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## Form **990-PF**

## **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

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.

For	caler	ndar year 2010, or ta	x year beginning			, and ending			•
G	Check	all that apply:	Initial return		Initial return of a fo	ormer public charity		Final return	
			Amended return		Address chan	ge 🗀	Name cha	ınge	
Na	me o	foundation				<del>-</del>	A Emplo	yer identification	number
					ICK FOUNDATI		52	-1904519	
Nu	nber a	•	mber if mail is not delivered to	street a	ddress)	Room/suite	B Teleph	one number	
<u>_</u>		10670 E							
Cit	y or t	own, state, and ZIP co						otion application is p	
L_	N 1	VERO BEZ						eign organizations	
H (	_	type of organization:			empt private foundation		chec	ign organizations me k here and attach co	mputation
			exempt charitable trust		Other taxable private foundate g method: X Cash		E If priva	ite foundation sta	tus was terminated
		arket value of all asset		_	-	Accrual	ı	section 507(b)(1)	
	<i>5111 1</i> ►\$	Part II, col (c), line 1			er (specify) nn (d) must be on cash l	1 2000			60-month termination
_	art I						T	section 507(b)(1)	(d) Disbursements
	41.6	(The total of amounts in necessarily equal the a	n columns (b), (c), and (d) may	not	(a) Revenue and expenses per books	(b) Net investment income	(c)	Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts,	grants, etc., received		750,000.				,,
	2		undation is not required to attach Sch	В					
	3	Interest on savings and cash investments	temporary	Ī					
	4	Dividends and intere	est from securities		162,627.	162,627		162,627.	Statement 1
	5a	Gross rents							
	b								***
Φ	6a	Net gain or (loss) from sa	ale of assets not on the C		/ED				
Revenue	b	Gross sales price for all assets on line 6a	NEC NEC	<u> </u>	(_)				
ě	7	Capital gain net income	1101		Š	0.			
Œ	8	Net short-term capita	al gain S NOV	18	2011 ' 9				
	9	Income modification Gross sales less returns	IS I I		S S		<u> </u>		
	10a	and allowances	OGE	EN			<u> </u>		.,,
	ľ	Less Cost of goods sole	<u> </u>	<u> CIN</u>	, 01	······································			
	1	Gross profit or (loss)	)	L			ļ		
	11	Other income		_	242 527	440 400	-		
	12	Total Add lines 1 th			912,627.	162,627		<u>162,627.</u>	
	13		s, directors, trustees, etc	_	0.	0.	•	0.	0.
	14	Other employee sala	•	L					
Š	15	Pension plans, empl	oyee benefits	-					
nses		Legal fees		-		·			
×		Accounting fees Other professional fe	200	_			<del> </del>		
e E	17	Interest	562	-			<del>                                     </del>		
Operating and Administrative Expe	18	Taxes	Stmt 2	,	2,500.	0.	1	0.	
str	19	Depreciation and dep		<b>'</b>  -	2,500.		<b>`</b>	0.	0.
Ē	20	Occupancy	piction	-	· · <del>- · · · · · · · · · · · · · · · · ·</del>		<del>                                     </del>		
Αď	21	Travel, conferences,	and meetings	_					
ď	22	Printing and publicat	=	-		· · · · ·			
a	23	Other expenses	uons	-	-				
ij	1	Total operating and	administrative	<u> </u>					
ers	-"	expenses. Add lines		1	2,500.	0 .	_	0.	0.
Ö	25	Contributions, gifts,	_	t	_263,425.				263,425.
		Total expenses and		ľ			1		200,420
		Add lines 24 and 25			265,925.	0.		0.	263,425.
	27	Subtract line 26 from							
	a	Excess of revenue over	expenses and disbursements		646,702.				
			me (if negative, enter -0-)			162,627		• *	
	С	Adjusted net income		「				162,627.	, ,
0235	01								

		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	art	Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	F 000 00=		
-		Savings and temporary cash investments	5,388,335.	6,965,938.	6,965,938.
ı	3	Accounts receivable			
		Less: allowance for doubtful accounts			
		Pledges receivable			
		Less: allowance for doubtful accounts			
	•	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	•	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
sts	_	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges	· <del>-</del>		
٩		Investments - U.S. and state government obligations			
		Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation	<u>_</u>		
Ì	12	Investments - mortgage loans			
	13	Investments - other Stmt 3	5,097,480.	4,166,579.	4,166,579.
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
			40 40 - 04 -	44 400 747	44 400 545
		Total assets (to be completed by all filers)	10,485,815.	11,132,517.	11,132,517.
		Accounts payable and accrued expenses			
	18	Grants payable		·	
es	19	Deferred revenue			
iit	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable	<del></del>	· · · · · · · · · · · · · · · · · · ·	
_	22	Other liabilities (describe )			
				_	
	23_	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
Š		and complete lines 24 through 26 and lines 30 and 31.		,	
		Unrestricted	<del></del>		
ala	25	Temporarily restricted			
d B	26	Permanently restricted			
Ë		Foundations that do not follow SFAS 117, check here			
P		and complete lines 27 through 31	0		
ţ	27	Capital stock, trust principal, or current funds	0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balan	29	Retained earnings, accumulated income, endowment, or other funds	10,485,815.	11,132,517.	
ž	30	Total net assets or fund balances	10,485,815.	11,132,517.	
		Tabliffahilder and advanta Word had a	10 405 015	11 122 517	
	31_	Total liabilities and net assets/fund balances	10,485,815.	11,132,517.	
Р	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		<u> </u>
		st agree with end-of-year figure reported on prior year's return)	==	1	10,485,815.
	•	r amount from Part I, line 27a		2	646,702.
		r increases not included in line 2 (itemize)		3	0.00,702.
		lines 1, 2, and 3		4	11,132,517.
		eases not included in line 2 (itemize)		5	_ 11,132,317.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II. co	olumn (h) line 30		11.132.517.

52-1904519

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Form **990-PF** (2010)

Form 990-PF (2010) THE DAVID & VICKIE SMICK FOUNDATION

Form 990-PF (2010) THE	DAVI	D & VICKIE	SMICK	FOUNDATI	ON			5	2-190	<u> 4519</u>	Page 3
<del></del>		sses for Tax on In		t income	(b) F	low a	caured	(a) Data	anguired T	(d) Do	to cold
(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 P - Pu D - Do				How acquired P - Purchase D - Donation		(c) Date acquired (mo., day, yr.)		(d) Da (mo., d	ay, yr.)		
<u>1a</u>				<del></del>							
b NOI	NE	<del></del>									
<u> </u>				<del>-</del>	ļ						
<u>d</u>		<del> </del>								-	
_e	//\ D		4 ) 0-								
(e) Gross sales price	(1) U	epreciation allowed (or allowable)		st or other basis expense of sale					iain or (loss) s (f) minus (		
2	_	(5. 35.10.0)						- (o) più	0 (1) 11111100 (	97	
b											
C		— <del>-</del>									
d											
е									_		
Complete only for assets showing	g gain in c	column (h) and owned by t	he foundatior	n on 12/31/69					Col. (h) gain i		
(i) F.M.V. as of 12/31/69		i) Adjusted basis as of 12/31/69		ccess of col. (ı) col. (ı), ıf any			col.	(k), but Losses	not less than (from col. (I	-0-) <b>or</b> ı))	
a											
b											
C											
d											
е							<del></del>				
2 Capital gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0-	in Part I, line	7 7	}	2					
3 Net short-term capital gain or (los	•	`		•	7						
If gain, also enter in Part I, line 8,			u (0 <i>)</i> .		1						
If (loss), enter -0- in Part I, line 8	_	· 			<u> </u>	3					
Part V   Qualification U	nder Se	ection 4940(e) for	Reduced	I Tax on Net	Inve	estr	nent Inc	ome			
(For optional use by domestic private	foundatio	ns subject to the section 4	940(a) tax or	ı net investment in	icome	:.)					
If section 4940(d)(2) applies, leave th	ıs nart hla	nk									
Was the foundation liable for the sect				•	rıod?					Yes	X No
If "Yes," the foundation does not quali 1 Enter the appropriate amount in e					96						
	1	(b)		making any char				<del>                                     </del>		(d)	. <u>-</u>
(a) Base period years Calendar year (or tax year beginnin	10 IU)	Adjusted qualifying disti	ributions	Net value of no	(c) nchar	ıtable	-use assets	Distribution rati s (col. (b) divided by c		ùtión ratio ded by col	(c))
2009	· · · · · · ·		7,284.				0		(0011 (0) 0111		00000
2008			8,968.				0				00000
2007	1		2,581.				0	_+			00000
2006			8,702.				0				00000
2005			6,750.		1	, 52	8,734	•			89453
2 Total of line 1, column (d)								2		.0	89453
3 Average distribution ratio for the 5			n line 2 by 5,	or by the number	of yea	ars					
the foundation has been in existen	ice if less t	than 5 years						3		.0	<u> 17891</u>
4 Enter the net value of noncharitable	le-use ass	ets for 2010 from Part X, I	ine 5					4		2,967	<u>,317.</u>
- 11 11 11 11 11											
5 Multiply line 4 by line 3								5		53	<u>,088.</u>
C Enter 10/ of not investment income	- /40/ -45	2a-4 L Ivaa 07h)						١.		1	co.c
6 Enter 1% of net investment incom	ะ ( เ% 01 h	raiti, iiile 2/D)						6_			,626.
7 Add lines 5 and 6								,		E 1	711
r mua illies y alla U								7			,714.
8 Enter qualifying distributions from	Part YII I	ine 4						8		263	,425.
If line 8 is equal to or greater than	-		1h and come	alata that nart warn	n 2 10	/ tau	rato		·		, =4,,
See the Part VI instructions.	/ , UII	on the box in Fait VI, IIIIC	in, and comp	JIGIG WIAL PALL USIII	ıya 17	/o ldX	ı alt.				
023521 12-07-10									Fo	rm <b>990</b> -	<b>PF</b> (2010)

Form 990-PF (2010) THE DAVID & VICKIE SMICK FOUNT Part VI Excise Tax Based on Investment Income (Section 494		52-19 948 - se			Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and e					
Date of ruling or determination letter: (attach copy of letter if ned	•				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1		1,6	26.
of Part I, line 27b	and enter 170	<b>-</b>		<u> </u>	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	6 of Part Lline 12 col (h)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. 0		2			Ο.
3 Add lines 1 and 2	and some of	3		1,6	26.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. C	ithers enter -0-1	4		<u> </u>	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	onicio cintei o j	5		1,6	
6 Credits/Payments:				_ , _	
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a   5,457.				
b Exempt foreign organizations - tax withheld at source	6b	1 }			
c Tax paid with application for extension of time to file (Form 8868)	6c 2,500.	1			
d Backup withholding erroneously withheld	6d	1			
7 Total credits and payments. Add lines 6a through 6d	<u> </u>	7		7,9	57.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ached	8		.,,	<del>5 / t</del>
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		6,3	31.
11 Enter the amount of line 10 to be: Credited to 2011 estimated tax	6,331. Refunded	11		0 1 5	0.
Part VII-A Statements Regarding Activities	O, JJI Milleranded	[ 11 ]	_	•	
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate 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 purpo	ses (see instructions for definition)?		1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	·	ed or			
distributed by the foundation in connection with the activities					
c Did the foundation file Form 1120-POL for this year?			1c		Х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	e vear:				
(1) On the foundation. > \$ O . (2) On foundation managers			1	İ	
e Enter the reimbursement (if any) paid by the foundation during the year for political expend		-	i		
managers. ► \$ 0 .	•		į		
2 Has the foundation engaged in any activities that have not previously been reported to the l	RS?		2		Х
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	1		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang			3		Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?		4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/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 e	either:		1		
<ul> <li>By language in the governing instrument, or</li> </ul>					İ
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandator</li> </ul>	ry directions that conflict with the state	e law			
remain in the governing instrument?			6		<u> </u>
7 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				ļ	
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ons) None		_		
			_	}	
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)				
of each state as required by General Instruction G? If "No," attach explanation			8b	X	<u> </u>
9 Is the foundation claiming status as a private operating foundation within the meaning of se	***	endar			
year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," of			9	<u> </u>	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sched	ule listing their names and addresses		10		<u> </u>

_	990FF (2010) THE DAVID & VICKIE SMICK FOUNDATION 52-1904	<u>519</u>		ayc 3
•	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		Ì	
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u> </u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		<u> </u>
	Website address ► N/A			
14	The books are in care of ► JOSPEH B. SPRUNG, CPA'S  Telephone no. ►			
	Located at ► 444 MADISON AVENUE, FLOOR 22, NEW YORK, NY ZIP+4 ►10	022		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		, ▶	
	and enter the amount of tax-exempt interest received or accrued during the year	N/		<u> </u>
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,	1	es	No
	securities, or other financial account in a foreign country?	16		<u> </u>
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of		l	
Da	the foreign country►  Int VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
F 6			/es	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<del></del>	162	140
18	During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No		ļ	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		İ	
	(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)?	1	ļ	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1	1	
	if the foundation agreed to make a grant to or to employ the official for a period after		1	
	termination of government service, if terminating within 90 days.)	1		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
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 2010?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2010?			
	If "Yes," list the years $\blacktriangleright$ ,,,,,,,			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect	1 1		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	1 1	ŀ	
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1 1		
	during the year?			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation 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		Į	
	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 2010.)  N/A	3b		17
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	46		x
	nza noi neen terrovea trom jennatav neinte me nisi aav ni me iav veat NealAnna in 2010/	ו תח		

Form 990-PF (2010) THE DAVID & VICKIE SMICK			<u>52-19045</u>	19 Page <u>6</u>
Part VII-B Statements Regarding Activities for Which F	form 4/20 May Be F	Requirea (continu	ued)	
5a During the year did the foundation pay or incur any amount to:	10.151.\\0		[TE]	1 1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		s X No		
(2) Influence the outcome of any specific public election (see section 4955); o		s X No		
any voter registration drive?	n		S X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		те	S LAL NO	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in Section		s X No	1 1
509(a)(1), (2), or (3), or section 4940(d)(2)?  (5) Provide for any purpose other than religious, charitable, scientific, literary,	or adventional purposes or f		:S LAL NU	
the prevention of cruelty to children or animals?	or caucational purposes, or i		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	for the excentions described i		S LALINU	
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	iii riegalations	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined	,	1 1
expenditure responsibility for the grant?		I/A	s No	
If "Yes," attach the statement required by Regulations section 53 494		.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •		İ	
a personal benefit contract?		☐ Ye	es 🗓 No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	•		6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	es 🗶 No	:
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	<i>y</i>	
Faid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	<del></del>	14 > 0	(4) 0	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
	to position	(If not paid, enter -0-)	compensation	allowances
	PRESIDENT			
10670 ETON WAY				•
VERO BEACH, FL 32963	0.00	0.	0.	0.
	SECRETARY			
10670 ETON WAY	0.00			
VERO BEACH, FL 32963	0.00	0.	0.	0.
				<del></del>
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	<u> </u>	
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE			- componence	
	_			
	L	<u></u>	L	
Total number of other employees paid over \$50,000			<b>&gt;</b>	0

Rart VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)		-1904519 Page 7
3 Five highest-paid independent contractors for professional services. If none, ente	or UNIONIE II	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of Scrvice	(C) compensation
NONE	-	
	_	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 N/A		
2		
		_
		<del> </del>
3		-
		-
4		
		7
		<u> </u>
Part IX-B Summary of Program-Related Investments		- <sub>1</sub>
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2.	Amount
1 <u>N/A</u>	<del></del>	_
		-
2		
		1
		7
All other program-related investments. See instructions.		
3		
		_
Total, Add lines 1 through 3	▶	0.

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) **Part X** Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1 a Average monthly fair market value of securities 3,012,505. 1a Average of monthly cash balances 1b Fair market value of all other assets 10 3,012,505. Total (add lines 1a, b, and c) 1d ď Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 505. Subtract line 2 from line 1d 3 45,188. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 2,967,317. 148,366. Minimum investment return. Enter 5% of line 5 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 

and do not complete this part.) 148,366. 1 Minimum investment return from Part X, line 6 1,626. Tax on investment income for 2010 from Part VI, line 5 2a Income tax for 2010. (This does not include the tax from Part VI.) 2b Add lines 2a and 2b 20 1,626. Distributable amount before adjustments. Subtract line 2c from line 1 3 146,740. Recoveries of amounts treated as qualifying distributions 4 740. Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 263,425. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 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 Amounts set aside for specific charitable projects that satisfy the: 3 Suitability test (prior IRS approval required) За Cash distribution test (attach the required schedule) 3b 263,425. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 1,626. Adjusted qualifying distributions. Subtract line 5 from line 4 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

Form 990-PF (2010)

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				146,740.
2 Undistributed income, if any, as of the end of 2010			<del></del>	
a Enter amount for 2009 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2010:			<del></del>	
a From 2005 61,851.				
b From 2006 139,310.				
c From 2007 175, 275.				
dFrom 2008 170,650.				
e From 2009 288,000.				
f Total of lines 3a through e	835,086.			
4 Qualifying distributions for 2010 from	0337000.			
Part XII, line 4: ►\$ 263, 425.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				146,740.
· · ·	116,685.			140,740.
e Remaining amount distributed out of corpus	110,085.			0.
Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	951,771.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable			<del></del>	
amount - see instructions	ĺ	0.		
e Undistributed income for 2009. Subtract line				<del></del>
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract			<u>~</u> .	
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	61,851.			
9 Excess distributions carryover to 2011.	01,031.			
Subtract lines 7 and 8 from line 6a	889,920.			-
10 Analysis of line 9:	003/3201			
a Excess from 2006 139, 310.				1
b Excess from 2007 175, 275.		İ		1
c Excess from 2008 170,650.				
d Excess from 2009 288,000.				1
e Excess from 2010 285, 000.				
6 EVOCOO II OIII 50 IO   TTO,000 -				5 000 DE (0040)

Form 990-PF (2010) THE DAY	VID & VICKIE	SMICK FOUN	DATION	52-19	04519 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	· ·		▶	·	
<b>b</b> Check box to indicate whether the foun		<u>ig foundation described i</u>		4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0000	Prior 3 years	- L L L L L L L L L L L L L L L L L L L	
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					1
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					1
line 4 for each year listed					
d Amounts included in line 2c not					1
used directly for active conduct of					1
exempt activities					
e Qualifying distributions made directly		·	:		
for active conduct of exempt activities.					1
Subtract line 2d from line 2c					1
3 Complete 3a, b, or c for the					<u></u>
alternative test relied upon:  a "Assets" alternative test - enter:					
(1) Value of all assets					
(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				<del></del>	
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					
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	ore in assets
at any time during	the year-see the i	instructions.)	_		*****
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation w			ributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed	more than \$5,000). (See s	ection 507(a)(2).)			
None					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large port	ion of the ownership of a p	artnership or
None					
2 Information Regarding Contribute	tion Grant Gift Loan	Scholarship etc. Pr	ograms.		
Check here ▶ ☐ If the foundation			_	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.	-	•	-	-	
a The name, address, and telephone nun	nber of the person to who	m applications should be	addressed:		<del></del>
DAVID SMICK					
10670 ETON WAY, VERO					
b The form in which applications should		•			
Letter request with	aescription	or use of	<u>runas</u>	<del></del>	
c Any submission deadlines:  None					
d Any restrictions or limitations on award	is, such as by geographic	al areas, charitable fields.	kinds of institutions, or	other factors:	<del></del>
None	, , , , , , , , , , , , , , , , , , ,	,			

023601 12-07-10

art XV Supplementary Informatio				
Grants and Contributions Paid During the	Year or Approved for Future P	ayment		
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	oona batton	
Paid during the year				•
	j			
See Statement 4				
Total			<b>▶</b> 3a	263,4
Approved for future payment			-	
	,			
	i i			
None		İ		
None				
	1			

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded b	by section 512, 513, or 514	(0)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	(e) Related or exempt function income
-	code		Code		
	-		<del>    -</del>		<del></del>
C					
d		<del>-</del>			
e					
ſ					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					162,62
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					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	_				
b					
c	_				
d					

Part XV	-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).

12 Subtotal. Add columns (b), (d), and (e)
13 Total Add line 12, columns (b), (d), and (e)

023621 12-07-10

(See worksheet in line 13 instructions to verify calculations.)

162,627 162,627

Form **990-PF** (2010)

13 \_

Pa	rt XVII			nsfers To a	and Transaction	ns and	d Relationsh	nips With No	ncharitable	<b>)</b>	
1	Did the or	rganization directly or indir		of the following	g with any other organ	uzation d	described in section	on 501(c) of		Yes	No
		(other than section 501(c)	•					011 00 1(0) 01			
		from the reporting found			- ·						l
	(1) Cash	· · · · · · · · · · · · · · · · · · ·							1a(1)		х
	(2) Othe	r assets							1a(2)		Х
b	Other tran	nsactions:									
		s of assets to a noncharital							16(1)		X_
		hases of assets from a no		organization					<u>1b(2)</u>		Х
		al of facilities, equipment,							<u>1b(3)</u>		X
		nbursement arrangements							1b(4)		X
		is or loan guarantees							1b(5)	;	X
		ormance of services or me of facilities, equipment, ma		-					1b(6)	<del> </del>	X
		wer to any of the above is				ıld alwayı	re chow the fair m	narket value of the	1c	L	
u		es given by the reporting fo								,,,,	
		d) the value of the goods,			ou roos man ran marke	raido iii	tuny bundadion	or onaring arrang	J		
	ine no	(b) Amount involved			e exempt organization	T	(d) Description	of transfers, transacti	ons, and sharing a	rangeme	ents
				N/A	<del> </del>						
				· - <u>-</u> -					<del></del> _		
		<del></del>									
			<del></del>								
					<del></del>						
		<del></del>									
				<del></del>	<del></del>						
		<del></del>						<del> </del>			
					·				· · · · · · · · · · · · · · · · · · ·		
					<del></del>						
2a	Is the fou	indation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt of	rganizatio	ions described		<del></del>		
		501(c) of the Code (other			· ·	<b>J</b>			Yes	X	No
b		omplete the following sch	•								
		(a) Name of org	janization		(b) Type of organiza	tion	(	(c) Description of r	elationship		
		N/A	<u> </u>								
		<del> </del>	<del></del>								
						_					
				-							
	Lind	ler penalties of perjury, I declare	e that I have evamined	this return includ	Ing accompanying school	les and st	tatements and to the	hest of my knowled	ne and helief it is to	THE COST	ect.
Sig	and	complete Declaration of prepa							ge and belief, it is a	uc, com	,,,
He		1. J.B.	$\mathcal{I}_{\mathcal{A}'}$		1 61	1414	, c	-F O.			
		Signature of officer or tru	ustee		Date		— <b>—</b> —	itle			
		Print/Type preparer's na		Preparer's s		Da		Check X If	PTIN		
		2, p sp		1	·			self- employed			
Pa	id			1 / popl	BUS	11	1/11/11		P01444	840	j
Pre	eparer	Firm's name ► JOS	EPH B. SI	PRUNG,	CPA'S			Firm's EIN ► 1			
Us	e Only										
		Firm's address ▶ 44	4 MADISO	N AVENU	E,FLOOR 22	2					

NEW YORK, NY 10022

212-935-1555

Phone no.

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

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

OMB No. 1545-0047

**2010** 

**Employer identification number** 

52-1904519 THE DAVID & VICKIE SMICK FOUNDATION Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year

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)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

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

	•		
chedule B`(F	Form 990, 990-EZ, or 990-PF) (2010)		_ Page $oldsymbol{1}$ of $oldsymbol{1}$ of Part I
lame of or	ganization		Employer identification number
r <u>he</u> D	AVID & VICKIE SMICK FOUNDATION		52-1904519
- Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	(d) ons Type of contribution
1	DAVID & Vickie Smick  10670 ETON WAY  Vero Beach Florida 63	\$750,00	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributi	(d) ons 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 contributi	(d) ons 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 contributi	(d) ons 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 contributi	(d) ons Type of contribution
			Paraer -

(b)

Name, address, and ZIP + 4

Person Payroll Noncash

Payroll Noncash

(c)

Aggregate contributions

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there

(a)

No.

of Part II

Name of organization

Employer identification number

#### THE DAVID & VICKIE SMICK FOUNDATION

52-1904519

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. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. Tom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 	990, 990-EZ, or 990-PF) (2

Schedule	R'(Form 990	990-F7	or ggn.	-PE) (2(	ን 10ነ

of Part III Name of organization Employer identification number THE DAVID & VICKIE SMICK FOUNDATION 52-1904519 Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions) > \$ (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Form 990-PF Dividends and	l Interest from	Securities	Statement 1
Source	Gross Amount	Capital Gains Dividends	Column (A) Amount
CREDIT SUISSE JS Leasing Associates NO MARGIN FUND L.P.	111. 100,000. 62,516.	0. 0. 0.	111. 100,000. 62,516.
Total to Fm 990-PF, Part I, ln 4	162,627.	0.	162,627.

Form 990-PF	Tax	es	Statement 2		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
US TREASURY	2,500.	0.	0.	0.	
To Form 990-PF, Pg 1, ln 18	2,500.	0.	0.	0.	

Form 990-PF Other	Investments		Statement 3
Description	Valuation Method	Book Value	Fair Market Value
CREDIT & VARIOUS	COST	4,166,579.	4,166,579.
Total to Form 990-PF, Part II, line 1	3	4,166,579.	4,166,579.

	ts and Contributions id During the Year	State	ement 4
Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount
AMERICAN IRELAND FUND	CHARITABLE	ORG	700.
ATLANTIC CLASSICAL ORCHESTRA	CHARITABLE	ORG	5,000.
BEAR GIVERS	CHARITABLE	ORG	25,000.
CHARITY WORKS FUND CFNCR	CHARITABLE	ORG	10,000.
COMMENTARY	CHARITABLE	ORG	5,000.
COSMOS CLUB HISTORIC PRESERVATION FUND	CHARITABLE	ORG	1,000.
EVANGELICAL SCHOOL OF THEOLOGY (POLAND) 5000.	CHARITABLE	ORG	5,000.
FLORIDA SHERIFF'S ASSOCIATION	CHARITABLE	ORG	25.

THE DAVID & VICKIE SMICK FOUR	NDATION		52-1904519
LIFT	CHARITABLE	ORG	500.
HAPPY LIFE CHILDREN'S HOME	CHARITABLE	ORG	1,000.
HARLEM CHILDRENS ZONE	CHARITABLE	ORG	25,000.
HOLTON ARMS SCHOOL	CHARITABLE	ORG	20,000.
NANTUCKET COTTAGE HOSPITAL FOUNDATION	CHARITABLE	ORG	5,000.
ST. ALBANS	CHARITABLE	ORG	100,000.
THE IVY INTER AMERICAN FOUNDATION	CHARITABLE	ORG	200.
WHEATON COLLEGE	CHARITABLE	ORG	50,000.
YOUTH LEADERSHIP FOUNDATION	CHARITABLE	ORG	10,000.
Fotal to Form 990-PF, Part XV,	line 3a	_	263,425.

#### STATE OF NEW YORK

County of New York,

THE ANNUAL RETURN
OF The David & Vickie
Smick FOUNDATION for
the calendar year ended
12/31/10 is available at its
principal office located at
c/o Joseph B Sprung, CPA,
444 Madison Avenue, FL
22, New York, NY 10022 for
inspection during regular
business hours by any citizen who requests it within
180 days hereof Principal
Manager of the Foundation is David Smick
1774459 025

Paul Claro, being duly sworn, says that he is the PRINCIPAL CLERK of the Publisher of the **NEW YORK LAW JOURNAL**, a Daily Newspaper; that the Advertisement hereto annexed has been published in the said **NEW YORK LAW JOURNAL***one time* on the 25th day of October, 2011.

TO WIT: OCTOBER 25, 2011

SWORN BEFORE ME, this 25th day

Of October, 2011.

Cynthia Byrd

Notary Public, State of New York

No. 01BY6056945

Qualified in Kings County Commission Expires April 09, 2015

#### 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

internal Neve	rite a ser	Jarate app	ilication for each return.				
● If you a	re filing for an Automatic 3-Month Extension, compl	ete only Pa	art I and check this box			<b>▶</b> □	
<ul><li>If you a</li></ul>	re filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II (on page 2 of this	form).			
	omplete Part II unless you have already been granted		•				
	c filing (e-file). You can electronically file Form 8868 if		•			poration	
	o file Form 990-T), or an additional (not automatic) 3-m	-				-	
	file any of the forms listed in Part I or Part II with the ex		· · · · · · · · · · · · · · · · · · ·		· ·		
	Benefit Contracts, which must be sent to the IRS in pa						
	rs.gov/efile and click on e-file for Charities & Nonprofit		,		•		
Part I	Automatic 3-Month Extension of Tim	e. Only su	ibmit original (no copies needed)				
A corpora	tion required to file Form 990-T and requesting an auto			nplete			
Part I only				•	ı	▶ 🔲	
•	orporations (including 1120-C filers), partnerships, REI	MICs. and t	rusts must use Form 7004 to request a	n exter	sion of time		
	me tax returns.						
Type or	Name of exempt organization			Emp	loyer identification	on number	
print	. 3						
	THE DAVID & VICKIE SMICK F	'ADMDA'	rion	5	2-1904519	<u> </u>	
File by the due date for filing your	Number, street, and room or suite no. If a P O box,	see instruc	tions				
return See	ee TOOTO ETON WAT						
instructions	City, town or post office, state, and ZIP code. For a	toreign add	iress, see instructions.				
	VERO BEACH, FL 32963						
Enter the	Return code for the return that this application is for (fi	le a separa	te application for each return)			0 4	
Application		Return	Application			Return	
s For	<del>/</del> 11	Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
Form 990-		02	Form 1041-A			08	
Form 990	<del></del>	03	Form 4720		09		
Form 990-	<del></del>	04	Form 5227			10	
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	T (trust other than above)	06	Form 8870		<del></del>	12	
	JOSPEH B. SPRU				<del></del>		
• The bo	oks are in the care of <b>444 MADISON AV</b>			. N	Y 10022		
	one No		FAX No. ▶	<u>., .,</u>			
·=	rganization does not have an office or place of busines	s in the Ur				▶ □	
	for a Group Return, enter the organization's four digit			is is fo	r the whole aroup.	. check this	
	If it is for part of the group, check this box						
	uest an automatic 3-month (6 months for a corporation						
			tion return for the organization named a		The extension		
	r the organization's return for:	· ·	· ·				
_	X calendar year 2010 or						
▶Ī	tax year beginning	, an	d ending				
		<del></del> ·			<del>_</del>		
2 If the	e tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return I Fina	al retur	n		
	Change in accounting period						
	- 3,						
3a If thi	s application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax, less any				
nonrefundable credits. See instructions.				3a	\$	2,500.	
	s application is for Form 990-PF, 990-T, 4720, or 6069	, enter anv	refundable credits and		-	<u>_</u>	
	nated tax payments made Include any prior year over	-		3b	\$	0.	
	nce due. Subtract line 3b from line 3a. Include your pa					<del></del>	
	sing EFTPS (Electronic Federal Tax Payment System)	-	•	3c	\$	2,500.	
	you are going to make an electronic fund withdrawal				O for normant in		

Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-	Month Extension.	complete only Part !! and check this be	ox		<b>▶</b> X
Note. Only complete Part II if you have already been gr				8868.	• — -
If you are filing for an Automatic 3-Month Extension					
Part II Additional (Not Automatic) 3-N			opies	needed)	
Type or Name of exempt organization	oloyer identifica	ation number			
print THE DAVID & VICKIE SMIC	ייג דטווווסם אי	TON	5	2-19045	19
ile by the				2 1015	
axtended Number, street, and room or suite no if a Functional function of the following street, and room or suite no if a Function of the func	O. 60x, 300 mstrae	10.10.			
return See City, town or post office, state, and ZIP coo	le For a foreign add	Iress see instructions			
nstructions VERO BEACH, FL 32963	io i oi a loroigii add				
Enter the Return code for the return that this application	o in for file a concre	to application for each return)			0 4
Lines the neturn code for the return that this application	ii is ioi (ille a separa	te application for each return)	•		CTT
Application	Botum	Application			Return
Is For	Return				Code
Form 990	Code	Is For			Code
Form 990-BL	01	Form 1041-A			08
Form 990-EZ	02	Form 4720			09
Form 990-PF	03	<del>                                     </del>			
	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not alread		Form 8870			12
<ul> <li>The books are in the care of ► 444 MADISO</li> <li>Telephone No ►</li> <li>If the organization does not have an office or place or</li> </ul>		FAX No ▶	. , N	Y 10022	
If this is for a Group Return, enter the organization's			ie ie fo	r the whole gro	up check this
box . If it is for part of the group, check this bo	<del></del> _	ch a list with the names and ElNs of all		•	• •
4 I request an additional 3-month extension of time			morne	CIS THE CATEFION	<u> </u>
5 For calendar year 2010, or other tax year begin		, and ending			
6 If the tax year entered in line 5 is for less than 12			Final	return	·
Change in accounting period	months, oncon read	on	1 11101	Oldini	
7 State in detail why you need the extension					
PAYER IS AWAITING THIRD I	PARTY INFO	RMATION TO FILE A CO	MPT	ETE AND	
ACCURATE RETURN. ADDITION					EPARER
MUST COMPLETE.					
8a If this application is for Form 990-BL, 990-PF, 990	-T. 4720, or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions	.,,	,	8a	<b>s</b>	0.
b If this application is for Form 990-PF, 990-T, 4720	. or 6069. enter any	refundable credits and estimated		, , , , , , , , , , , , , , , , , , ,	
tax payments made include any prior year overpa					
previously with Form 8868	.,		8b	<b>s</b>	0.
c Balance due. Subtract line 8b from line 8a. Includ	le vour payment wit	h this form, if required, by using		-	
EFTPS (Electronic Federal Tax Payment System).			8c	<b>s</b>	0.
		d Verification			
Under penalties of perjury, I declare that I have examined this fo	orm, including accomp		e best o	f my knowledae a	and belief.
t is true, correct, and complete, and that I am authorized to pre	pare this form.		•	,	•
Signature 🕨	Title ▶		Date	<b>&gt;</b>	
	·£				8 (Rev. 1-2011)
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