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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation on may be able to use a copy of this return to satisfy state rep

OMB No 1545-0052

2011

		endar year 2011 or tax year beginnin			01 ,2011,			06/30,2012
_		of foundation		<u> </u>	<u>. ,</u>		A Employer identific	
	THE	W W SMITH CHARITABLE TRU	ST T/U/W				23-0	6648841
		er and street (or PO box number if mail is not o)		Room/suite	B Telephone number	(see instructions)
		FOUR FALLS CORPORATE CEN	rer, STE 300				(61)	0) 397-1844
	City o	r town, state, and ZIP code					C If exemption applicate pending, check here	on is
,	WEST	r CONSHOHOCKEN, PA 19428					pending, check here	
_		ck all that apply: Initial return	Initial re	eturn o	of a former p	ublic charity	D 1 Foreign organization	one check here
٠	01101	Final return	Amend			,	2 Foreign organization	
		Address chang	H-1				85% test, check he computation	re and attach
н	Che	ck type of organization: X Section !						
Ī		ection 4947(a)(1) nonexempt charitable tru			ate foundati	on	E If private foundation : under section 507(b)	_ 1 [
ı I		market value of all assets at end [J A					F If the foundation is in	
	of ye	ear (from Part II, col. (c), line	Other (specify)	MOI	DIFIED C	ASH		(1)(B), check here . >
	16)	► \$ 124,259,455. (Pa	art I, column (d) must	t be on	cash basıs)			
	art I	Analysis of Revenue and Expenses total of amounts in columns (b), (c), and (d may not necessarily equal the amounts in column (a) (see instructions))	(The (a) Revenue at expenses pe books		(b) Net inve		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedul	e) .		<u>.</u>			
	2	Check X if the foundation is not required attach Sch B	to .					
	3	Interest on savings and temporary cash investme		753.		753.		STMT 1
	4	Dividends and interest from securities $% \left(1\right) =\left(1\right) \left(1\right) $	3,544,	704.	3,53	4,221.		STMT 2
	5 a	Gross rents	• •		-			
	ı	Net rental income or (loss)	175	010				
ē		Net gain or (loss) from sale of assets not on line? Gross sales price for all 20 156 30		910.				
Revenue		assets on line 6a			17	5 010		
æ	7	Capital gain net income (from Part IV, line	ł		1/	5,910.		
	8	Net short-term capital gain	[
	9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·	• •					
		and allowances · · · ·						
	l .	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	100	845	10	1,962.		STMT 3
	12	Total. Add lines 1 through 11 · · · · ·	2 024			2,846.		· · · · · · · · · · · · · · · · · · ·
		Compensation of officers, directors, trustees, etc	1.50			4,039.		69,359
	14	Other employee salaries and wages	100			NONE	NONE	108,464
ses	15	Pension plans, employee benefits	- 00	873.		NONE	NONE	29,873
ens	L .	Legal fees (attach schedule)						
Expen	Ь	Accounting fees (attach schedule) STMT		304.		NONE	NONE	30,304
2 0	c	Other professional fees (attach schedule).	5. 9,	000.				9,000
≨ €	17	Interest						
stra	18	Taxes (attach schedule) (see instructions) $STMT$.	6. 157,	421.	10	3,883.		
Administrativ	19	Depreciation (attach schedule) and depleti	on .					
nb/	20	Occupancy			•			
ΨÞ	21	Travel, conferences, and meetings				NONE	NONE	
and	22	Printing and publications				NONE	NONE	
ing	23	Other expenses (attach schedule) STMT.	7. 93,	608.		9,360.		84,248
perating	24	Total operating and administrative expen		066	2.5		,,,,,-	221 242
Эре		Add lines 13 through 23			21	7,282.	NONE	331,248
Operating and Administrative Ex	25	Contributions, gifts, grants paid				7 000		5,738,546
_	26	Total expenses and disbursements Add lines 24 an	6,340,	614.	21	7,282.	NONE	6,069,794
	27	Subtract line 26 from line 12	2 55 5	400				
	1	Excess of revenue over expenses and disbursements		402.	2 50	F F C A		
	1	Net investment income (if negative, enter			3,59	5,564.		
	c	Adjusted net income (if negative, enter -0-) [- 1		i	1	

For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2011)

JSA

orm 990	-PF (2011)		-6648841	Page .
Part II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	
	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	1 506 340	1 407 070	1 407 07
2	Savings and temporary cash investments	1,586,348.	1,487,979.	1,487,97
3	Accounts receivable			
ŀ	Less allowance for doubtful accounts			
4	Pledges receivable			
	Less allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule)			
	Less allowance for doubtful accounts ▶NONE			<u> </u>
8	Inventories for sale or use			
9 10 a	Prepaid expenses and deferred charges			
1	Investments - U S and state government obligations (attach schedule).	14,924,046.		14,319,77
1	Investments - corporate stock (attach schedule) . STMT 10.	77,845,114.	84,600,871.	84,600,87
. c	Investments - corporate bonds (attach schedule). STMT 12.	8,438,587.	8,388,270.	<u>8,388,27</u>
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation (attach schedule)			
12	Investments - mortgage loans			
13	Investments - other (attach schedule) STMT .13.	26,874,801.	15,457,313.	<u> 15,457,31</u>
14	Land, buildings, and equipment basis		j	
	equipment basis Less accumulated depreciation (attach schedule)			
15	Other assets (describe	5,251.	5,251.	5,25
16	Total assets (to be completed by all filers - see the	Ì	İ	
└	instructions Also, see page 1, item I)	129,674,147.	124,259,455.	124,259,45
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
19 20 21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)			
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
24	Unrestricted	129,674,147.	124,259,455.	
25	Temporarily restricted			
26	Permanently restricted			
25 26	Foundations that do not follow SFAS 117,			
	check here and complete lines 27 through 31. ▶			
27	Capital stock, trust principal, or current funds		· 	
28	Paid-in or capital surplus, or land, bldg, and equipment fund			
28 29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see instructions)	129,674,147.	124,259,455.	
31	Total liabilities and net assets/fund balances (see			
	instructions)	129,674,147.	124,259,455.	
	Analysis of Changes in Net Assets or Fund B			
	I net assets or fund balances at beginning of year - Part I			
end-	of-year figure reported on prior year's return)			129,674, <u>147</u>
	r amount from Part I. line 27a		2	_2 516 402

124,259,455. Form 990-PF (2011)

2,898,290.

3

3 Other increases not included in line 2 (itemize) ▶____

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ► SEE STATEMENT 15

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

Page 3

(a) List and	d describe the kind(s) of property sold (crick warehouse; or common stock, 200	e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr
1a PUBLICLY TRADED			D-Donation		
b		 			
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a 20,156,325.		19,980,415.		17	75,910 <u>.</u>
b					
c					_
d	<u> </u>				
е	L.				
Complete only for assets s	showing gain in column (h) and owned	by the foundation on 12/31/69	J (1)	Gains (Col (h) ga	in minus
(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		(k), but not less t Losses (from co	han -0-) or
3				1′	75,910.
b					
c					
d					
e					
	(If	gain, also enter in Part I, line 7			
Capital gain net income or	(not conital loca)	(loss), enter -0- in Part I, line 7	2		175,910
Net short-term capital gain	or (loss) as defined in sections 122	· · · · · · · · · · · · · · · · · · ·			•
	rt I, line 8, column (c) (see inst				
= -		· · · · · · · · · · · · · · · · · · ·	2		
	Inder Section 4940(e) for Red		ncome		
	private foundations subject to the				
	the section 4942 tax on the distrib		ase perio	d?	Yes X
	not qualify under section 4940(e)				
Enter the appropriate amo	ount in each column for each year;		any entr	ies. (d)	
Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra	
Calendar year (or tax year beginning in)	<u> </u>		-	(col (b) divided by	
2010	4,326,561.	123,562,574.	1		0.03501
2009	4,329,569.	114,667,393.	1		0.03775
2008	4,623,035.	107,200,470.	ļ		0.04312
2007	7,186,277.	142,929,147.			0.05027
2006	5,279,542.	143,197,021.	ļ <u>.</u>		0.03686
Total of line 1, column (d))		2	=	0.20304
Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years the found	dation has been in existence if less	than 5 years	3		0.04060
				-	
Enter the net value of non	charitable-use assets for 2011 from	m Part X, line 5	4	124	,050,74
					.,
Multiply line 4 by line 3			5		,037,57
Watapiy iiie 4 by iiie 3					7,037,37
F-4 10/ -f					35 05
Enter 1% of net investmer	nt income (1% of Part I, line 27b)		6		35,95
			_	_	. 050 50
Add lines 5 and 6			7		5,073,533
					7 7
Enter qualifying distribution	ons from Part XII, line 4		8		5,069,79
Enter qualifying distribution If line 8 is equal to or graph Part VI instructions.	ons from Part XII, line 4 eater than line 7, check the box i	in Part VI, line 1b, and complete		using a 1% tax	5,069,79

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Par	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstru	ctions	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1)			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		35,9	<u>956.</u>
	here X and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		35,9	956.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		1	NONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		35,9	956.
6	Credits/Payments			
а	2011 estimated tax payments and 2010 overpayment credited to 2011			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		82,5	577.
8	Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		46,6	521.
11	Enter the amount of line 10 to be Credited to 2012 estimated tax 46,621. Refunded		10/	
	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
•	or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the			
_	instructions for definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			1
	distributed by the foundation in connection with the activities			i
_	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
_	(1) On the foundation \$\\$ \(\) \(
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
ŭ	on foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
-	If "Yes," attach a detailed description of the activities	 -		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
ŭ	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
4a	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		<u> </u>
-	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	l	Х
5	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	ļ		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
		6	X	
7	conflict with the state law remain in the governing instrument?	7	X	
_	Enter the states to which the foundation reports or with which it is registered (see instructions)		1	
8a	Dλ			
L				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	OL	Х	
0	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Λ	 -
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete		,	у
	Part XIV	. 9		1 A

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names

and addresses .

Form	990-PF (20	23-6648841		1	Page 5
_	: VII-A	Statements Regarding Activities (continued)			
		time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
		of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the	foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person h	ad advisory privileges? If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the f	oundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website	address $lackbrack lackbrack \underline{\hspace{0.5cm}}$. 	
14	The book	s are in care of ▶SEE_STATEMENT_16Telephone no ▶			
		at ▶ ZIP + 4 ▶			
15		4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		•	· 🔲
		r the amount of tax-exempt interest received or accrued during the year		V	NI.
16		time during calendar year 2011, did the foundation have an interest in or a signature or other authority	ء ا	Yes	No X
		ink, securities, or other financial account in a foreign country?	16		^
		instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			
Par		gn country Statements Regarding Activities for Which Form 4720 May Be Required	L		
į ai		m 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a		ne year did the foundation (either directly or indirectly)			
	-	age in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
		ow money from, lend money to, or otherwise extend credit to (or accept it from) a			
		ualified person?			ľ
	(3) Furn	ish goods, services, or facilities to (or accept them from) a disqualified person?			
		compensation to, or pay or reimburse the expenses of, a disqualified person?			ŀ
		sfer any income or assets to a disqualified person (or make any of either available for			
		penefit or use of a disqualified person)?			
		te to pay money or property to a government official? (Exception. Check "No" if the			[
		dation agreed to make a grant to or to employ the official for a period after ination of government service, if terminating within 90 days)			
		ination of government service, if terminating within 90 days)			
L		33 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1ь		X
		strons relying on a current notice regarding disaster assistance check here			
c	-	foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
_		corrected before the first day of the tax year beginning in 20117	1c		X
2		in failure to distribute income (section 4942) (does not apply for years the foundation was a private			l
	operatin	g foundation defined in section 4942(j)(3) or 4942(j)(5))			İ
a		nd of tax year 2011, did the foundation have any undistributed income (lines 6d and			
		XIII) for tax year(s) beginning before 2011? Yes X No			
	If "Yes,"	list the years			
t		re any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	-	to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	26		X
_	•	listed, answer "No" and attach statement - see instructions)	2b_		<u> </u>
•					
3:		foundation hold more than a 2% direct or indirect interest in any business enterprise			
J		me during the year?			
t		did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or			
		ried persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	•	sioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10	-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
		on had excess business holdings in 2011)	3Ь		<u> </u>
48	Did the	foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? $\dots \dots$	4a	ļ	_X_
i		foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			\ v
	charitab	le purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20117	4b	O.PE	(2011)
		r en en en en en en en en en en en en en	oun 3 3	VTF	12011)

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Pari	VII-B Statements Regarding Activities for	Which Form 47	20 May Be Requi	red (continued)		
5a	During the year did the foundation pay or incur any amou					
	(1) Carry on propaganda, or otherwise attempt to influence		4945(e))?	Yes X No	,	
	(2) Influence the outcome of any specific public ele					
	directly or indirectly, any voter registration drive?			[] 77	,	ļ
	(3) Provide a grant to an individual for travel, study, or other			1 1 11	,	
	(4) Provide a grant to an organization other than a					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s				,	
	(5) Provide for any purpose other than religious, ch					
	purposes, or for the prevention of cruelty to children of			1 1 1 1	.	l
h	If any answer is "Yes" to 5a(1)-(5), did any of the				,	1
-	Regulations section 53 4945 or in a current notice regard					
	Organizations relying on a current notice regarding disast	_		. \square		
	If the answer is "Yes" to question 5a(4), does the					- 1
٠	because it maintained expenditure responsibility for the g		•		.	
	If "Yes," attach the statement required by Regulations sect					
6.	Did the foundation, during the year, receive any fund		ctly to nay premium	\$		
va	on a personal benefit contract?	· ·		[T.	.	1
ь	Did the foundation, during the year, pay premiums, direct				6ь	X
_	If "Yes" to 6b, file Form 8870	ly of manectry, on a p	craoriai aciiciii contrac			
7.0	At any time during the tax year, was the foundation a part	ty to a prohibited tax :	shelter transaction?	Yes X No	.	
	If "Yes," did the foundation receive any proceeds or have					
	Information About Officers, Directors					
	and Contractors					
1	List all officers, directors, trustees, foundation ma	(b) Title, and average	(c) Compensation (see	(d) Contributions to	1-15	
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense other allo	
		dovoted to postitori	<u> </u>			
SEF	STATEMENT 17		173,398.	-0-	-	- 0 -
		-				
						·
2	Compensation of five highest-paid employees	(other than thos	e included on line	1 - see instruction	ns). If no	ne, enter
	"NONE."	,				
10	Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expense	
,,,	Traine and address of each employed paid more than 400,000	hours per week devoted to position	(o) companie	plans and deferred compensation	other allo	wances
SEF	STATEMENT 18		62,478.	13,515.	NC	ONE
			•			
]				
				-		
				-		
Tota	I number of other employees paid over \$50,000 .					1
					Form 99()-PF (2011)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE	."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NOME	NONE
ONE	NONE
otal number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1NONE	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>NONE</u>	
2	
All other program-related investments. See instructions	
3 <u>NONE</u>	
Total Add lines 1 through 2	

Par	rt X Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign found	ations,
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	121,546,938.
	Average of monthly cash balances		4,392,904.
С		1c	NONE
d	Total (add lines 1a, b, and c)	1d	125,939,842.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	125,939,842.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
			1,889,098.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	124,050,744.
6	Minimum investment return. Enter 5% of line 5		6,202,537.
Pa	Tt XI 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		
1	Minimum investment return from Part X, line 6	. 1	6,202,537.
2a	Tax on investment income for 2011 from Part VI, line 5		
Ь	Income tax for 2011 (This does not include the tax from Part VI.) 2b	7	
С	Add lines 2a and 2b	2c	35,956.
3	Distributable amount before adjustments Subtract line 2c from line 1	. 3	6,166,581.
4	Recoveries of amounts treated as qualifying distributions		883.
5	Add lines 3 and 4	_	6,167,464.
6	Deduction from distributable amount (see instructions)		NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	. 7	6,167,464.
Pa	rt 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		6,069,794.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)		NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		6,069,794.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	. 5	35,956.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6,033,838.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when can qualifies for the section 4940(e) reduction of tax in those years		vhether the foundation

Form **990-PF** (2011)

	t XIII Undistributed Income (see instruction	(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011 6,167,464.
_	Undistributed income, if any, as of the end of 2011				0,10,,101
2	Enter amount for 2010 only			4,615,251.	
	Total for prior years 20, 20, 20		NONE		
о 3	Excess distributions carryover, if any, to 2011		1,01,12		
э a	From 2006 NONE				
a _	NONE				
ט	NONT				
ن			j		
	MONTH				
	110111 2010	NONB			
	Total of lines 3a through e	1401412			•
4	Qualifying distributions for 2011 from Part XII,				
	line 4 ▶ \$ 6,069,794.			4,615,251.	
а	Applied to 2010, but not more than line 2a			4,013,231.	
þ	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
	•		110112		
C	Treated as distributions out of corpus (Election	NONE			
	required - see instructions)	NOIVI			1,454,543.
	Applied to 2011 distributable amount	NONE			1,151,515.
	Remaining amount distributed out of corpus	NONE	-		NONE
5	Excess distributions carryover applied to 2011 . (If an amount appears in column (d), the same	INOINI			NOM
	amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:	;			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONB			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		NONE		
С	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		NONE		
d	Subtract line 6c from line 6b. Taxable				
	amount - see instructions		NONE		
е	Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see				
	instructions				· · · · · · · · · · · · · · · · · · ·
f	Undistributed income for 2011 Subtract lines				
	4d and 5 from line 1. This amount must be			İ	A 712 021
	distributed in 2012				4,712,921.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section	MONT			
	170(b)(1)(F) or 4942(g)(3) (see instructions)	NONE			
8	Excess distributions carryover from 2006 not	NONE			
	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2012.	NONE			
	Subtract lines 7 and 8 from line 6a	NONE			
10	I NOVE				
a	Excess from 2007 NONE				
þ	Excess from 2008 NONE				
C	MONTH				
	Excess from 2010 NONE				
е	Excess from 2011 NONE		l		

Pa	rt XIV Private Oper	ating Foundations (see instructions and	Part VII-A, questio	n 9)	NOT APPLICABL
_	If the foundation has					
	foundation, and the ruling	ıs effective for 2011, en	ter the date of the ruling		. ▶	
ь	Check box to indicate whi	ether the foundation is a	private operating founda	tion described in section	4942())(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	<u>,</u>	(e) Total
Za	justed net income from Part	(a) 2011	(Ь) 2010	(c) 2009	(d) 2008	(6) 15151
	I or the minimum investment					
	return from Part X for each year listed					
ь	85% of line 2a					
_	Qualifying distributions from Part					
·	XII, line 4 for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
а	alternative test relied upon "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 invest- ment return shown in Part X,					
	line 6 for each year listed					
c	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),					
	or royalties)					ļ
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt				1	
	organization					
_	(4) Gross investment income	I-fo		ante if the found	lation had \$5,000	or more in accets
Fe	rt XV Supplement	during the year - se	e instructions.)	only if the round	ation had \$5,000	Of More in assets
1	Information Regarding					•
a	List any managers of	the foundation who l	nave contributed mor	e than 2% of the tot	al contributions receiv	ed by the foundation
	before the close of any	y tax year (but only if tl	ney have contributed i	more than \$5,000) (\$	See section 507(d)(2).)	
	N/A					
b	List any managers of	the foundation who	own 10% or more o	f the stock of a corp	oration (or an equally	large portion of the
	ownership of a partner	rship or other entity) o	f which the foundation	n has a 10% or greate	r ınterest.	
	_					
_	N/A Information Regarding	On this is Count	City Loon Coholough	in etc. Programs:		·
2						
	Check here ► if the unsolicited requests f	the foundation only	makes contributions	to preselected char	itable organizations a tions) to individuals o	r organizations under
	other conditions, com			21113, 616 (366 11131146	tions, to marriagas o	r organizations ander
	The name, address, ar			applications should	be addressed:	
Ū	SEE STATEMENT					
_ <u>_</u>	The form in which app	lications should be su	bmitted and informati	on and materials they	should include:	
~	SEE ATTACHED S			-,		
	J U					
c	Any submission deadl	ines:				<u></u>
	SEE ATTACHED S	TATEMENT FOR L	INE 2			
					-Li- E-IJ- L L C	
d	Any restrictions or I factors:	imitations on awards	, such as by geogra	apnicai areas, charit	able fields, kinds of	institutions, or other
		ጥአጥውጠውነነጥ ውሳኮ ፣	ראובי כ			
JSA	SEE ATTACHED S	THIERENI LOK D	INE Z			Form 990-PF (2011)

Don't VV Complementary Information /				
Part XV Supplementary Information (
3 Grants and Contributions Paid Durin	g the Year or Appr		uture 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		0.13		
SEE STATEMENT 54	NIA	Public Charity	General	
Total			▶ 3a	5,738,546.
b Approved for future payment				
SEE STATEMENT 56	NA	Public Charity	General	
Total	<u></u>		▶ 3b	183,000.

er gross amounts unless otherwise indicated. Program service revenue. a	Unireia		Evaluded by		(e)
a	(a)	(b)	(c)	(d)	Related or exempt function income
	Business code	Amount	Exclusion code	Amount	(See instructions)
	_				
b	- 		-		
d					
е			-		·
f	- 				
g Fees and contracts from government agencie	es l				
Membership dues and assessments					
Interest on savings and temporary cash investment			14	753.	
Dividends and interest from securities			14	3,544,704.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property	•				
Net rental income or (loss) from personal property	•				
Other investment income					
Gain or (loss) from sales of assets other than invent	tory		18	175,910.	
Net income or (loss) from special events	•				· ·
Gross profit or (loss) from sales of inventory .	•				
Other revenue a	_				
ь <u>RETURNED FUNDS</u>			01	883.	
c LITIGATION PROCEED	-	<u> </u>	01	101,962.	<u> </u>
d	_				
e	_			2 224 212	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) .	_			3,824,212.	3,824,21
▼ accomplishment of the found	ation's exemp	t purposes (other that	n by providing	funds for such purposes) (See instructions.
		NOT APPLICAB	LE		
		.,			
_					
					

Part	XVII	Exempt Organ	~ ~	ansiers to an	ia iransad	tions	and helations	snips with Non	Ciiari	Labit	;
1 1	Did the	organization directl		engage in any o	of the follow	ng with	any other orga	nization described		Yes	No
i	in sectio	on 501(c) of the Co	de (other than	section 501(c)(3	3) organizatı	ons) or i	in section 527, r	elating to political			
	organiza	ations?									
a	Transfe	rs from the reporting	foundation to	a noncharitable	exempt orga	nization	of:			•	
((1) Casl	ı							1a(1)		X
((2) Othe	er assets							1a(2)		X
b (Other tr	ansactions:								•	1
((1) Sale	s of assets to a none	charitable exer	mpt organization					1b(1)	ļ	X
((2) Purc	hases of assets fror	n a noncharita	ble exempt organ	nization				1b(2)		Х
((3) Reni	tal of facilities, equip	oment, or othe	r assets					1b(3)	<u> </u>	X
((4) Rein	nbursement arrange	ements						1b(4)		X
		ns or Ioan guarantee							1b(5)		X
		ormance of services		-					1b(6)		X
		of facilities, equipm							1c	<u> </u>	X
		nswer to any of th									
		f the goods, other									
		any transaction or								_	
(a) Lin	ne no	(b) Amount involved	(c) Name of	noncharitable exempt	organization	(a)	Description of transfe	ers, transactions, and sha	ring arra	ngeme	nts
											
											
							••				
		<u> </u>									
			-								
			,								
2a	Is the f	oundation directly	or indirectly a	ffiliated with, or	related to, o	ne or r	more tax-exempt	organizations			_
	describ	ed in section 501(c)	of the Code (d	other than section	501(c)(3))	or in sec	tion 527?		Y	es 🔼	∐ No
b_	If "Yes,"	complete the follow	ving schedule.								
		(a) Name of organizatio	n	(b) Type	of organization			c) Description of relation	ship		
	· · ·	·					_				
				ļ				 			
				 			-				
								a sha hast of much and add			
Cian	Loorroom	penalties of perjury, I decla , and complete Declaration o	f preparer (other than	nined this return, including taxpayer) is based on all	ing accompanying information of whi	schedules ch preparer	has any knowledge	o the best or my knowled	ge and a	oener, it	is true,
Sign	1	20/- 0	L'In	1/2	, //2	Co	-Trustee	May the IR			
Here		ature di officer oxtrustee	Sym	Date	113	Title	-IIustee		reparer	п г	below
	"				1	1100		(see instruction	usit [V	Yes	N•
		RY L. SMITH Print/Type preparer's	name	Preparer's sig	natere		Date	Check If	PTIN		
Paid		DEBRA GORDY		11 111	W/W/W	$d \omega$	1 l	Cueckin	P010	306	72
Prep	arer		LLS FARGO		~/~₩	F~V	1 11/00/2		3080		
Use	Only	Firm's address > 15			D. D11 4	-044	 	1 am 3 am P 32 "	3000	111	
	•		INDIOMME	TETTICE DITA	v	0200	1	Dh 704 4	27 (000	

Form 990-PF (2011)

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

NET	505.
INVESTMENT	248.
INCOME	
REVENUE	505.
AND	248.
EXPENSES	7
PER BOOKS	753.
DESCRIPTION	WELLS FARGO SECURED MARKET DEPOSIT ACCT. CHECKING ACCOUNT INTEREST TOTAL

Н

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	3,534,221. 3,534,221. ===================================
	3,544,704.
DESCRIPTION	DIVIDENDS AND INTEREST FROM SECURITIES

~

FORM 990PF, PART I - OTHER INCOME

NET INVESTMENT INCOME 883. 101,962. REVENUE AND EXPENSES PER BOOKS RETURNED UNEXPECTED FUNDS LITIGATION PROCEEDS DESCRIPTION

101,962.

101,962.

102,845.

TOTALS

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Stmt 3 pact XI Cine 4

FISCAL YEAR 2011-2012 RETURNED UNEXPENDED FUNDS

4/13/12	Thomas Jefferson University	Return of unused portion of Medical Research Grant #H1001 (approved 12/2010, last payment 5/2011)	Medical Research - Unexpended Heart Disease	\$720 25
5/25/12	Temple University	Return of unused portion of Medical Research Grant #H0902 (approved 12/2009, last payment 5/2010)	Medical Research - Unexpended Heart Disease	\$163.06

TOTAL \$883.31

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	20,977. 9,327. 30,304.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	20,977.
	TOTALS
DESCRIPTION	AUDIT/TAX PREP FEES ACCOUNTING FEES

4

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

REVENUE	AND	EXPENSES	PER BOOKS	

CHARITABLE PURPOSES	,6
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DESCRIPTION

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TAXES	
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NET INVESTMENT INCOME	1 1 1 1 1	56,247.	47,636.	103,883.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1	56,247.	47,636.	157,421.
DESCRIPTION		FOREIGN TAXES FEDERAL ESTIMATES - PRINCIPAL	FOREIGN TAXES ON QUALIFIED FOR	TOTALS

EXPENSES	H H H H H H
OTHER	
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PART	 }
990PF,	
FORM	11 11

CHARITABLE PURPOSES	3,917. 1,875. 3,195. 911. 7,514. 2,097. 52,068. 6,136. 1,953.	84,248.
NET INVESTMENT INCOME	435. 208. 355. 101. 835. 5,785. 517. 327.	9,360.
REVENUE AND EXPENSES PER BOOKS	4,352. 2,083. 1,550. 1,012. 8,349. 57,853. 6,818. 1,822.	93,608.
		TOTALS
DESCRIPTION	COMPUTERS POSTAGE TELEPHONE TRAVEL PRINTING OFFICE SUPPLIES OCCUPANCY AND STORAGE ADMIN. EXPENSES INSURANCE MISCELLANEOUS	

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FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

ENDING ENDING BOOK VALUE	79,080. 1,179,08 53,669. 553,66 63,430. 1,063,43 99,025. 599,02	1,609. 17,895. 17,895. 17,895. 17,213. 61,403. 13,512. 26,348. 13,836. 24,691. 08,505.	7,443. 277,44 4,083. 294,08 7,671. 507,67
DESCRIPTION	133XFJF4 FED HOME LN E 133XHPH9 FED HOME LN E 134X4JT2 FED HOME LN E 134A4JM4 FED HOME LN N 134A4UM4 FED HOME LN N 134A4VG6 FED HOME LN N	ED NATL MTG ASSN ED NATL MTG ASSN ED NATL MTG ASSN ED NATL MTG ASSN NMA POOL #418788 NMA POOL #434539 NMA POOL #51922 NMA POOL #51922 NMA POOL #579309 NMA POOL #579309 NMA POOL #579309 NMA POOL #579309 NMA POOL #579309 NMA POOL #579309 NMA POOL #579309 NMA POOL #579309 NMA POOL #579309 NMA POOL #579309 NMA POOL #579309 NMA POOL #579309 NMA POOL #579309 NMA POOL #579309 NMA POOL #780415 S TREASURY NOTE	12828MD1 US TREASURY N 12828MP2 US TREASURY N 12828PX2 US TREASURY N 18282KQ2 US TREASURY N

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FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

ENDING FMV	875,627 79,046 468,532 485,919 379,713 464,353 358,540 676,253	14,319,771.
ENDING BOOK VALUE	7 9 7 9 M M O M	14,319,771.
DESCRIPTION	912828JH4 US TREASURY NOTE 912828BR0 US TREASURY NOTE 912828LY2 US TREASURY NOTE 912828KA7 US TREASURY NOTE 912828KA7 US TREASURY NOTE 3137EADB2 FED HOME LN MTG CORP 3138A8PX8 FNMA POOL #AH6737 31410LFU1 FNMA POOL #890379	TOTALS

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THE W W SMITH CHARITABLE TRUST T/U/W

CORPORATE STOCK PART II FORM 990PF,

H	DING VALUE ,686,904 ,119,600 ,257,515 ,194,500 ,104,000 ,772,840 ,622,040 ,554,520 ,225,040	DING FMV 686,904 ,119,600 ,257,515 ,194,500 ,104,000 ,772,840 ,622,040 ,554,520 ,225,000
00 CHEVROI 04 CONOCOI 02 EXXON N 02 AFLAC 06 AMERIPI 01 BLACKRO 00 JPMORGI 01 WELLS I 01 WELLS I 00 ABBOTT 09 BECTON 04 JOHNSOI 05 DEERE &	3,692,500. 2,011,680. 2,280,098. 1,054,460. 2,072,340. 716,240. 3,223,500. 2,451,800. 2,364,600. 2,106,000.	3,692,500. 2,011,680. 2,280,098. 1,054,460. 2,072,340. 716,240. 3,223,500. 2,451,800. 2,364,600. 2,106,000.

W SMITH CHARITABLE TRUST T/U/W THE W

23-6648841

- CORPORATE STOCK 990PF, PART II FORM

ENDING ENDING BOOK VALUE FMV	1,426,680. 2,386,200. 3,342,203. 2,016,000. 2,016,000. 1,812,200. 2,151,380. 3,823,750. 1,663,440. 1,783,000. 1,783,000. 1,518,400. 1,518,400. 1,518,400. 1,518,400. 1,518,400. 1,518,400. 1,518,400. 1,518,400. 1,518,400. 1,518,400. 1,518,400. 1,783,000. 1,518,400. 1,518,400. 1,518,400. 1,518,400. 1,783,000. 1,509,300. 1,509,300. 1,732,951. 1,183,200. 1,183,200. 3,004,500. 3,004,500.
DESCRIPTION	278058102 EATON CORP 907818108 UNION PACIFIC CORP 913017109 UNITED TECHNOLOGIES 88579Y101 3M CO 428236103 HEWLETT PACKARD CO 428140100 INTEL CORP 459200101 INTERNATIONAL BUSINE 594918104 MICROSOFT CORP 747525103 QUALCOMM INC 009158106 AIR PRODS & CHEMS IN 92343V104 VERIZON COMMUNIATION 65339F101 NEXTERA ENERGY INC 00206R102 AT & T INC 00206R102 AT & T INC 037833100 APPLE INC 126650100 CVS/CAREMARK CORPORA 17275R102 CISCO SYSTEMS INC 278865100 ECOLAB INC 66987V109 NOVARTIS AG - ADR 68389X105 ORACLE CORPORATION 780259206 ROYAL DUTCH SHELL PL 806857108 SCHLUMBERGER LTD 881624209 TEVA PHARMACEUTICAL

84,600,871.

84,600,871.

12

THE W W SMITH CHARITABLE TRUST T/U/W

23-6648841

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION 002824AW0 ABBOTT LABORATORIES	NG ALUE 67,84	NG V - 67,84
BERKSHIRE HATHAWAY	265,448.	265,448.
CONOCOPHILLIPS	26,83	26,83 15,90
ELECTRIC DVNAMICS COR	16,35	16,35
ELEC CAP COR	15,04	15,04
ELEC CAP	, 1	t L
SACHS GROUP	535,145.	535, 145.
	65,64	65,64
	09,24	09,24
JP MORGAN CHASE & CO	73,93	73,93
KEY BANK NA		,
	540,120.	540,120.
NATIONAL RURAL UTILS		
-12	327 515	337 515
SOISSE NEW YORK TARGET CORP	TC'/C	T (' ' C
WAL MART STORES	529,855.	529,855.
AMGEN INC	05,55	05,55
NOVA SCOTIA	38,51	38,51
Ж	61,04	61,04
NATIONAL RURAL UTIL	74,85	74,85
CORP	40,69	40,69
TECHNOLOGIES	89,73	89,73
BANKING CORP	379,012	379,01
TOTALS	8,388,270.	

THE W W SMITH CHARITABLE TRUST T/U/W

23-6648841

INVESTMENTS	
OTHER	
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II	
PART	
990PF,	11 11 11
FORM	

COST/ FMV	C OR F	1 1 1 1 1 1	ſΞ÷	Ĺτι	ĽΉ	Ĺτή	ŢĿij	Έч	Ŀı	Ŀų	Ŀų	ഥ
	N(!	NOMURA ASSET SECS CO	WORLD FINANCIAL NETW	HONDA AUTO RECEIVABL	ACCENTURE PLC	NOVARTIS AG-ADR	ROYAL DUTCH SHELL PL	SCHLUMBERGER LTD	TEVA PHARMACEUTICAL	WELLS FARGO ADVTG	HARBOR INTERNATIONAL
	DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	655356JG9	981464CJ7	43812BAH6	G1151C101	66987V109	780259206	806857108	881624209	4B34	411511306

TOTALS

ENDING FMV	190,063. 421,613. 459,646.	6,370,734. 8,015,257. 15,457,313.
ENDING BOOK VALUE	190,063. 421,613. 459,646.	6,370,734. 8,015,257. 15,457,313.

11:47:18
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DMD317

ENDING FMV	5,251.
ENDING BOOK VALUE	5,251.

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TOTALS

SECURITY DEPOSIT

DESCRIPTION

23-6648841

THE W W SMITH CHARITABLE TRUST T/U/W

FORM 990PF, PART II - OTHER ASSETS

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

TRUOMA

CHANGE IN UNREALIZED DEPRECIATION

2,898,290.

TOTAL

2,898,290.

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF ______

NAME: WW SMITH CHARITABLE TRUST

ADDRESS: 200 FOUR FALLS CORPORATE CENTER, STE 300

WEST CONSHOHOCKEM, PA 19428

TELEPHONE NUMBER: (610)397-1844

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

Wells Fargo Bank NA

ADDRESS:

1525 WEST WT HARRIS BLVD CHARLOTTE, NC 28288-5709

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40

COMPENSATION

173,398.

OFFICER NAME:

MARY SMITH

ADDRESS:

C/O 200 FOUR FALLS CORPORATE CENTER

WEST CONSHOHOCKEN, PA 19428

\$ 0.0 h

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 20

TOTAL COMPENSATION:

173,398.

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

EMPLOYEE NAME:

Michelle P. Montgomery

ADDRESS:

110 HASBROOK AVENUE

CHELTENHAM, PA

TITLE:

GRANTS ADMINISTRATOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40

TOTAL COMPENSATION:

62,478.

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS:

13,515.

THÈ W W SMITH CHARITABLE TRUST T/U/W FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

GRANTS ADMINISTRATOR

ADDRESS:

200 Four Falls Corp CT, STE 300 West Conshohocken, PA 19428 RECIPIENT'S PHONE NUMBER: 610-397-1844 FORM, INFORMATION AND MATERIALS:

SEE ATTACHED SCHEDULE

SUBMISSION DEADLINES:

SEE ATTACHED SCHEDULE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

SEE ATTACHED SCHEDULE

The W.W. Smith Charitable Trust Medical Research Grant Application Instructions

The W.W. Smith Charitable Trust Research Grant

The W.W Smith Charitable Trust will make grant funds available for eligible scientists in support of basic heart disease, cancer and AIDS research projects that conform to the priorities outlined in Section I. Grant proposals will not be considered unless they comply with the application instructions in Section VI. Completed applications will be referred to our Cardiovascular or Cancer/AIDS Research Review Committee for consideration of scientific merit. The committees function in an advisory capacity to the W.W. Smith Trustees, who will make all final decisions concerning the funding of meritorious applications.

Section I. Eligibility

Faculty with primary appointments in universities, hospitals and research centers within the Delaware Valley area may apply. The Trust strongly encourages new or less recognized investigators to apply for funding and also generally encourages seed funding of unique or high priority projects. The Trust will not support large general programs or project grants to fund research centers.

Section II. Submission

A. Applications must be submitted from the senior official for the research function to the W.W. Smith Charitable Trust by June 15th for cancer and AIDS research and September 15th for heart disease research. No more than one application from any institution will be accepted for heart disease, cancer or AIDS each grant cycle.

Four (4) complete, collated copies of the proposal, plus one complete copy of the organization's current 990, must be submitted to the Trust at the following address:

The W.W. Smith Charitable Trust 200 Four Falls Corporate Center, Suite 300 West Conshohocken, PA 19428

B. Applicants will be notified in writing concerning approval or disapproval, funding amounts, and starting dates, within five months form the proposal deadline.

Section III. Criteria for Evaluation

Each proposal will be reviewed according to the following criteria:

- A. Scientific merit
- B. Feasibility
- C. Appropriateness of budget

Section IV. Project Term

Funding requests and project awards will be of one year duration. Applicants receiving one-year grants may re-apply if their mandatory narrative and financial reports have been satisfactory and if the renewal protocol is endorsed by their institution's senior official for the research function as the one application for that research field in the appropriate grant cycle.

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Section V. Progress and Terminal Reports

All grantees who receive funding are required to provide semi-annual reports about their research. A terminal progress report discussing research findings must be delivered to the Trust within 60 days of the termination of the project. These reports should include the following:

- A. Narrative summary of results and conclusions
- B. Accounting of grant expenditures by the office responsible for fiscal affairs
- C. List of collaborators, trainees and students who contributed to the project
- D. List of publications planned, submitted or in press
- E. One copy, after grant termination, of every research publication benefited by the grant

Section VI. Research Plan

A. Complete all application pages and appropriate forms as listed on the check list. Please use 10 pt font or larger throughout.

B. Research Plan:

- 1. Specific Aims: State concisely and realistically what the research described in the application will accomplish and/or what hypothesis will be tested. DO NOT EXCEED ONE-HALF (1/2) PAGE.
- 2. Significance: Briefly describe the background to the present proposal; critically evaluate existing knowledge; and specifically identify the gaps which the project is intended to fill. State concisely the importance of the research described in the application by relating the specific aims to longer-term objectives. DO NOT EXCEED TWO (2) PAGES.
- 3. Preliminary Studies: Provide a brief summary of the principal investigator's preliminary studies pertinent to the application and/or any other information that will help to establish the experience and competence of the investigator to pursue the proposed project. Titles and complete references to appropriate publications and completed manuscripts may be listed in the principal investigator's curriculum vitae. Supplementary background graphs, diagrams, tables and charts relevant to preliminary studies may be submitted in appendix form.
 - DO NOT EXCEED TWO (2) PAGES.
- 4. Experimental Design and Methods: Discuss the experimental design and the procedures to be used to accomplish the specific aims of the project. Describe the protocols to be used and provide a tentative sequence or timetable for the investigation. Include the means by which the data will be analyzed and interpreted. Describe any new methodology and its advantage over existing methodologies. Discuss the potential difficulties and limitations of the proposed procedures and alternative approaches to achieve the aims. Point out any procedures, situations or materials that may be hazardous to personnel and explain the precautions exercised. Describe the characteristics of the subject population, such as their anticipated number, age ranges, gender, ethnic background, and health status. Explain the rationale for the use of special classes of subjects, such as fetuses, pregnant women, children, institutionalized mentally disabled, or others who are likely to be vulnerable. Supplemental data may be added in an appendix. DO NOT EXCEED THREE (3) PAGES.

The W.W. Smith Charitable Trust Medical Research Grant Application Instructions Rev. 021508 1

- 5. Human Subjects: Include appropriate Institutional Review Board approval(s).
- 6. Vertebrae Animals: Include Institutional Animal Care Review approval.
- 7. Toxic Chemical, Carcinogens, and Infectious Disease Agents: Include appropriate Chemical and Biological Safety Review approval.
- 8. Recombinant DNA, Radioactive Materials, and Ionizing Radiation: Contact your office of Research Safety for approval.
- 9. Consultants: List collaborators; indicate the specific role of collaborators in the project; and attach letters of agreement.
- 10. Literature Cited: Do not scatter literature citations throughout the text. List citations at the end of the Research Plan. This section should not be an exhaustive list but rather a review of the most pertinent citations. Each complete literature citation must include the names of all authors, the name of the book or journal, volume number, page numbers, and year of publication. Providing titles is useful but optional. List literature in numerical order, as cited in the Research Plan, and limit your citations to no more than 30 relevant publications.

The W. W. Smith Charitable Trust Medical Research Grant Application

Name of Investigat	-		
Last:	First:	Middle:	
Nome and Address	of Institution XX/hour XX/oul- XX/	II De Dones	
Name and Address	of Institution Where Work Wi	и ве воце:	
	of institution where work w	n Be Done.	
Name and Address Email: Telephone:	of institution where work w	и ве воце.	

Lay Research Summary

(To be written for the understanding of persons not trained in biomedical science)

With your prior approval, this information may also be utilized in conjunction with Public Relations projects.

Lay Research Summary (continued)

- 1) What problem area(s) are you addressing and what specific questions will your research attempt to answer, including long-range benefits in the area of health?
 - 2) What aspect of your work is most interesting in scientific terms?
 - 3) What aspect would be of most interest from the perspective of the general public?

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The W. W. Smith Charitable Trust Medical Research Grant Application

	Applicant Initials		
Application Information			
1. Grant Period	From:/ To:/		
2. Name of principal investigator: (last, first, middle)	7. Name of collaborating investigator, if any (last, first, middle):		
3. Present position and title:	Degree, present position:		
4. Present Age:	Institution, department and address:		
5. Doctorate degree(s):	Telephone:		
Year(s) earned:	Age:		
Degree field:	Percent of time on project: %		
6. Investigator's current address (institution, street, city, state, zip):	8. Institution where research will take place (department, school, institution, address):		
Email: Telephone (area code, number, ext.):	Email: Telephone (area code, number, ext.):		
9. Title of research project (limited to 60 ch	aracters):		
10. Brief Project Summary			
11. Percent of your total effort devoted to: (a) investigative work:% b) this research project:%		
` '	No		
Does your institution have an Animal Care	and Use Committee? No Yes		
Does your institution utilize the American A Animal Care (AAALAC)? No Yes	_		
13. List name, degree and position of each professional associated with the project. Indicate capacity (associate, consultant, etc.). Salary support will not be granted for unnamed professionals or graduate students whose curriculum vitae are not included.			
Name <u>Degree</u> <u>Title</u>	Capacity % Time on Project		
			

The W. W. Smith Charitable Trust Medical Research Grant Application

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14. It is understood that the Institution administering this grant is a nonprofit organization with facilities for research, and that an award based on this application is subject to the following conditions:

- a. The Principal Investigator and the Grantee Institution assume an obligation to expend grant funds for research purposes as set forth in this application, and affirm that there is no duplicate funding for these purposes. If an alternative application for support is activated, either fully or partially, the Principal Investigator and the Grantee Institution will promptly notify the Trust to make the necessary adjustment in funding.
- b. Every six (6) months, the Principal Investigator will furnish the Trust with a brief semiannual narrative Progress Report, in layman's terms, of work accomplished under the grant.
- c. The Institution's Fiscal Officer will submit a Report of Expenditures within 60 days after completion of each award half-year.
- d. The Trust disclaims any economic interest (direct or indirect) in the work product of the research, including any patent or other rights to which the Investigator or the Institution may make claim.
- e. Results of research may be made available to the public through appropriate scientific channels. All publications must bear the statement: "THIS WORK WAS SUPPORTED BY A GRANT FROM THE W.W. SMITH CHARITABLE TRUST."
- f. The grant will terminate on the date the Investigator ceases to work at the Grantee Institution, unless advance written permission for a transfer or replacement has been obtained from the Trust.
- g. Unexpended funds will revert to the Trust at the termination of a grant period, unless the grant period is extended by the Trust in writing in advance of termination.
- h. Title to equipment purchased with Trust funds will remain with the Principal Investigator until the award (including any authorized extension or renewal) terminates, at which time title passes to the Institution. If the Principal Investigator is authorized to transfer his award to another institution, equipment may not be transferred. Transfer will only be authorized to other institutions within the Trust's grant-making geographic area.
- i. The Applicant and the Institution affirm that: (a) investigations involving human subjects proposed in the application and subsequently carried out have been endorsed by the committee on clinical investigation or other clearly designated appropriate body of the Grantee Institution; (b) any research involving human subjects will conform ethically with the guidelines prescribed by the National Institutes of Health (NIH), including the provision of suitable explanation to human subjects or their guardians concerning the experimental design and all significant hazards so that they may be in a position to provide appropriate informed consent prior to the investigations; and (c) research involving animals will conform with the current "Guide for the Care and Use of Laboratory Animals," NIH publication, DHHS/USPHS, and with all applicable federal and state laws and regulations; and, (d)

The W. W. Smith Charitable Trust Medical Research Grant Application

Applicant Initials whatever applicable, the research protocol will be reviewed and approved by the Institution's biohazards committee as well as conforming to NIH guidelines.

j. The Trust, relying on the foregoing, agrees that it shall have no right or obligation to supervise the research project, which the Principal Investigator and the Institution agree will be conducted with utmost care to protect persons and property from harm.

Name of Appl	licant
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The W. W. Smith Charitable Trust Medical Research Grant Application

Applicant	Initials	

AUTHORIZATION/AGREEMENT

APPLICANT	(SIGNATURE)	(DATE)		
DEPARTMENT HEAD	(SIGNATURE)	(DATE)		
FISCAL OFFICER	(SIGNATURE)	(DATE)		
DEAN OR DIRECTOR	(SIGNATURE)	(DATE)		
	ning fiscal responsibility: n assumes professional responsi Yes			
D. Federal ID number:				
E. Are you classified as a 509	9(a)1, $509(a)2$ or $509(a)3$	□?		
F. Name of Institution to whom checks should be issued (should agree with organization name associated with Federal ID number listed above):				
G. Institution address where checks should be mailed:				
H. Name of person to whose attention checks should be mailed:				

The W. W. Smith Charitable Trust Me

edical Research Grant Application	
	Applicant Initials

15 PD (DOCED I	. PROPOSED BUDGET ITEM				Name of Applicant		
13. I KUI USED I				First Year	Second Year	Third Year	
15a. Personnel (list individually)	Degree (indicate if none)	Position Title	% of Time on Project	to	to	to	
15b. Social Security	and Other Ben	efits					
15c. Equipment			Subtotal				
15d. Supplies (itemize	e major purchase)		Subtotal				
l5e. Travel			Subtotal				
			Subtotal				
5f. Other Expenses	(itemize)						
5g. Institutional Ov	erhead (allowable	10% maximum)	Subtotal				
							
			Subtotal				
		GRAN	D TOTAL				

The W. W. Smith Charitable Trust Medical Research Grant Application

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16. Research Support including Training Grant(s) Funds available to the Principal Investigator and Collaborating Investigator(s)

(Failure to disclose full information requested here may result in application disqualification or award revocation.)

Agency	Title of Project or Program (include name of Principal Investigator, Collaborating Investigator(s), or Program Director(s)	Amount EACH Year	Total Award Amount	Support Time Period
16a. All Active or Approved:				
			 -	
				-
		L		<u></u>
16b. Pending or Planned (Those alte	rnative* to this application MUST also b	e designated.)		
			 	
				
				
				
* Alternative: essentially the same projec	t with a similar budget, pending or plant	ned		<u></u>
17. Is your work currently in progr	ess on this research? No 🗌 Ye	es 🗌		
Name of Applicant:				

The W. W. Smith Charitable Trust Medical Research Grant Application

Applicant Initials
18. FACILITIES AVAILABLE: Describe the general facilities available for this research proposal, including laboratory and hospital space, major items, or permanent equipment, etc.
19. JUSTIFICATION OF BUDGET: Clarify items in the various budget categories (items 15a through 15g)
20. RELATIONSHIP OF PROPOSED BUDGET TO OTHER SUPPORT: The relationship of your proposed budget (items 15a through 15g) to other support listed on items 16a and 16b) (active, approved or pending MUST be described).
Name of Applicant:

The W. W. Smith Charitable Trust Medical Research Grant Application

Name of Applicant: Date Submitted:			
W.W. Smith Charitable Trust Research Grant Application Checklist			
COMPLETE AND FORWARD THIS SHEET WITH YOUR APPLICATION			
1. Contents of Envelope			
Application			
The original application and each of the three (3) copies, printed on both sides of the sheets, should assembled in the order listed below. The original and three copies should be individually paper-clipped or stapled together in four individual sets (including all attachments).			
 ☐ Endorsing cover letter from senior official for the research function ☐ Lay Research Summary pages ☐ Application Information (items 1 through 14) ☐ Authorization/Agreement Signature page ☐ Completed Proposed Budget (items 15 through 15g) ☐ Completed Research Support (items 16 through 17) ☐ Completed items 18 through 20 ☐ Continuation pages, as needed (proposed Research Plan not to exceed seven and one half (7 1/2) pages) ☐ Initial each page on the line provided in upper right of the page 			
Attachments			
 Notarized, valid Visa and Alien Registration (if applicable) Budget and Research Summary pages of all current and pending applications by the Principal and Collaborating Investigator(s) Curriculum vitae and bibliography of Principal Investigator and each doctorate listed in the Schedule of Proposed Budget Reprints or duplicated copies of the four (4) most pertinent publications of the Principal Investigator IRS Tax Exemption Certification Letter Complete Current 990 (one full copy, can be double-sided) Checklist 			
2. Mailing			
Mail application along with pertinent copies to:			
The W.W. Smith Charitable Trust 200 Four Falls Corporate Center, Suite 300 West Conshabotton PA 19428			

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THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: Drexel University ADDRESS: 32ND AND CHESTNUT STREET PHILADELPHIA, PA 19104 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY RECIPIENT NAME: ST. John's Hospice Catholic Social Service ADDRESS: 1221 RACE STREET PHILADELPHIA, PA 19107 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 33,000. RECIPIENT NAME: THE Other Carpenter ADDRESS: 4157 W GIRARD AVENUE PHILADELPHIA, PA 19104 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY

AMOUNT OF GRANT PAID

AMOUNT OF GRANT PAID

PUBLIC CHARITY

15,475.

AMOUNT OF GRANT PAID

10,500.

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: Inter-Faith Housing Alliance ADDRESS: 31 S. SPRING GARDEN STREET AMBLER, PA 19002 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 15,600. RECIPIENT NAME: Saint Joseph's Carpenter ADDRESS: 20 CHURCH STREET CAMDEN, NJ 08105 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 40,000. RECIPIENT NAME: Cathedral Kitchen ADDRESS: 1514 FEDERAL STREET CAMDEN, NJ 08105 RELATIONSHIP: N/APURPOSE OF GRANT:

AMOUNT OF GRANT PAID

GENERAL

PUBLIC CHARITY

FOUNDATION STATUS OF RECIPIENT:

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: Fellowship House of South ADDRESS: 1722 S BROADWAY CAMDEN, NJ 08104 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 15,400. RECIPIENT NAME: Philadelphia Biblical University ADDRESS: 200 MANOR AVENUE LANGHORNE, PA 19047-2990 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 57,000. RECIPIENT NAME: Ursinus College ADDRESS: PO BOX 1000 COLLEGEVILLE, PA 19426-1000 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY

AMOUNT OF GRANT PAID

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: BCS Yes ADDRESS: PO BOX 851 VALLEY FORGE PA PHILADELPHIA, PA 19104-3246 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 20,000. RECIPIENT NAME: Mercy Hospice Catholic Social Services ADDRESS: 334 SOUTH 13TH STREET PHILADELPHIA, PA 19107 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 27,000. RECIPIENT NAME: **JEVS** ADDRESS: 1845 WALNUT STREET, 7TH FLOOR PHILADELPHIA, PA 19103 **RELATIONSHIP:** N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY

AMOUNT OF GRANT PAID

27,700.

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: Children's Hospital of Philadelphia ADDRESS: 34TH ST 7 CIVIC CTR. BLVD. PHILADELPHIA, PA 19104-4399 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY RECIPIENT NAME: Moore College of Art and Design ADDRESS: THE PARKWAY AT 20TH STREET PHILADELPHIA, PA 19103-1179 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 63,000. RECIPIENT NAME: Sauders House ADDRESS: SAUNDERS HOUSE WYNNEWOOD, PA 19096 **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 50,000.

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: Episcopal Community Services ADDRESS: 225 SOUTH THIRD STREET PHILADELPHIA, PA 19106 RELATIONSHIP: N/APURPOSE OF GRANT: **GENERAL** FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 25,000. RECIPIENT NAME: Philadelphia University ADDRESS: SCHOOL HOUSE LANE & HENRY PHILADELPHIA, PA 19144-5497 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 76,000. AMOUNT OF GRANT PAID RECIPIENT NAME: Lutheran Settlement House ADDRESS: 1340 FRANKFORD AVENUE PHILADELPHIA, PA 19125 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY

AMOUNT OF GRANT PAID

THÈ W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: Gwynedo-Mercy College ADDRESS: 1325 SUMNEYTOWN PIKE GWYNEDD VALLEY, PA 19437 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 68,000. RECIPIENT NAME: Arcadia University ADDRESS: 450 S. EASTON ROAD GLENSIDE, PA 19038-3295 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 74,000. RECIPIENT NAME: Bryn Mawr College ADDRESS: 101 NORTH MERION AVENUE BRYN MAWR, PA 19010 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY

AMOUNT OF GRANT PAID

57,315.

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: Chestnut Hill College ADDRESS: 9601 GERMANTOWN AVENUE PHILADELPHIA, PA 19118-2693 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 66,000. RECIPIENT NAME: Center for Hunger-Free Comm. ADDRESS: 1505 RACE STREET, BELLET PHILADELPHIA, PA 19102 **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 30,000. RECIPIENT NAME: Immaculata University ADDRESS: 1145 KINGS ROAD, PO BOX 733 Immaculata, PA 19345 **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 59,000.

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: Thomas Jefferson University ADDRESS: 1020 WALNUT STREET Philadelphia, PA 19107-5587 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 100,000. RECIPIENT NAME: LaSalle University ADDRESS: 1900 WEST OLNEY AVENUE Philadelphia, PA 19141-1199 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 85,000. AMOUNT OF GRANT PAID RECIPIENT NAME: Lincoln University ADDRESS: 1570 BALTIMORE PIKE Lincoln University, PA 19352-0999 **RELATIONSHIP:** N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY

AMOUNT OF GRANT PAID

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: Delware Valley College ADDRESS: 700 EAST BUTLER AVENUE Doylestown, PA 18901-2697 **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 68,000. RECIPIENT NAME: University of the Science ADDRESS: 600 SOUTH, 43RD STREET Philadelphia, PA 19104-4495 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 75,000. RECIPIENT NAME: ST. Joseph's University ADDRESS: 5600 CITY AVENUE Philadelphia, PA 19131-1395 **RELATIONSHIP:** N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 90,000.

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: University of Pennsylvania ADDRESS: 133 SOUTH 36TH STREET Philadelphia, PA 19104-3246 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITTY AMOUNT OF GRANT PAID 424,756. RECIPIENT NAME: Villanova University ADDRESS: 800 LANCASTER AVENUE Villanova, PA 19085-1673 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 97,000. RECIPIENT NAME: Presbyterian Children's Village Services ADDRESS: 452 SOUTH ROBERTS ROAD Rosemont, PA 19010 **RELATIONSHIP:** N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 25,000.

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: Trinity Memorial Church ADDRESS: 2212 SPRUCE STREET Philadelphia, PA 19103 RELATIONSHIP: N/A PURPOSE OF GRANT: **GENERAL** FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: Rosemont College ADDRESS: 1400 MONTGOMERY AVENUE Rosemont, PA 19010-1699 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 58,000. RECIPIENT NAME: Temple University ADDRESS: 1330 WEST BERKS STREET Philadelphia, PA 19122-6087 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY

169,000.

AMOUNT OF GRANT PAID

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: Our Mother of Sorrows Church ADDRESS: 1030 NORTH 48TH STREET Philadelphia, PA 19131 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 11,000. RECIPIENT NAME: Widener University ADDRESS: ONE UNIVERSITY PLACE Chester, PA 19013-5792 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 79,000. RECIPIENT NAME: The Devereux Foundation ADDRESS: 444 DEVEREUX DRIVE Villanova, PA 19085 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 30,000.

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: National Multiple Sclerosis Society Greater Delware Valley Chapter ADDRESS: 130 S. 17TH STREET, SUITE 800 Philadelphia, PA 19103 **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 35,000. AMOUNT OF GRANT PAID RECIPIENT NAME: Royer-Greaves School for Blind ADDRESS: 118 SOUTH VALLEY ROAD Paoli, PA 19301 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 27,000. RECIPIENT NAME: Eastern University ADDRESS: 1300 EAGLE ROAD, ST. Davids, PA 19087-3696 **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 66,000. AMOUNT OF GRANT PAID

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: The Blind Relief Fund of PA ADDRESS: 551 WALNUT LANE Philadelphia, PA 19128 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 25,000. RECIPIENT NAME: Holy Family University ADDRESS: 9801 FRANKFORD AVENUE Philadelphia, PA 19114 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 62,000. RECIPIENT NAME: Cabrini College ADDRESS: 610 KING OF PRUSSIA ROAD Radnor, PA 19087-3699 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL

AMOUNT OF GRANT PAID

FOUNDATION STATUS OF RECIPIENT:

PUBLIC CHARITY

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID _______ RECIPIENT NAME: Holy Family Home Little Sisters of the Poor ADDRESS: 5300 CHESTER AVENUE Philadelphia, PA 19143 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 50,000. AMOUNT OF GRANT PAID RECIPIENT NAME: Independence Seaport Museum ADDRESS: 211 S COLUMBUS BLVD AT WALNUT ST. Philadelphia, PA 19106-3199 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 100,000. RECIPIENT NAME: Christ's Home ADDRESS: 800 N YORK ROAD Warminster, PA 18974 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 35,000.

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: Peirce College ADDRESS: 1420 PINE STREET Philadelphia, PA 19102-4699 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 49,000. RECIPIENT NAME: University of the Arts ADDRESS: 320 SOUTH BROAD STREET philadelphia, PA 19102 **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 70,000. RECIPIENT NAME: Neumann University ADDRESS: ONE NEUMAN DRIVE Aston, PA 19014 **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 64,000. AMOUNT OF GRANT PAID

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID _______ RECIPIENT NAME: Saint Peter's Episcopal Church ADDRESS: 121 CHURCH STREET Phoenixville, PA 19460 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 13,500. RECIPIENT NAME: Bernardine Center ADDRESS: 2625 W NINTH STREET Chester, PA 19013 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 13,500. RECIPIENT NAME: Lutheran Children and Family Service of Eastern ADDRESS: 5401 RISING SUN AVENUE Philadelphia, PA 19120 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 53,000. THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:
Saint Joseph Villa
ADDRESS:
110 W WISSAHICKON AVE
Flourtown, PA 19031-1898
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:
PUBLIC CHARITY

RECIPIENT NAME:
Kennett Area Senior Center
ADDRESS:
PO BOX 30181, 12 S. 23RD STREET
Philadelphia, PA 19103
RELATIONSHIP:
N/A
PURPOSE OF GRANT:
GENERAL
FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:
Encore Experiences at Harleysville
ADDRESS:
312 ALUMNI AVENUE
Harleysville, PA 19438-2306
RELATIONSHIP:
N/A
PURPOSE OF GRANT:

GENERAL

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: Women Against Abuse, Inc 100 S. BROAD STREET, SUITE 1341 Philadelaphia, PA 19110 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 20,000. RECIPIENT NAME: Family Support Services, Inc ADDRESS: 201 SOUTH 69TH STREET Upper Darby, PA 19082 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 20,500. RECIPIENT NAME: PathWays PA, Inc ADDRESS: ADMIN OFFICE 310 AMOSLAND ROAD Holmes, PA 19043 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY

AMOUNT OF GRANT PAID

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: Fox Chase Cancer Center ADDRESS: 7701 BURHOLME AVENUE Philadelphia, PA 19111 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 168,000. RECIPIENT NAME: The Open Line ADDRESS: 452 PENN STREET Pennsburg, PA 18073 RELATIONSHIP: PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 25,000. AMOUNT OF GRANT PAID RECIPIENT NAME: People's Emergency Center ADDRESS: 325 N 39TH STREET Philadelphia, PA 19104 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 50,000. THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: Senior Community Services ADDRESS: 600 SWARTHMORE AVENUE Folsom, PA 19033 **RELATIONSHIP:** N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 23,000. RECIPIENT NAME: The Domestic Abuse Project of Delaware County, Inc ADDRESS: 14 WEST SECOND STREET Media, PA 19063 **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 12,500. RECIPIENT NAME: CARIE ADDRESS: 100 S BROAD ST., SUITE 1500 Philadelphia, PA 19110 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 7,500.

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: Senior Adult Activity Center of the Phoenixville Area ADDRESS: 153 CHURCH STREET Phoenixville, PA 19460 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 8,000. AMOUNT OF GRANT PAID RECIPIENT NAME: Comm Action Agency of Delware County, Inc ADDRESS: GOVERNMENT CENTER 201 W FRONT ST. Media, PA 19063 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 40,000. RECIPIENT NAME: Tabor Children's Services, Inc ADDRESS: 601 NEW BRITAIN ROAD Doylestown, PA 18901 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

PUBLIC CHARITY

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: West Chester Area Senior Center ADDRESS: 530 EAST UNION STREET West Chester, PA 19382 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: Laurel House ADDRESS: PO BOX 764 Norristown, PA 19404 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 15,000. RECIPIENT NAME: Lankenau Institute for Medical Research ADDRESS: 100 LANCASTER AVENUE Wynnwwood, PA 19096 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY

AMOUNT OF GRANT PAID

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: Utility Emergency Services Fund ADDRESS: 1617 JF KENNEDY BLVD. SUITE 490 Philadelphia, PA 19103 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 30,000. AMOUNT OF GRANT PAID RECIPIENT NAME: Arbor House, Inc. ADDRESS: 12003 BUSTLETON AVENUE Philadelphia, PA 19116 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: Camphill Village Kimberton Hills, Inc ADDRESS: 1601 PUGHTOWN RD, PO BOX 1045 Kimberton, PA 19422 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 20,000.

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID `_______ RECIPIENT NAME: Bridge of Hope ADDRESS: 1516 OLIVE STREET Coatesville, PA 19320 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 20,000. RECIPIENT NAME: Project H.O.M.E. ADDRESS: 1515 FAIRMOUNT AVENUE Philadelphia, PA 19130 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 10,000. AMOUNT OF GRANT PAID RECIPIENT NAME: Surrey Services for Seniors ADDRESS: 28 BRIDGE AVENUE Berwyn, PA 19312 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY

AMOUNT OF GRANT PAID

28,500.

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: Northwest Philadelphia Interfaith Hospitality network ADDRESS: 7047 GERMANTOWN AVENUE Philadelaphia, PA 19119 **RELATIONSHIP:** N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 20,000. AMOUNT OF GRANT PAID RECIPIENT NAME: Mother's Home ADDRESS: 51 NORTH MACDADE BLVD. Darby, PA 19023 **RELATIONSHIP:** N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 15,000. AMOUNT OF GRANT PAID RECIPIENT NAME: The Food Trust ADDRESS: 1617 JOHN F KENNEDY BLVD Philadelphia, PA 19103 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 25,000.

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID `__<u>__</u> RECIPIENT NAME: Keystone Hospice ADDRESS: 8765 STENTON AVENUE Wyndmoor, PA 19038 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 34,000. RECIPIENT NAME: Face to Face ADDRESS: 109 EAST PRICE STREET Philadelphia, PA 19144 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 22,000. RECIPIENT NAME: Drexel University College of Medicine ADDRESS: 530 EAST UNION STREET West Chester, PA 19382 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 80,000.

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: One House at a Time ADDRESS: 411 SUSQUEHANNA ROAD Ambler, PA 19002 **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 15,000. AMOUNT OF GRANT PAID RECIPIENT NAME: West Chester University ADDRESS: 700 SOUTH HIGH STREET West Chester, PA 19383-1000 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 83,000. RECIPIENT NAME: Haverford College ADDRESS: 370 LANCASTER AVENUE Haverford, PA 19041-1392 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY

AMOUNT OF GRANT PAID

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: Society of the Holy Child Jesus ADDRESS: 1341 MONTGOMERY AVENUE Rosemont, PA 19010 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 50,000. RECIPIENT NAME: The Wistar Institute ADDRESS: 3601 SPRUCE STREET Philadelphia, PA 19104-4268 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY RECIPIENT NAME: Cheyney University ADDRESS: 1837 UNIVERSITY CIRCLE Cheyney, PA 19319-0200 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY

AMOUNT OF GRANT PAID

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: Philadelphia Ship Perservation Guild ADDRESS: 301 SOUTH COLUMBUS BLVD Philadelphia, PA 19106 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 200,000. AMOUNT OF GRANT PAID RECIPIENT NAME: Child Abuse Prevention Effort ADDRESS: 8001 ROOSEVELT BLVD. SUITE 404 Philadelphia, PA 19152 **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 15,000. RECIPIENT NAME: Penn State Brandywine ADDRESS: 25 YEARSLEY MILL ROAD Media, PA 19063-5596 **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY

AMOUNT OF GRANT PAID

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: Milton S Hershey Medical Center ADDRESS: 500 UNIVERSITY DR, PO BOX 850 Hershey, PA 17033-0850 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 210,000. RECIPIENT NAME: Chester County Food Bank ADDRESS: 1208 HORSESHOE PIKE Downingtown, PA 19335 **RELATIONSHIP:** N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT OF GRANT PAID 50,000. RECIPIENT NAME: The Exuma Foundation c/o Conerstone Family Office LLC 5585 LANDERBROOK DRIVE, SUITE 300 Mayfield Heights, OH 44124 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

PUBLIC CHARITY

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: Comm Health & Education Outreach Inc. ADDRESS: 13-19 MACDADE BLVD. SUITE 108-109 Collingdale, PA 19023 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 25,000. AMOUNT OF GRANT PAID RECIPIENT NAME: Operation Warm ADDRESS: 602 CHADDS FORD DRIVE SUITE 300 Chadds Ford, PA 19317 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 15,000. AMOUNT OF GRANT PAID RECIPIENT NAME: Johns Hopkins University ADDRESS: 720 RUTLAND AVENUE Baltimore, MD 21205-2196 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY 5,738,546. TOTAL GRANTS PAID:

RECIPIENT NAME: Exuma Foundation Conerstone Family Office LLC ADDRESS: 5885 LANDERBROOK DRIVE, SUITE 300 Mayfield Heights, OH 44124 RELATIONSHIP: N/A PURPOSE OF GRANT: SPECIAL GRANT FISCAL 2012-2013 FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT APPROVED FOR FUTURE PAYMENT: RECIPIENT NAME: Philadelphia Ship Preservation Guild ADDRESS: 301 SOUTH COLUMBUS BLVD. Philadelphia, PA 19106 RELATIONSHIP: N/A PURPOSE OF GRANT: CHALLENGE GRANT FISCAL 2012-2013 FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY

AMOUNT APPROVED FOR FUTURE PAYMENT: 100,000.

RECIPIENT NAME:
Society of the Holy Child Jesus
ADDRESS:
1341 MONTGOMERY AVENUE
ROSEMONT, PA 19010
RELATIONSHIP:
N/A
PURPOSE OF GRANT:

FOOD, CLOTHING & SHELTER FISCAL 2012-2013

FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY

THE W W SMITH CHARITABLE TRUST T/U/W 23-6648841 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: Exuma Foundation Conerstone Family Officer LLC 5885 LANDERBROOK DRIVE SUITE 300 Mayfield Heights, OH 44124 RELATIONSHIP: N/APURPOSE OF GRANT: SPECIAL GRANTS FISCAL 2013-2014 FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT APPROVED FOR FUTURE PAYMENT: 25,000. RECIPIENT NAME: Exuma Foundation Cornerstone Family Office LLC ADDRESS: 5885 LANDERBROOK DRIVE SUITE 300 Mayfield Heights, OH 44124 **RELATIONSHIP:** N/APURPOSE OF GRANT: SPECIAL GRANT FISCAL 2014-2015 FOUNDATION STATUS OF RECIPIENT: PUBLIC CHARITY AMOUNT APPROVED FOR FUTURE PAYMENT: 25,000. TOTAL GRANTS APPROVED FOR FUTURE PAYMENT: 183,000.

(Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue Service			separate ap	plication for each return.					
If you are	e filing for ar	Automatic 3-Month Extension, c	nly Part I and check th	ıs box		▶ X			
• If you are	e filing for ar	Additional (Not Automatic) 3-Mo	nth Extens	sion, complete only Pa	rt II (on page 2 of this	s form).			
		<i>unless</i> you have already been gran					3		
a corporation 8868 to re Return for	on required equest an ex Transfers	You can electronically file Form to file Form 990-T), or an addition tension of time to file any of the Associated With Certain Personal details on the electronic filing of the	ial (not aut forms liste l Benefit (comatic) 3-month exten ed in Part I or Part II w Contracts, which must	sion of time. You can ith the exception of f t be sent to the IRS	i electronicall Form 8870, I S in paper f	y file Form Information ormat (see		
		-Month Extension of Time. On							
		to file Form 990-T and requesting				omplete			
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Name of exempt organization or other filer, see ins				Enter filer's identifying number, see instructions Ctions Employer identification number (EIN) or					
Type or				Employer idei			uncation number (EIN) of		
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File by the	THE W W SHITH CHARTTABLE INC				5648841				
due date for	date for					imber (SSN)			
filingyour 200 FOUR FALLS CORPORATE CENTER, STE 300									
return. See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions								
		ONSHOHOCKEN, PA 19428							
Enter the R	eturn code f	or the return that this application is	s for (file a	separate application fo	r each return)		. 0 4		
Application			Return	Application			Return		
Is For			Code	ls For			Code		
Form 990	. ""		01	Form 990-T (corporate	-T (corporation)		07		
Form 990-BL			02	Form 1041-A		08			
			01	Form 4720		09			
Form 990-EZ			04	Form 5227			10		
Form 990-PF					Form 6069				
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)			05	Form 8870			11		
Form 990-	trust otner	tnan above)	06	FORM 8870 12			12		
		care of ► WW SMITH CHARIT			17 0722				
		610)397-1844	_	FAX No ► 336-747-8722					
● If the organization does not have an office or place of business in the United States, check this box									
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is									
for the whole group, check this box ▶ and attach									
a list with the names and EINs of all members the extension is for.									
1 I requ	iest an autor	natic 3-month (6 months for a corp							
until_		02/15_, 20 <u>13</u> , to file the	exempt org	anization return for the	organization named a	above. The ex	ktension is		
for the	e organizatio	on's return for:							
▶	▶ calendar year 20 or								
► X tax year beginning									
	-	ered in line 1 is for less than 12 mo							
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	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ 35,956.								
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							55,550.		
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 82,57									
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS								
(Electronic Federal Tax Payment System) See instructions.									
		ing to make an electronic fund v		with this Form 8868,	see Form 8453-EO	and Form 8	879-EO for		
payment in	structions.								
		and the desiration Annual Control of the				F 00C0	(D 4 00		