estate:					•
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	10,389.	
9 Net income or (loss) from special events		_			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		(0.	23,067.	0.
13 Total Add line 12, columns (b), (d), and (e)	<u>-</u>			13	23,067.
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship 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).					
_						

023621 12-07-10

Print/type preparer's name

Preparer's signature

Date

Check if self-employed

Self-employed

Preparer

Firm's name ► HERBEIN + COMPANY, INC.

Firm's address ► 2763 CENTURY BOULEVARD

Form **990-PF** (2010)

(610) 378-1175

Sign Here

Date

Signatu/e

of officer or trustee

READING, PA 19610

Title

Phone no.

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

2010

Name of the organization

Employer identification number

	E.G. & KLARA M SMITH FOUNDATION	23-2494804
Organization type(chec	k one)·	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
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	
, ,	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	tule. See instructions.
General Rule		
_	ation filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in remplete Parts I and II.	noney or property) from any one
Special Rules		
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II	_
aggregate cont	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one cont tributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary of cruelty to children or animals Complete Parts I, II, and III.	
contributions for If this box is ch purpose Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contour use exclusively for religious, charitable, etc., purposes, but these contributions did not a necked, enter here the total contributions that were received during the year for an exclusival complete any of the parts unless the General Rule applies to this organization because table, etc., contributions of \$5,000 or more during the year.	aggregate to more than \$1,000 vely religious, charitable, etc.,
	on that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV. line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

E.G. & KLARA M SMITH FOUNDATION

23-2494804

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TERRE HILL CONCRETE PO BOX 10 TERRE HILL, PA 17581	\$ <u>150,009.</u>	Person X Payroll
(a) No.	(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) No.	(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) No.	(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) No.	(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) No.	(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)

Name of organization

Employer identification number

E.G. & KLARA M SMITH FOUNDATION

23-2494804

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			-
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 12-2	3.40	Schedule B (Form	990, 990-EZ, or 990-PF) (

Name of organization

nization	Employer identification number	
KLARA M SMITH FOUNDAT	ON	23-2494804
more than \$1,000 for the year. Complete Part III, enter the total of exclusively religion	columns (a) through (e) and the us, charitable, etc., contributions	e following line entry. For organizations completing
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	t
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	t
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	tt
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	ft
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
	l l	
	KLARA M SMITH FOUNDAT: Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religious \$1,000 or less for the year (Enter this info (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	Exclusively religious, charitable, etc., individual contributions to section more than \$1,000 for the year. Complete columns (a) through (e) and the Part III, enter the total of exclusively religious, charitable, etc., contributions \$1,000 or less for the year (Enter this information once. See instructions) (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (d) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (e) Use of gift

Part IV Capital Gains and Los	ses for Tax on Investment Income				
· (a) List and 2-story bri	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1a BANK OF AMERICA	A CORP INTERNOTE	S	P	03/12/04	05/17/10
b GENERAL ELECTR	P	03/12/04			
c US TREASURY BII	P	06/09/10			
d US TREASURY BII	P		12/16/10		
e ALPINE TOTAL DY	P		02/08/10		
f EATON VANCE EN		COME FUND II	P		VARIOUS
g PIMCO FLOATING			P		02/08/10 02/08/10
	h ING CLARION GLOBAL REAL ESTATE INCOME FUND				
	WESTERN ASSET GLOBAL HIGH INCOME FD INC				
	L RETURN FUND IN	CORP	P	VARIOUS	02/08/10
<u>k</u>				ļ	
m					
n			+		
0	(6) Depresention ellowed	(a) Cost or other have) Compar (less)	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) olus (f) minus (g)	
a 97,248.		90,998.			6,250.
b 97,015.		92,844.			4,171.
c 179,981.		179,981.			0.
d 179,892.		179,892.	,		<u> </u>
e 17.		23.			<u>-6.</u>
f 17.		24.			<u>-7.</u>
g 6. h 1.		10.			-4.
h 1. 13.		17.			-4. -4.
$\frac{1}{1}$ 14.		21.			<u>-4.</u>
<u> </u>		21.			
1					
m					
n					
0					
Complete only for assets showin	g gain in column (h) and owned by	the foundation on 12/31/69	(I) Lo	sses (from col. (h))
(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	Gains (excess	of col. (h) gain ove not less than "-0-")	r col. (k),
a					6,250.
<u>b</u>					4,171.
C					0.
d					0.
е					-6.
f					-7.
g					-4.
h					4.
1					4.
1					
<u>k</u>					
<u> </u>		-	-		-
<u>m</u>					
n					
0					
2 Capital gain net income or (net ca	upital loss) { If gain, also enter "-(r in Part I, line 7)-" in Part I, line 7	2		10,389.
3 Net short-term capital gain or (los					
If gain, also enter in Part I, line 8,	column (c).	}			
If (loss), enter "-0-" in Part I, line 8	3	J	3	N/A	

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CAS	H INVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
NATIONAL PENN INVESTORS TRUST WACHOVIA SECURITIES				1,30 11,37	
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A		12,67	7.
FORM 990-PF DIVIDEND	S AND INTER	EST FROM S	ECURITIES	STATEMENT	2
SOURCE	GROSS	AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	
WACHOVIA SECURITIES		1.	0.		1.
TOTAL TO FM 990-PF, PART I, L	N 4	1.	0.		1.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO			
ACCOUNTING FEES	4,100.	4,1	00.		0.
TO FORM 990-PF, PG 1, LN 16B	4,100.	4,1	00.		0.
FORM 990-PF O	THER PROFES	SIONAL FEE	S	STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO			
ADMINISTRATIVE EXPENSES	10,000.	10,0	00.		0.
TO FORM 990-PF, PG 1, LN 16C	10,000.	10,0	00.		0.

FORM 990-PF	TAX	ES 	_		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
FEDERAL TAXES	250.		250.			0.
TO FORM 990-PF, PG 1, LN 18 =	250.		250.			0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
MISCELLANEOUS EXPENSES	2,916.	2,9	916.			0.
TO FORM 990-PF, PG 1, LN 23	2,916.	2,9	916.			0.
FORM 990-PF U.S. AND	STATE/CITY G	OVERNMENT	OBLI	GATIONS	STATEMENT	7
FORM 990-PF U.S. AND S	STATE/CITY G U.S GOV'	• OTHER		GATIONS OK VALUE	STATEMENT FAIR MARK	
	U.S	• OTHER			FAIR MARK	ΞT
DESCRIPTION	U.S GOV'	• OTHER		OK VALUE	FAIR MARK	ET 313.
DESCRIPTION GOVERNMENT BONDS	U.S GOV' X	OTHER GOV'T		359,724.	FAIR MARKI VALUE 359,	313.
DESCRIPTION GOVERNMENT BONDS TOTAL U.S. GOVERNMENT OBLIGATION	U.S GOV' X TIONS VERNMENT OBL	OTHER GOV'T		359,724.	FAIR MARK VALUE 359,	ET 313.
DESCRIPTION GOVERNMENT BONDS TOTAL U.S. GOVERNMENT OBLIGATION TOTAL STATE AND MUNICIPAL GOVERNMENT	U.S GOV' X TIONS VERNMENT OBL	OTHER T GOV'T		359,724. 359,724.	FAIR MARK VALUE 359,	ET 313.
DESCRIPTION GOVERNMENT BONDS TOTAL U.S. GOVERNMENT OBLIGATION OF TOTAL STATE AND MUNICIPAL GOVERNMENT OF TOTAL TO FORM 990-PF, PART IN	U.S GOV' X TIONS VERNMENT OBL I, LINE 10A	OTHER T GOV'T	BOO	359,724. 359,724.	FAIR MARK VALUE 359, 359, 359, STATEMENT	313. 313.
DESCRIPTION GOVERNMENT BONDS TOTAL U.S. GOVERNMENT OBLIGATION TOTAL STATE AND MUNICIPAL GOVERNMENT TOTAL TO FORM 990-PF, PART INTOTAL TO FORM 990-PF	U.S GOV' X TIONS VERNMENT OBL I, LINE 10A	OTHER T GOV'T	BOO	359,724. 359,724. 359,724.	FAIR MARK VALUE 359, 359, 359, STATEMENT FAIR MARK VALUE	313. 313.

FORM 990-PF	OTHER INVESTMENTS	<u> </u>	STATI	EMENT	9
DESCRIPTION	VALUATION METHOD	BOOK VALUI		MARKET ALUE	C
CERTIFICATE OF DEPOSIT ANNUITIES CLOSED END MUTUAL FUNDS	COST COST COST	75,00 50,00		79,33 32,65	
TOTAL TO FORM 990-PF, PART II,	LINE 13	125,00	00.	111,99	33.
	LIST OF OFFICERS, D AND FOUNDATION MANA		STAT	EMENT	10
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
JANIS L. WELLER 112 SEDONA DRIVE WYOMISSING, PA 19610	CHAIRMAN 1.00	0.	0.		0.
EDWIN G. SMITH 535 GRINGS HILL ROAD SINKING SPRING, PA 19608	PRESIDENT 1.00	0.	0.		0.
JULIE A. FRY 1644 EAST THISTLE DRIVE WYOMISSING, PA 19610	SECRETARY/TREA	SURER 0.	0.		0.
JOHN GLASS 155 HAWTHORNE COURT WYOMISSING, PA 19610	VICE PRESIDENT 1.00	0.	0.		0.
JEFFREY A. SMITH PO BOX 8 TERRE HILL, PA 17581	VICE PRESIDENT 1.00	0.	0.		0.
TOTALS INCLUDED ON 990-PF, PAG	E 6, PART VIII	0.	0.		0.

E.G. AND KLARA SMITH FOUNDATION ID# 23-2894804 FORM 990-PF - ATTACHMENT FOR 2010 CALENDAR YEAR SCHEDULE OF CONTRIBUTIONS PAID PART 1 LINE 25 AND PART XV

0/0	RANDY BRODHAGEN MARTIN SCHMITTBERGER	THOMAS G MIRABELLA
RECIPIENTS NAME	CHURCH EXTENSION MINISTRIES CITY LIGHT MINISTRY FIRST BAPTIST CHURCH GLAD TIDINGS ASSEMBLY OF GOD GLORY TO GOD MINISTRIES INTERNATIONAL SPRING VALLEY CHURCH OF GOD	BERKS WOMEN IN CRISIS BLACKTOP BASKETBALL LEAGUE CENTER FOR PARENTYOUTH UNDERSTANDING CENTRAL CATHOLIC HS OF BERKS COUNTY CRIME ALERT BERKS COUNTY GOLF FORE AFRICA MAKE-A-WISH FOUNDATION OLIVET BOYS & GIRLS CLUB OPPORTUNITY HOUSE SALVATION ARMY ST JOSEPH MEDICAL CENTER FOUNDATION

AMOUNT	1,500 00 25,000 00 50,000 00 9,500 00 25,000 00	111,500 00	1,000 00 1,000 00 5,000 00 2,000 00 1,000 00 1,000 00 1,000 00 1,000 00 1,500 00
PURPOSE OF CONTRIBUTION	RELIGIOUS RELIGIOUS RELIGIOUS RELIGIOUS RELIGIOUS	TOTAL RELIGIOUS	EDUCATION
FOUNDATION STATUS OF RECIPIENT	PUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY		PUBLIC CHARITY
ADDRESS	PO BOX 753, WHITEHALL, PA 18052 246 NORTH NINTH STREET, READING, PA 19601 210 SOUTH 5TH STREET, READING, PA 19602 1110 SNYDER ROAD, WEST LAWN, PA 19609 P O BOX 4167, PALM SPRINGS, CA 92263 P O BOX 14143, READING, PA 19612-4143		645 PENN STREET, 2ND FLOOR, READING, PA 19601 P O BOX 7321, READING, PA 19603 P O BOX 414, ELIZABETHTOWN, PA 17022 1400 HILL RD, READING, PA 19602 P O BOX 6787, WYOMISSING, PA 19610 32531 N SCOTTSDALE RD, SUITE 105, SCOTTSDALE, AZ 85266-1519 101 NORTH CENTRE ST, SUITE 308, POTTSVILLE, PA 19701 1161 PERSHING BLVD, READING, PA 19611 430 NORTH SECOND STREET, READING, PA 19601 P O BOX 1099, READING, PA 19603-1099 P O BOX 316, READING, PA 19603-0316

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

lf vo	uare filing for an Automatic 3-Month Extension, comple	te only Pa	ert I and check this box		•	X
•	are filing for an Additional (Not Automatic) 3-Month Ex	-		form).	•	
-	complete Part II unless you have already been granted	•	• • • • •	-	m 8868.	
	onic filing (e-file). You can electronically file Form 8868 if		•			oration
	d to file Form 990-T), or an additional (not automatic) 3-mo				•	
	to file any of the forms listed in Part I or Part II with the ex		-			
	-	-				
	al Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details on tr	ie eiec	tronic illing or this i	Jriii,
Part	www.rs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		hmt angual (na agus paeded)			
			· · · · · · · · · · · · · · · · · · ·	nloto		
	pration required to file Form 990-T and requesting an autor	nauc 6-mc	onth extension - check this box and com	piete		
Part I o	•	"				ш
	er corporations (including 1120-C filers), partnerships, REN ncome tax returns.	iiCs, and ti	rusts must use Form 7004 to request an	exten	sion of time	
				i		
Туре о	r Name of exempt organization			Empi	nployer identification number	
print		3 M T O 3 T		_	2 2424224	
File by th	E.G. & KLARA M SMITH FOUND				3-2494804	
due date	for Number, street, and room or suite no. If a P.O. box, s		tions.			
filing you return Se	e JJJJ PERM AVEROE, PO DON Z				<u>-</u>	
instructio	51.57, 151.11.51 [50.51.51.51.51.51.51.51.51.51.51.51.51.51.	oreign add	ress, see instructions.			
	WEST LAWN, PA 19609					
Enter t	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
						
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 9	90-EZ	03	Form 4720			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
	JULIE A. FRY					
• The	books are in the care of ▶ 1644 EAST THIS	TLE D	RIVE - WYOMISSING. P	A 1	9610	
	phone No ► 610-376-4248		FAX No ▶		<u> </u>	
	e organization does not have an office or place of busines	s in the Ur	· • ———————————————————————————————————			
	is is for a Group Return, enter the organization's four digit			is is foi	r the whole aroun o	heck this
box >			<u> </u>			
	request an automatic 3-month (6 months for a corporation			_	CIG THE EXTENSION IS	
'		-	ition return for the organization named a		The extension	
-	s for the organization's return for.	or organiza	mon return for the organization named b	DOVC.	THE EXICHSION	
	► X calendar year 2010 or					
ï	tax year beginning	an	nd ending			
•	tax year beginning	, ai			<u> </u>	
2 1	f the tax year entered in line 1 is for less than 12 months, o	check ross	on: Initial return Fina	al retur	n	
2 '	Change in accounting period	JIECK IEAS	On Initial return Fine	ii ietui	**	
-	Change in accounting period		-			
	f this application is far Form COO DI COO DE COO T 4700	6000	mtor the tentature territory			
	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	ur buby, 6	aner trie tentative tax, less any			105
-	nonrefundable credits. See instructions.			3a	\$	125.
	f this application is for Form 990-PF, 990-T, 4720, or 6069	-				^
-	estimated tax payments made Include any prior year over			3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your page	=				46-
	by using EFTPS (Electronic Federal Tax Payment System)			3c	\$	<u> 125.</u>
	n. If you are going to make an electronic fund withdrawal	-	orm 8868, see Form 8453-EO and Form	8879-		
1 HA	For Panerwork Reduction Act Notice, see Instruction	9			Form 8868 (B)	ev 1-2011)

023841 01-03-11