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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

Internal F	ent of the Treasury Revenue Service		ındatıon may t	reated as a Privat be able to use a copy of this	return to satisfy state rep	orting requirements.	Open to public Inspection
For cal	endar year 2012	or tax year beginning			, and ending		
Name	of foundation					A Employer identification	ınumber
		RA M SMITH				23-2494804	<u> </u>
	•	AVENUE, PO			Room/suite	B Telephone number 610-670-10	000
_	r town, state, and					C If exemption application is p	pending, check here
<u>WE</u>	ST LAWN,	PA 19609					
G Che	ck all that apply:	Initial retur	n	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
		Final return	1	Amended return		2 5	anting the SEOV test
	<u>-</u>	Address ch	ange	Name change		Foreign organizations me check here and attach or	omputation Lesi,
	eck type of organia	zation: X Section Section (I) nonexempt charitable		empt private foundation Other taxable private found	otion	E If private foundation sta under section 507(b)(1	- 1
		l assets at end of year	J Accounti		Accruat		
	n Part II, col (c)			ther (specify)	Accida	F If the foundation is in a under section 507(b)(1	. —
(11011				mn (d) must be on cash	basis.))(D), check hore
Parl	Analysis of F	levenue and Expenses	ed (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes
		al the amounts in column (100,000.		N/A	(cash basis only)
		gifts, grants, etc., rece		100,000.		IN/A	
1	Interest on savin	if the foundation is not required t gs and temporary	o allacii ocii D	1,024.	1,024		STATEMENT 1
- 1	3 cash investment	s interest from securitie		1,024.	1,024	•	DIRIBHENI I
1	4 Dividends and 5a Gross rents	interest from securities	3				-
	b Net rental incom	a or flags)	•				
	_		han 10	0.			
ã.	Cross sales pris	from sale of assets not on e for all	,000.				
Revenue	b assets on line 6a 7 Capital gain net	income (from Part IV, line 2)			0	_	
8	8 Net short-tern			· · · · · · · · · · · · · · · · · · ·			
i	· .	Income modifications				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
- 1.	Oa and allowances				· · · · · · · · · · · · · · · · · · ·	1.1119	
1	b_Less Cost of go	ods sold					
	c Gross profit o						
1	1 Other income	, ,					
1	2 Total Add in	es 1 through 11		101,024.	1,024		
1	3 Compensation of	of officers, directors, trustee	s, etc	0.	0		· · · · · · · · · · · · · · · · · · ·
1	4 Other employ	ee salaries and wages				- Land Walter .	2013
_ 1	5 Pension plans	, employee benefits				1 " "".	
8 1	6a Legal fees					1 1	
Del	b Accounting fe		MT 2	2,075.	2,075		(
and Administrative Expenses	c Other profess	onal fees S7	TMT 3	10,000.	10,000	•	(
<u>§</u> 1	7 Interest						
E 1	8 Taxes						
을 1	9 Depreciation	and depletion				-	
동 2	Occupancy						
₹ 2		ences, and meetings					
E 2	2 Printing and p		ns em . 4	2 606	2 606	 	
.B 2	3 Other expens		CMT 4	2,606.	2,606	•	
Operating	•	ng and administrative		14 601	14 601		,
۔ اق	•	ld lines 13 through 23		14,681. 53,084.	14,681	•	53,084
2		, gifts, grants paid		53,004.	 		33,084
2	_	es and disbursements	•	67,765.	14,681		53,084
-	Add lines 24	ana 25 26 from line 12;	<u> </u>	01,105.	14,001	-	33,004
2				33,259.			
		ue over expenses and disb nt income (if negative, er		33,439.	0	-	
		income (if negative, enter		<u> </u>	1	N/A	
	→ Mujubicu ilči	mounts in negative, enter	~ /	i	1	1 44	_1

			T	Beginning of year	End of	vear
Р	<u>art</u>	II. Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	ŀ	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing		472,614.	875,841.	875,841.
		Savings and temporary cash investments	-	472,014.	0/3/041.	0/3/041.
	ļ.	Accounts receivable	F			
	"	Less: allowance for doubtful accounts	\dashv		•	
		Pledges receivable	\dashv			
	"	Less; allowance for doubtful accounts	\dashv			
		Grants receivable	_			
	1		ŀ		·	
	0	Receivables due from officers, directors, trustees, and other				
	_	disqualified persons	ŀ			
	1	Other notes and loans receivable				
		Less: allowance for doubtful accounts	+			
Assets	1 -	Inventories for sale or use	ŀ			·
ASS		Prepaid expenses and deferred charges	-	250 057		
	1	Investments - U.S. and state government obligations STMT 5	-	359,957.	0.	0.
	l	Investments - corporate stock	-	10 000		
	1	Investments - corporate bonds STMT 6	-	10,000.	0.	0.
	11	Investments - land, buildings, and equipment basis		-		
		Less accumulated depreciation	\rightarrow		-	
	12	Investments - mortgage loans	-			
	13	Investments - other STMT 7	-	50,000.	50,000.	31,771.
	14	Land, buildings, and equipment; basis ►				
		Less accumulated depreciation				
	15	Other assets (describe ► ACCRUED INCOME	_)	43.	32.	32.
_	16	Total assets (to be completed by all filers)		892,614.	925,873.	907,644.
	17	Accounts payable and accrued expenses				
	18	Grants payable .				
S	19	Deferred revenue .	Į			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	Ĺ			
jab	21	Mortgages and other notes payable				
=	22	Other liabilities (describe >	_) [
			- 1			
	23	Total liabilities (add lines 17 through 22)		0.	0.	
		Foundations that follow SFAS 117, check here]			
		and complete lines 24 through 26 and lines 30 and 31.				
Ses	24	Unrestricted				
<u>a</u>	25	Temporarily restricted				
Ba	26	Permanently restricted				
Assets or Fund Balances		Foundations that do not follow SFAS 117, check here	ו כ			
Ī		and complete lines 27 through 31.				
50	27	Capital stock, trust principal, or current funds		0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	; [892,614.	925,873.	
Net	30	Total net assets or fund balances	Ī	892,614.	925,873.	
_			Ī		· ·	
	31	Total liabilities and net assets/fund balances		892,614.	925,873.	
			4 D			
ГБ	art	III Alialysis of Changes in Net Assets of Full	u D	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a)	, line	30		
		st agree with end-of-year figure reported on prior year's return)				892,614.
2		r amount from Part I, line 27a			2	33,259.
		r increases not included in line 2 (itemize)			3	0.
		lines 1, 2, and 3	-		4	925,873.
		eases not included in line 2 (itemize)		•	5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part	II, co	lumn (b), line 30	6	925,873.
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8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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266,008.

53,084.

0.

Multiply line 4 by line 3

Add lines 5 and 6

Enter 1% of net investment income (1% of Part I, line 27b)

5

7

	m 990-PF (2012) E.G. & KLARA M SMITH FOUNDATION 23-	249480	4	<u> </u>	age 4	
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see insi	truc	lion	5)	
1a	a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.	1				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				^	
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	 			0.	
	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).				,	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	 			<u>0.</u>	
-	· · · · · · · · · · · · · · · · · · ·	 			0.	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.	
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				0.	
	a 2012 estimated tax payments and 2011 overpayment credited to 2012 6a 9.					
	b Exempt foreign organizations - tax withheld at source					
	c Tax paid with application for extension of time to file (Form 8868)					
đ	d Backup withholding erroneously withheld					
	Total credits and payments. Add lines 6a through 6d				<u>9.</u>	
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	ļ <u>.</u>				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				9.	
	Enter the amount of line 10 to be: Credited to 2013 estimated tax	<u> </u>			0.	
Pa	art VII-A Statements Regarding Activities					
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<u> </u>	_ Y	es	No	
	any political campaign?	<u> </u>	a	_	<u>X</u>	
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1	b L	\perp	<u>X</u>	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		ĺ		,	
	distributed by the foundation in connection with the activities.		i		,	
C	c Did the foundation file Form 1120-POL for this year?	<u> </u>	c L		<u>X</u>	
đ	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1			
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$		1		1	
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$ 0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	_2	<u> </u>		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 incorporation, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					
4a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4	a L		<u> </u>	
b	b If "Yes," has it filed a tax return on Form 990-T for this year?	I/A <u> 4</u>	b L			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<u></u> ;	<u> </u>		<u>X</u>	
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	}				
	remain in the governing instrument?		3 3	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year?	<u></u>	, :	X		
	If "Yes," complete Part II, col. (c), and Part XV.			ŀ		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	PA					
b	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation	. 8	b :	X		
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			T	_	
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	_ (,		X	
10	10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses					

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orm 990-PF (2012) E.G. & KLARA M SMITH FOU	NDATION		<u>23-24948</u>	<u> 304</u>	Page'6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,			
any voter registration drive?		Ye	es 🗶 No 📗		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	>	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational ourposes, or f				
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the excentions described i	•			
section 53.4945 or in a current notice regarding disaster assistance (see instru		iii riogalationo	N/A	5b	
Organizations relying on a current notice regarding disaster assistance cleeck his		•		"	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		unnd		ŀ	
		. —	es 🔲 No		İ
expenditure responsibility for the grant?		I/A ∟ Ye	S L NO		
If "Yes," attach the statement required by Regulations section 53.4945	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		[17]		
a personal benefit contract?		<u></u>	es X No	_	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		Ļ	6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y∈	es 🗶 No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Truste	ees, Foundation Ma	nagers, Highly	/		
Palu Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their	•		(-1)	 _	
(-) Nome and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e)) Expense ount, other
(a) Name and address	to position	enter -0-)	and deferred compensation	al	lowances
SEE STATEMENT 8		0.	0.	.	0.
				1	
				1	
		·		+	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE "			
Compensation of five highest-paid employees (other than those me	(b) Title, and average	enter NONE.	(d) Contributions to employee benefit plans) Expense
(a) Name and address of each employee paid more than \$50,000	` 'hours per week "	(c) Compensation	and deferred	acc	ount, other
	devoted to position		compensation	+ ai	lowances
NONE				1	
			 	1	
				∔—	
		•			
			<u> </u>	. [
Cotal number of other employees paid over \$50,000					0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Con	pensation
NONE		
Total number of others receiving over \$50,000 for professional services	•	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expense	s
1 RAISES REVENUES FOR CHARITABLE ORGANIZATIONS AND DISTRIBUTES		
THESE FUNDS TO RELIGOUS, EDUCATIONAL AND MEDICAL	_	
ORGANIZATIONS	_	<u> </u>
2	_	
	_	
		
3	\dashv	
	-	
A		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount	
1 <u>N/A</u>	_	
	4	
2		
All other program-related investments. See instructions.	+	
3	_	
Total. Add lines 1 through 3		0.
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Ρ	art X Minimum Investment Return (All domestic foundation	ons must complete this part. F	oreign foundations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out chi	arıtable, etc., purposes:		
a	Average monthly fair market value of securities		1a	324,522.
	Average of monthly cash balances		1b	506,603.
	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	831,125.
	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	1e	0.	
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d	_	3	831,125.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater an	nount, see instructions)	4	12,467.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here		5	818,658.
6	Minimum investment return Enter 5% of line 5		6	40,933.
Р	art XI Distributable Amount (see instructions) (Section 4942(j		undations and certain	
1	Minimum investment return from Part X, line 6		1	40,933.
2a	Tax on investment income for 2012 from Part VI, line 5	2a		
b	Income tax for 2012. (This does not include the tax from Part VI.)	2b		
C	Add lines 2a and 2b		2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	40,933.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	40,933.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and o	n Part XIII, line 1	7	40,933.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc.	c., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		. 1a	53,084. 0.
b	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out c	harıtable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, lin	e 8, and Part XIII, line 4	4	53,084
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on no	et investment		
	income. Enter 1% of Part I, line 27b		5	0,
6	Adjusted qualifying distributions. Subtract line 5 from line 4		_6	53,084.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent v	ears when calculating whether the	foundation qualifies for th	e section

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,		·		
line 7				40,933.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007 195,587.				
b From 2008 235, 192.				
c From 2009 92,635.				
d From 2010 86,529.				
e From 2011 108, 277.				
f Total of lines 3a through e	718,220.			
4 Qualifying distributions for 2012 from	•			
Part XII, line 4: ►\$ 53,084.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			•	
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				40,933.
e Remaining amount distributed out of corpus	12,151.			
5 Excess distributions carryover applied to 2012	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	730,371.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line	-	•		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				<u></u> .
not applied on line 5 or line 7	195,587.			
9 Excess distributions carryover to 2013.	133/3071			
Subtract lines 7 and 8 from line 6a	534,784.			
10 Analysis of line 9:				
a Excess from 2008 235, 192.				
b Excess from 2009 92,635.				
c Excess from 2010 86,529.				
d Excess from 2011 108, 277.				
e Excess from 2012 12, 151.				
6 LAGO33 HOHI 2012 12,131 •			L	Form 990-DF (2012)

		TH FOUNDATI			94804 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	it it is a private operating			
foundation, and the ruling is effective fo	r 2012, enter the date of	the ruling	▶		
b Check box to indicate whether the foun	dation is a private operati	ing foundation described i	n section	4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
	· · · · · · · · · · · · · · · · · · ·				
c Qualifying distributions from Part XII,					
line 4 for each year listed				-	··
d Amounts included in line 2c not					
used directly for active conduct of				-	
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c				ı.	
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		<u> </u>			
• •	1				
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on			1		
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization		+			
• •					
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	ate this part only	if the foundation	n had \$5 000 or me	ore in accete
at any time during			ii ule loulidatio	ii nau \$5,000 or iii	He III assets
		detions.,			
1 Information Regarding Foundation					
a List any managers of the foundation w			ributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed	more than \$5,000). (See	section 507(d)(2).)			
NONE					
b List any managers of the foundation w	no own 10% or more of t	he stock of a corporation	(or an equally large port	tion of the ownership of a p	artnership or
other entity) of which the foundation ha					·
NONE					
2 Information Regarding Contribute	tion Grant Gift Loar	Sobolarship etc. Di	rograme		
Check here ▶ 🗶 if the foundation	only makes contributions	to preselected charitable	organizations and does		
the foundation makes gifts, grants, etc.	(see instructions) to ind	ividuals or organizations i	ınder other conditions, i	complete items 2a, b, c, and	1 d.
a The name, address, and telephone num	nber or e-mail of the pers	on to whom applications :	should be addressed:		
b The form in which applications should	be submitted and inform	ation and materials they s	hould include:		
c Any submission deadlines:					
			· · · · · · · · · · · · · · · · · · ·		
d Any restrictions or limitations on award	ls, such as by geographic	cal areas, charitable fields,	, kınds of ınstıtutıons, or	other factors;	
223601 12-05-12					Form 990-PF (2012)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year PUBLIC CHARITY RELIGIOUS CHURCH EXTENSION MINISTRIES PO BOX 753 1,000. WHITEHALL PA 18052 CITY LIGHT MINISTRY PUBLIC CHARITY RELIGIOUS 246 NORTH NINTH STREET 10,000. READING PA 19601 PUBLIC CHARITY RELIGIOUS GLAD TIDINGS ASSEMBLY OF GOD 1110 SNYDER ROAD 20,000. WEST LAWN PA 19609 PUBLIC CHARITY RELIGIOUS READING DOVE CHRISTIAN MINISTRY 621 CENTRE AVENUE 250. READING PA 19601 SRPING VALLEY CHURCH OF GOD PUBLIC CHARITY RELIGIOUS PO BOX 14143 10,000 READING PA 19612-4143 SEE CONTINUATION SHEET(S) 53.084. Total b Approved for future payment NONE **▶** 3b Total

Form 990-PF (2012)

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

Enter gross amounts unless otherwise indicated.	Unrelated	business income		d by section 512, 513, or 514	(e)	
-	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income	
1 Program service revenue:	code		- Code			
a	-		-			
b	-	.=		+		
		_	-			
de					<u>,</u>	
f		-				
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash				1 224		
investments			14	1,024.		
4 Dividends and interest from securities	-			<u> </u>		
5 Net rental income or (loss) from real estate:						
a Debt-financed property		-				
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			18			
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a	_					
b						
C	_					
d	_		_			
e	_					
12 Subtotal. Add columns (b), (d), and (e)			0.	1,024.		
13 Total. Add line 12, columns (b), (d), and (e)	•			13	1,024.	
(See worksheet in line 13 instructions to verify calculations.)	<u> </u>					

\dashv	the foundation's exempt purposes (other than by providing funds for such purposes).
+	
\dashv	
-	
i	
1	
-	

12-05-12

Parl	XVII	Information Re Exempt Organi		sfers To a	nd Transactions a	and Relationsl	nips With Non	charitable	e	
1 D	ud the ere			of the following	g with any other organizati	on described in secti	on 501(c) of		Yes	No
					7, relating to political organ		on 00 1(0) or	į		
	•	rom the reporting founda	• •							
	1) Cash	rom and reporting rounds		, in the same in production	,			1a(1)		_X_
•	2) Other	assets	•			-		1a(2)		Х
	ther trans									
(1) Sales	of assets to a noncharital	ble exempt organizat	ion				1b(1)		X
•	•	ases of assets from a nor						1b(2)		Х
(3) Renta	of facilities, equipment, (or other assets		-			1b(3)		_X_
(4) Reimb	ursement arrangements						1b(4)	<u> </u>	X
(5) Loans	or loan guarantees					-	1b(5)	ļ	X
(6) Perfoi	mance of services or me	mbership or fundrais	sing solicitation	ns			1b(6)		<u>X</u> _
		facilities, equipment, ma						1c	L	<u> </u>
					dule. Column (b) should al				sets,	
					ed less than fair market val	ue in any transaction	or sharing arranger	nent, show in		
) the value of the goods,			avamet arganization	(4) -				
(a) Line	ono	(b) Amount involved	(c) Name of		exempt organization	(U) Description	of transfers, transaction	ns, and snaring a	rangeme	ents
				N/A						
			<u> </u>				•			
								<u> </u>		
						-				
				•			·			
								······································		
		1107								
	<u> </u>									
										
2a	s the four	ndation directly or indirec	tly affiliated with, or r	related to, one	or more tax-exempt organ	izations described				_
ı	n section	501(c) of the Code (othe	r than section 501(c))(3)) or in sect	ion 527?			Yes	X	No
<u>b</u> i	f "Yes," co	mplete the following sch								
		(a) Name of org	ganization		(b) Type of organization		(c) Description of re	lationship		
		N/A								
						 				
						 				
		 								
	Linder	negatives of persons I declare	that I have examined thi	s return uncludin	lg accompanying schedules an	d statements, and to the	best of my knowledge			
Sig	and be	elief-it is true, correct, and cor	mplete Declaration of pr	eparer (other tha	n taxpayer) is based on all infor	mation of which prepare	has any knowledge	May the IRS return with t	he prepa	rer
Her	e L	Janis X	Willer		111-13-13	URER	IANI/INEA	shown below		¬ '
	I F _	nature of officer or trustee	-02021		Date	Title			s	_ No
	Oigi	Print/Type preparer's na		Preparer's s	·	Date	Check If	PTIN		
		JAYNE R. S			U		self- employed			
Pai	d	CPA	, Chade e ba j	TAYNE	R. SCHAEFFE	11/06/13		P00008	3294	
	parer	Firm's name HER	RBEIN + CC	MPANY,			Firm's EIN ▶ 2			-
	Only	Tallia liant P 11111							•	
	•	Firm's address ▶ 27	63 CENTUR	Y BOUL	EVARD		1			
		1	EADING, PA				Phone no. (610) <u>3</u>	7 <u>8</u> -1	.1 75
-								Form 99		

Schedule B

(Form 990, 990-₹Z, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2012

Employer identification number

E.G. & KLARA M SMITH FOUNDATION 23-2494804 Organization type (check one). Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor, Complete Parts I and II **Special Rules** ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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

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

Name of organization

Employer identification number

E.G. & KLARA M SMITH FOUNDATION

23-2494804

Part I	Contributors (see instructions) Use duplicate copies of Part I	rf additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TERRE HILL CONCRETE PO BOX 10 TERRE HILL, PA 17581	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

E.G. & KLARA M SMITH FOUNDATION

23-2494804

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			00. 000.E7 or 000.PE\(2012\)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2012)		Page 4
Name of org	anization		Employer identification number
E.C. (KLARA M SMITH FOUNDAY	PT ON	23-2494804
Part III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, and Use duplicate copies of Part III if addition	lividual contributions to section 501(c the following line entry. For organization etc., contributions of \$1,000 or less for	c)(7), (8), or (10) organizations that total more than \$1,000 for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
raiti			
}		(e) Transfer of gif	ft
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gir	ft
	Transferee's name, address,		Relationship of transferor to transferee
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		-	
		(e) Transfer of gi	ft
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
! 		(e) Transfer of gi	ft
	Transferee's name, address,		Relationship of transferor to transferee

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient PUBLIC CHARITY EDUCATION CENTER FOR PARENT/YOUTH UNDERSTANDING PO BOX 414 2,000. ELIZABETHTOWN PA 17022 PUBLIC CHARITY EDUCATION BERKS CATHOLIC 1400 HILL RD 500. READING PA 19602 UNITED WAY OF BERKS COUNTY PUBLIC CHARITY EDUCATION 501 WASHINGTON STREET 8,334. READING PA 19603 OLIVET BOYS & GIRLS CLUB OF BERKS PUBLIC CHARITY EDUCATION 1161 PERSHING BLVD READING PA 19611 1,000. 11.834. Total from continuation sheets

NGS AND TEM	PORARY CASH IN	IVESTMENTS	STATEMENT	1	
			TRUOMA		
•		-	46 55		
LINE 3, CO	LUMN A	=	1,02	4.	
ACCOUNTI	NG FEES		STATEMENT 2		
2,075.	2,075.			0.	
2,075.	2,075.			0.	
THER PROFES	SIONAL FEES		STATEMENT		
(A) EXPENSES PER BOOKS					
10,000.	10,000.	· · · · · · · · · · · · · · · · · · ·		0.	
10,000.	10,000.			0.	
OTHER E	XPENSES		STATEMENT	4	
(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM			
EXPENSES	NET INVEST-	ADJUSTED	CHARITAB E PURPOSE		
	ACCOUNTING (A) EXPENSES PER BOOKS 2,075. 2,075. OTHER PROFES (A) EXPENSES PER BOOKS 10,000. 10,000.	ACCOUNTING FEES (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME 2,075. 2,075. 2,075. 2,075. OTHER PROFESSIONAL FEES (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME 10,000. 10,000.	ACCOUNTING FEES (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME NET INCOM 2,075. 2,075. 2,075. 2,075. OTHER PROFESSIONAL FEES (A) (B) (C) EXPENSES NET INVEST- PER BOOKS MENT INCOME NET INCOM 10,000. 10,000. 10,000. 10,000.	AMOUNT 46 55 LINE 3, COLUMN A 1,02 ACCOUNTING FEES STATEMENT (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME 2,075. 2,075. 2,075. 2,075. THER PROFESSIONAL FEES STATEMENT (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME (A) (B) EXPENSES NET INVEST- PER BOOKS MENT INCOME 10,000. 10,000. 10,000.	

FORM 990-PF U.S. AND STATE	re/CITY GO	VERNMENT	OBLIGATIONS	STATEMENT	5
DESCRIPTION	U.S. GOV'T		BOOK VALUE	FAIR MARKE	Г
GOVERNMENT BONDS	X		0.		0.
TOTAL U.S. GOVERNMENT OBLIGATION	NS				
TOTAL STATE AND MUNICIPAL GOVERN	NMENT OBLI	GATIONS			
TOTAL TO FORM 990-PF, PART II,	LINE 10A	_	0.		0.
FORM 990-PF	CORPORATE	BONDS		STATEMENT	6
DESCRIPTION			BOOK VALUE	FAIR MARKE	Г
CORPORATE BONDS		-	0.		0.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	=	0.		0.
FORM 990-PF	OTHER INVE	STMENTS		STATEMENT	7
FORM 990-PF CONTROL OF THE PROPERTY OF THE PRO	VAL	STMENTS UATION THOD	BOOK VALUE	STATEMENT FAIR MARKE	7 T
	VAL ME	UATION	BOOK VALUE	FAIR MARKE	T

	T OF OFFICERS, DIRECTORS STATEMENT FOUNDATION MANAGERS				
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
JANIS L. WELLER 112 SEDONA DRIVE WYOMISSING, PA 19610	CHAIRMAN 1.00	0.	0.	0.	
EDWIN G. SMITH 535 GRINGS HILL ROAD SINKING SPRING, PA 19608	PRESIDENT 1.00	0.	0.	0.	
JULIE A. FRY 1644 EAST THISTLE DRIVE WYOMISSING, PA 19610	SECRETARY/TREAS	SURER 0.	0.	0.	
JOHN GLASS 155 HAWTHORNE COURT WYOMISSING, PA 19610	VICE PRESIDENT 1.00	0.	0.	0.	
JEFFREY A. SMITH PO BOX 8 TERRE HILL, PA 17581	VICE PRESIDENT 1.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE (- 5, PART VIII =	0.	0.	0.	

Form 8868 (Rev. 1-2013)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this	s box		X
Note. Only complete Part II if you have already been granted an a				8868.	
• If you are filing for an Automatic 3-Month Extension, comple					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies needed).	
		Enter filer's	identifyi	ng number, see ins	tructions
Type or Name of exempt organization or other filer, see instru	ctions		Employe	r identification numl	ber (EIN) or
print					
File by the E.G. & KLARA M SMITH FOUNDATE		23-249480) 4		
due date for Number, street, and room or suite no. If a P.O. box, s		tions.	Social se	cunty number (SSN	1)
return See 3333 PENN AVENUE, PO BOX 26!					
City, town of post office, state, and Zir code For a for	oreign add	dress, see instructions.			
WEST LAWN, PA 19609		· · · · · · · · · · · · · · · · · · ·			
Enter the Return code for the return that this application is for (file	a conara	ite application for each return)			0 4
cities the neturn code for the return that this application is for the	a separa	te application for each return).	• •	•	
Application	Return	Application		. 	Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	1			-
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870	·		12
STOP! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	ed Form 8868.	
JULIE A. FRY					
 The books are in the care of ► 1644 EAST THIST 	rle di		<u>PA 1</u>	9610	
Telephone No. ► 610-376-4248		FAX No. >			
 If the organization does not have an office or place of business 				▶	
If this is for a Group Return, enter the organization's four digit (1	· · · · · · · · · · · · · · · · · · ·		= -	
box ▶ . If it is for part of the group, check this box ▶.		ach a list with the names and EINs of	all memb	ers the extension is	for.
· · · · · · · · · · · · · · · · · · ·	NOVEM.	BER 15, 2013.			
5 For calendar year 2012, or other tax year beginning		, and ending			·
6 If the tax year entered in line 5 is for less than 12 months, cl	heck reas	on Initial return	Final r	etum	
Change in accounting period					
7 State in detail why you need the extension AN ADDITIONAL EXTENSION OF TIME	Æ ΨΩ	FILE IS REQUESTED	λCN	יסיי אדד.	
INFORMATION HAS BEEN RECEIVED) NT
INFORMATION HAS BEEN RECEIVED	10 1.	THE A COMPLETE AND	<u>AÇC</u> U	WHIR WEIGH	ш.
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069-e	nter the tentative tax less any	<u> </u>		··
nonrefundable credits. See instructions.	, 0000, 0	The the tentative tax, less any	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and estimated			
tax payments made. Include any prior year overpayment all	•				
previously with Form 8868.			8b	s	9.
c Balance due. Subtract line 8b from line 8a. Include your pa	yment wit	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See instr.	actions.		8c	\$	0.
Signature and Verificat	ion mu	st be completed for Part II o	nly.		
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this form.	ing accomp orm.	panying schedules and statements, and to	the best o	of my knowledge and b	elief,
Signature Daniel Threshor Title > (CPA		Date	> शकाउ	

Form 8868 (Rev. 1-2013)