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Forth 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

| Fo | r cal | endar year 2013 or tax year beginning | | 10 | /01 ,2 | 013, an <u>d en</u> d | ing | | | 09/3 <u>0</u> , 20 14 |
|----------------|----------|---|--------------------------|----------------|--|-----------------------|--|---------------------------------------|---------------|--|
| 1 | lame | of foundation | | | | | | A Emplo | yer identi | fication number |
| 7 | CHE | MATTHEW & TRACY SMITH FOUNDA | TION | | | | | 27-0 | 597402 | 20 |
| _ | lumbe | er and street (or P O box number if mail is not delivered | to street a | iddress) | | Room/sui | te I | B Telephone number (see instructions) | | |
| (| C/O | ANCHIN BLOCK & ANCHIN, LLP | | | | | | (2: | 12) 840-3456 | |
| | 1375 | BROADWAY | | | | | | | | |
| _ | | town, state or province, country, and ZIP or foreign pos | tal code | _ | | | | | | |
| | | | | | | | | C If exem | ption applic | cation is |
| 1 | VEW | YORK, NY 10018 | | | | | | pendin | , check her | e |
| _ | | ck all that apply Initial return | | Initial return | of a form | er nublic cha | rity | _ | | |
| J | Cile | Final return | | Amended re | | er public eria | ,,,, | | | ations, check here ations meeting the |
| | | Address change | | | | | | 85% | test, check | here and attach |
| _ | <u> </u> | | 0)(3) 0)(| Name chang | | | | com | putation . | |
| 7 | _ | ck type of organization X Section 501(| $\overline{}$ | | | | [1 | | | on status was terminated |
| Ť | | ection 4947(a)(1) nonexempt charitable trust | | her taxable pr | | Accrual | | | | (b)(1)(A), check here |
| ' | | | | nethod XC | | Acciual | | | | s in a 60-month termination |
| | | | | ecify) | | | | under | section 507(I | b)(1)(B), check here |
| | | | coiumn | (d) must be on | casn bas | sis) | | | | (d) Disbursements |
| E | art l | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) | | evenue and | (b) Net | investment | (c |) Adjuste | ed net | for charitable |
| | | may not necessarily equal the amounts in | expenses per books incom | | | | | е | purposes | |
| _ | | column (a) (see instructions)) | | | | | <u> </u> | | | (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule) | | 500,500. | | | | | | . |
| | 2 | Check Lattach Sch B | | | | | | | | |
| | 3 | Interest on savings and temporary cash investments | | | | | | | | |
| | 4 | Dividends and interest from securities | | 57,586. | | 57 , 586. | | | | <u> </u> |
| l | 5 a | Gross rents | | | | | | | | |
| | ь | Net rental income or (loss) | | | | | L | | | |
| 9 | 6 a | Net gain or (loss) from sale of assets not on line 10 | | 101,346. | | | <u> </u> | | | |
| ᆲ | b | Gross sales price for all 2,200,161. | | | | | | | | |
| Revenue | 7 | Capital gain net income (from Part IV, line 2) | | | | 101,346. | | | | |
| ~ | 8 | Net short-term capital gain | | | | | | | | |
| | 9 | Income modifications | | | | RECEN | ED | | | |
| | 10 a | Gross sales less returns and allowances • • • • • | | | 8 | HEUE | See the | -7 U | 1 | |
| | b | Less Cost of goods sold . | | | | | | 200 | <u>i</u> | |
| | c | Gross profit or (loss) (attach schedule) | | | ્રિજુ | AUG I # | 201 | | | |
| J | 11 | Other income (attach schedule) | | | | | | <u> </u> | 1 | |
| | 12 | Total. Add lines 1 through 11 | | 659,432. | | ÖĞDEN | 100 | 7 | | |
| ٦ | 13 | Compensation of officers, directors, trustees, etc | | 0 | L | OGULI | | | <u> </u> | |
| ر _م | | Other employee salaries and wages | | | | | | | | |
| Se | 14 15 | Pension plans, employee benefits | | | | | | | | |
| _ | - | Legal fees (attach schedule) | | | | | | | | |
| -51 | | Accounting fees (attach schedule) | | | | | | | | |
| 9 | | Other professional fees (attach schedule) . * | | 12,911. | | 12,911. | | | | |
| rati | 17 | Interest | | | | | | | | |
| ist | 18 | Taxes (attach schedule) (see instructions) | | | | | | | | |
| 들 | 19 | Depreciation (attach schedule) and depletion. | | | | _ | | | | |
| μþ | 20 | Occupancy | | | | | | | | |
| þ | 21 | Travel, conferences, and meetings | | | | | T | | | |
| an | 21 22 | Printing and publications | | | | | | | | |
| ng | 23 | Other expenses (attach schedule) | | | | | | | | |
| Operating | 24 | Total operating and administrative expenses. | | | · · · · · | | i | | | |
| be | | Add lines 13 through 23 | | 12,911. | | 12,911. | | | | |
| 0 | 25 | Contributions, gifts, grants paid | | 391,797. | | | † | | | 391,797 |
| | 26 | Total expenses and disbursements Add lines 24 and 25 | | 404,708. | <u> </u> | 12,911. | † | | | 391,797 |
| _ | 27 | Subtract line 26 from line 12 | | | | | | | | |
| | | Excess of revenue over expenses and disbursements | | 254,724. | | | | | | |
| | | Net investment income (if negative, enter -0-) | ··· | , | | 146,021. | | | _ | |
| | | Adjusted net income (if negative, enter -0-). | | | | | 1 | | | |
| | · | | 1 | | | | 1 | | | |

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| Part I | Attached schedules and amounts in the Balance Sheets description column should be for end-of-year | Beginning of year | End of | year |
|-------------------------|--|-------------------------------|----------------|-----------------------|
| Part I | amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 | Cash - non-interest-bearing | 23,336. | 120,039. | 120,039 |
| 2 | Savings and temporary cash investments | 11,704. | | |
| 3 | Accounts receivable ▶ | | | |
| - | Less allowance for doubtful accounts ▶ | | | |
| 4 | Pledges receivable | | | |
| 1 ~ | Less allowance for doubtful accounts ▶ | | | |
| 5 | Grants receivable | 1 | | , - |
| 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 ▶ | <u> </u> | | |
| Assets 6 8 | Inventories for sale or use | | | |
| 9 | Prepaid expenses and deferred charges | + | - | |
| i lu a | Investments - U.S. and state government obligations (attach schedule). | | 2 450 552 | 2,450,552 |
| | Investments - corporate stock (attach schedule) ATCH 2 | 2,218,135. | 2,450,552. | 2,430,332 |
| 11 C | Investments - corporate bonds (attach schedule) | | | |
| 12 13 14 | Investments - mortgage loans | | | |
| | equipment basis Less accumulated depreciation (attach schedule) | | | |
| 15 | Other assets (describe | 10,000. | 11,000. | 11,000 |
| 16 | Total assets (to be completed by all filers - see the | | | |
| \bot | instructions Also, see page 1, item I) | 2,263,175. | 2,581,591. | 2,581,591 |
| 17 | Accounts payable and accrued expenses | | | |
| 18 | Grants payable | | | |
| ន្ត 19 | Deferred revenue | | | |
| ⊉ 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Liabilities 20 21 20 22 | Mortgages and other notes payable (attach schedule) | | | |
| 22 | Other liabilities (describe ATCH_4) | | 62,921. | |
| | | | | |
| 23 | Total liabilities (add lines 17 through 22) | 0 | 62,921. | |
| Ses | Foundations that follow SFAS 117, check here . ▶ and complete lines 24 through 26 and lines 30 and 31. | | | |
| alances 24 25 | Unrestricted | | | |
| | Temporarily restricted | | | |
| Ennd B | Permanently restricted | | | |
| ᇍ | Foundations that do not follow SFAS 117, ▶ 🗓 | | | |
| <u> </u> | check here and complete lines 27 through 31. | | | |
| <u>د</u> 27 | Capital stock, trust principal, or current funds | | | |
| Assets 0 22 28 29 22 | Paid-in or capital surplus, or land, bldg, and equipment fund | 2 262 175 | 2 510 670 | |
| ĕ 29 | Retained earnings, accumulated income, endowment, or other funds | 2,263,175. | 2,518,670. | |
| 30 31 | Total net assets or fund balances (see instructions) | 2,263,175. | 2,518,670. | |
| 31 | Total liabilities and net assets/fund balances (see | | | |
| | instructions) | 2,263,175. | 2,581,591. | |
| | Analysis of Changes in Net Assets or Fund | | | |
| | al net assets or fund balances at beginning of year - Part | | | |
| | | | | 2,263,175 |
| | er amount from Part I, line 27a | | 2 | 254,724 |
| 3 Oth | and the contract of the contra | | 9 | 771 |
| 4 Add | d lines 1, 2, and 3 | | 4 | 2,518,670 |
| 5 De | | | _ | |
| 6 Tot | creases not included in line 2 (itemize) ► | line 5) - Part II, column (b) | , line 30 6 | 2,518,670 |

Page 3

| Part IV Capital Gains | and Losses for Tax on Inve | estment Income | | | |
|--|---|--|---|---|----------------------------------|
| | describe the kind(s) of property sold (cick warehouse, or common stock, 200 | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
| 1a SEE PART IV SCHEI | DULE | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | T | | | |
| (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 | ns (g) |
| <u>a</u> | | | İ | | |
| <u>b</u> | | | | | |
| d d | | | | _ | |
| e | | | | | |
| | showing gain in column (h) and owne | d by the foundation on 12/31/69 | <i>(</i>) | Gains (Col (h) g | ain 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 |
| a | | | | | _ |
| b | | | | · | |
| С | | | | | |
| d | | | | | |
| е | | | | | <u> </u> |
| 2 Gapital gain net income or | | gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7 | 2 | | 101,346. |
| 3 Net short-term capital gain | or (loss) as defined in sections 12 | 222(5) and (6) | | | |
| If gain, also enter in Par | t I, line 8, column (c) (see inst | ructions) If (loss), enter -0- in $\}$ | 1 | | |
| Part I, line 8 | <u></u> | <u></u> | 3 | | 0 |
| Part V Qualification | Inder Section 4940(e) for Re | duced Tax on Net Investment I | ncome | | |
| | the section 4942 tax on the distrib | outable amount of any year in the b | ase period | d? | Yes X No |
| | not qualify under section 4940(e) | , see the instructions before making | a any entr | | |
| (a) | | | any enti | (d) | |
| Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of nonchantable-use assets | | Distribution r (col (b) divided by | |
| 2012 | 501,659. | 2,360,124. | | | 0.212556 |
| 2011 | 180,063. | 2,578,541. | | | 0.069831 |
| 2010 | 136,200. | 2,896,632. | | | 0.047020 |
| 2009 | | | | | |
| 2008 | | ļ | | | |
| | | | | | |
| 2 Total of line 1, column (d) | | | 2 | | 0.329407 |
| | for the 5-year base period - divide | | 1 | | |
| number of years the found | dation has been in existence if less | s than 5 years | 3 | | 0.065881 |
| 4 Enter the net value of nor | scharitable-use assets for 2013 fro | om Part X, line 5 | 4 | 2, | 558,164. |
| 5 Multiply line 4 by line 3 | | | 5 | | 168,534. |
| 6 Enter 1% of net investme | nt income (1% of Part I, line 27b) | | 6 | | 1,460. |
| 7 Add lines 5 and 6 | | | 7 | | 169,994. |
| 8 Enter qualifying distribution If line 8 is equal to or great VI instructions | eater than line 7, check the box | in Part VI, line 1b, and complete | 8 that part | using a 1% ta | 391,797. x rate See the |

| Par | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in | nstru | ctions | \$) | | | |
|-----|---|-------|--------|-----|--|--|--|
| 1 a | 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 | b Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | | | | |
| | here ▶ X and enter 1% of Part I, line 27b | | | | | | |
| С | 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 | | 1,4 | 60. | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4 | | _ | 0 | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | 1,4 | 60. | | | |
| 6 | Credits/Payments | | | | | | |
| а | 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 300. | | | | | | |
| b | Exempt foreign organizations - tax withheld at source | | | | | | |
| С | Tax paid with application for extension of time to file (Form 8868) 6c 2,750. | | | | | | |
| đ | Backup withholding erroneously withheld | | | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | 3,0 | 50. | | | |
| 8 | 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 | | 1 5 | | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 1,5 | 90. | | | |
| 11 | Enter the amount of line 10 to be Credited to 2014 estimated tax 1,590. Refunded 11 | | | | | | |
| | t 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 Instructions for the | | | Х | | | |
| | definition)? | 1b | | | | | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | | | | |
| _ | distributed by the foundation in connection with the activities | 1c | | х | | | |
| | Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | 16 | | | | | |
| u | (1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$ | | | | | | |
| • | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | | | l | | | |
| • | foundation managers > \$ | | | l | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | Х | | | |
| 2 | 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, | | | l | | | |
| · | or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | Х | | | |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | Х | | | |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | | | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | Х | | | |
| - | 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? | 6 | Х | | | | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | 7 | Х | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | | |
| | FL, | | | | | | |
| 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 ² If "No," attach explanation | 8b | X | - | | | |
| 9 | is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | ĺ | | | |
| | 4942(J)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete | | | ٠,, | | | |
| | Part XIV | 9 | | X | | | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and | | | v | | | |
| | addresses | 10 | | X | | | |

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| 3 Five highest-paid independent contractors for professional services (see instru | ictions). If none, enter "NONE | .* |
|--|----------------------------------|-----------------|
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensatio |
| | | |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| otal number of others receiving over \$50,000 for professional services | <u></u> | |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in organizations and other beneficianes served, conferences convened, research papers produced, etc. | nformation such as the number of | Expenses |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | - | |
| 3 | | |
| 3 | | |
| 4 | | |
| 4 | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments (see instructions) | | Amount |
| 4 | | Amount |
| 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 | | Amount |
| 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 | | Amount |
| 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 | | Amount |
| 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 1 NONE | | Amount |
| 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 1 NONE 2 | | Amount |
| 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 1 NONE | 2 | Amount |

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| Part | see instructions.) | in ioundat | ions, |
|--------|--|-------------|------------------------|
| 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 | 2,493,752. |
| b | Average of monthly cash balances | 1b | 103,369. |
| C | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 2,597,121. |
| e | Total (add lines 1a, b, and c) 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 | |
| 3 | Subtract line 2 from line 1d | 3 | 2,597,121. |
| 4 | Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see | | |
| | instructions) | 4 | 38 , 957. |
| 5 | Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 2,558,164. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 127,908. |
| Par | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part) | dations | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 127,908. |
| 2 a | Tax on investment income for 2013 from Part VI, line 5 | | |
| b | | | |
| C | | 2c | 1,460. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 126,448. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 126,448. |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, | | |
| | line 1 | 7 | 126,448. |
| Par | t XII Qualifying Distributions (see instructions) | • | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| ' a | | 1a | 391,797. |
| b | | 1b | 33171311 |
| 2 | Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. | | |
| _ | | 2 | |
| 3 | purposes Amounts set aside for specific charitable projects that satisfy the | | |
| a | | 3a | |
| b | | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 391,797. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | - | 331,131. |
| J | Enter 1% of Part I, line 27b (see instructions) | 5 | 1,460. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 390,337. |
| U | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c | | |
| | qualifies for the section 4940(e) reduction of tax in those years | aicuiating | whether the foundation |

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Page 9 Form 990-PF (2013) Part XIII Undistributed Income (see instructions) (d) (a) 2012 Corpus Years prior to 2012 2013 Distributable amount for 2013 from Part XI, 126,448. Undistributed income, if any, as of the end of 2013 a Enter amount for 2012 only b Total for pnor years 20 11 ,20 10 ,20 09 3 Excess distributions carryover, if any, to 2013 a From 2008 **b** From 2009 20,676. c From 2010 51,948. d From 2011 384,041 e From 2012 f Total of lines 3a through e 456,665. Qualifying distributions for 2013 from Part XII, line 4 \blacktriangleright \$ 391, 797. a Applied to 2012, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions). c Treated as distributions out of corpus (Election required - see instructions) 126,448. d Applied to 2013 distributable amount 265,349. Remaining amount distributed out of corpus . . . Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a) Enter the net total of each column as indicated below: 722,014. a Corpus Add lines 3f, 4c, and 4e Subtract line 5

722,014.

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10 Analysis of line 9
a Excess from 2009 . . .

b Excess from 2010 . . .

c Excess from 2011 . . .

d Excess from 2012 . . .

e Excess from 2013 . . .

b Prior years' undistributed income Subtract

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 d Subtract line 6c from line 6b Taxable amount - see instructions
Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount - see f Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2014.

Subtract lines 7 and 8 from line 6a

20,676.

51,948.

384,041.

265,349.

line 4b from line 2b

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the Check here ▶ | X | if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed b The form in which applications should be submitted and information and materials they should include c Any submission deadlines d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other Form 990-PF (2013) 5213DB 3846 203537

JSA 3E1490 1 000

Page 11

| Grants and Contributions Paid Dur | ing the Year or Appr | oved for F | uture Payment | |
|--|----------------------------|----------------------|----------------------------------|---------|
| Recipient Name and address (home or business) | show any relationship to | 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 | | | | |
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| Total | | ļ | | 301 70 |
| Total <u></u> | | | 20 | 1 341/4 |
| h Approved for future payment | | <u></u> | ▶ 3a | 391,79 |
| b Approved for future payment | | | ▶ 3a | 391,79 |
| b Approved for future payment | | | ▶ 3a | 391,79 |
| Approved for future payment | | | ▶ 3a | 391,79 |
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| b Approved for future payment | | | ▶ 3a | 391,79 |
| b Approved for future payment | | | ▶ 3a | 391,79 |
| b Approved for future payment | | | ▶ 3a | 391,79 |

JSA 3E1491 1 000 Form **990-PF** (2013)

Page 12

| | 0111011 | ated business income | Excluded by | section 512, 513, or 514 | (e) |
|--|----------------------|----------------------|--|---------------------------------------|--|
| Program service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions) |
| a | | | | | (000 110 10 110 110 110 110 110 110 110 |
| b | | | _ | | |
| С | | | | | |
| d | | | | | |
| θ | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| Membership dues and assessments | | | | | |
| Interest on savings and temporary cash investments | | | | | |
| Dividends and interest from securities | | | 14 | 57,586. | |
| 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 | | | 1.0 | 101 246 | |
| Gain or (loss) from sales of assets other than inventory | | | 18 | 101,346. | |
| Net income or (loss) from special events | | | | | |
| Gross profit or (loss) from sales of inventory . $\ .$ | | | | | |
| Other revenue a | | | _ | | |
| b | | | - | | |
| c | | | | | |
| d | | | - | | |
| 6 | | | | 158,932. | · |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) | | | <u> </u> | | |
| ee worksheet in line 13 instructions to verify calc | | | | · · · · · · · · · · · · · · · · · · · | |
| ine No. Explain below how each activi accomplishment of the foundation | | | | | |
| | | | | | s) (See instructions |
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| | | | | | s) (See instruction |
| | | | | | s) (See instruction |

| Part | XVII | Information R Exempt Orga | | sfers To an | d Transact | ions and | d Relations | ships With Non | chari | itable | , |
|---------|---------------|--|--|--|--|---|------------------------------------|----------------------------|-------------|--------------|--------------|
| ı | | organization direction 501(c) of the Coations? | | | | | | | | Yes | No |
| | • | rs from the reporti | ng foundation to a | noncharitable | exempt orgar | nization of | | | | | |
| | | h _. | | | | | | | 1a(1) | r — | X |
| | | er assets | | | | | • • • • • • | • • • • • • • • • | 1a(2) | | Х |
| | | es of assets to a no | oncharitable exemi | ot organization | | | | | 1b(1) | | Х |
| | | chases of assets fr | | | | | | | 1b(2) | | Х |
| | | ital of facilities, equ | | | | | | | 1b(3) | | Х |
| 1 | (4) Reii | mbursement arrang | gements | | | | | | 1b(4) | ļ | X |
| | | ns or loan guarante | | | | | | | 1b(5) | | X |
| | | formance of service of facilities, equip | | | | | | | 1b(6) 1c | - | X |
| | | inswer to any of t | | | | | | | | fair m | L |
| | value o | f the goods, other | assets, or service | s given by the | reporting fo | undation. | If the found | ation received less | than | fair m | narke |
| | value ir | any transaction o | | _ | | | | | | | |
| (a) Lir | ie no | (b) Amount involved | (c) Name of non | chantable exempt | organization | ` | cription of transfe | ers, transactions, and sha | nng arra | angeme | nts |
| | - | N/A | | | - | N/A | | | | | |
| - | | | | | | | | | | | |
| | | 11-21-1-2 | | | | | | - | | | |
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| | ∟ Is the 1 | foundation directly | or indirectly affile | ated with, or i | related to, or | e or more | e tax-exempt | organizations | - | | |
| | | ed in section 501(c | | | | | | | Y | es X | . No |
| b_ | If "Yes, | " complete the follo | owing schedule | | | ···· | | | | | |
| | | (a) Name of organization | on | (b) Type | of organization | | (| c) Description of relation | ship | | |
| | | | | | | | - | | | | |
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| | | 110 | | | | | | | | - | |
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| | Under | penalties of penury I dec t, and complete Decitration | clare that I have examined of preparer (other than taxp | d this return, includir payer) is based on all in | ng accompanying s nformation of which | chedules and preparer has a | statements, and t iny knowledge | o the best of my knowled | ige and | belief, it | . is true |
| Sign | | IN/M | | 1 2/1 | 1116 | | | May the IF | | | |
| Here | Sign | ature of officer or trustee | | Date | 111) | Title | | with the p | reparer | shown Yes | below |
| | Cigi | | • | _ 4.4 | | | | (see manucin | | | |
| De! | | Print/Type preparer's n | iame | Preparer's signa | ture | 1 | Date /_ | Check If | РПИ | | |
| Paid | | IY lotter 1 | Villaney | West | ~ Y/VY | | 18/5/ | self-employed | P001 | | <u> </u> |
| - | oarer | 7 11111 2 1141111 | | & ANCHIN L | LP · | | - | Firm's EIN ▶13-0 | 4369 | 40 | |
| use | Only | | 375 BROADWAY EW YORK, NY | | | 1 / 1 | 018-7001 | Phone no 212-8 | 40-3 | 456 | |
| | | I IN | THE TOWN'S MI | | | TO(| 7 TO 1001 | Truoneno ZIZ-O | 10 0 | 100 | |

Form **990-PF** (2013)

Schedule B

(Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Employer identification number

| THE MATTHEW & TRACY SI | MITH FOUNDATION | 27 (074020 | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|
| Organization type (check one) | | | | | | | | | |
| Filers of: | Section: | | | | | | | | |
| | | | | | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private four | ndation | | | | | | | |
| | 527 political organization | | | | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | | | |
| Note. Only a section 501(c)(7), instructions | vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a S | Special Rule See | | | | | | | |
| General Rule | | | | | | | | | |
| | ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II | or more (in money or | | | | | | | |
| Special Rules | | | | | | | | | |
| under sections 509(a) | 3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support to (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 200 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form II | e year, a contribution of | | | | | | | |
| during the year, total | 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 | | | | | | | | |
| during the year, contr not total to more than year for an <i>exclusively</i> applies to this organia | 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. | | | | | | | | |
| Caution. An organization that is 990-EZ, or 990-PF), but it must | not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2, of its Form 990, or check the box on line b certify that it does not meet the filing requirements of Schedule B (Form 99 | chedule B (Form 990, H of its Form 990-EZ or on its | | | | | | | |

JSA

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For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

203537

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization THE MATTHEW & TRACY SMITH FOUNDATION

Employer identification number 27-6974020

| (a) | (b) | (c) | (d) |
|-----|---|-------------------------|---|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1 _ | MATTHEW & TRACY SMITH C/O ANCHIN BLOCK & ANCHIN, 1375 BROADWAY NEW YORK, NY 10018 | \$500,500. | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) Total contributions | (d) |
| No. | Name, address, and ZIP + 4 | | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) Total contributions | (d) |
| No. | Name, address, and ZIP + 4 | | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) | (b) | (c) | (d) Type of contribution |
| No. | Name, address, and ZIP + 4 | Total contributions | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Employer identification number

27-6974020

| Part II | Noncash Property (see Instructions) Use duplicate copies of Pa | ir ii ir additionai space is nee | aea |
|---------------------------|--|--|----------------------|
| (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 |
| | | \$ | |

| hedule B (f | Form 990, 990-EZ, or 990-PF) (2013) | | P | |
|---------------------------|--|--|--|--|
| me of org | ganization THE MATTHEW & TRACY | SMITH FOUNDATION | Employer identification number | |
| | | | 27-6974020 | |
| art III | Exclusively religious, charitable, ethat total more than \$1,000 for the | etc., individual contributi ne year. Complete colum | ons to section 501(c)(7), (8), or (10) organization as (a) through (e) and the following line entry. | |
| | | the year (Enter this infor | rmation once See instructions.) ▶ \$ | |
| | Use duplicate copies of Part III if ac | dditional space is needed. | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of | gift (d) Description of how gift is held | |
| | | | | |
| | | | | |
| | | (e) Transfer (| of gift | |
| | Transferee's name, address, and ZIP + 4 Relationship | | Relationship of transferor to transferee | |
| | | | | |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of | gift (d) Description of how gift is held | |
| | | | | |
| - | | | | |
| | (e) Transfer of gift | | | |

| (a) No. from Part I | (b) Purpose of gift (c) Use of gift | | (d) Description of how gift is held | |
|---------------------------|-------------------------------------|----------------------|-------------------------------------|--|
| | | | | |
| | ~ | | | |
| | | (e) Transfer of gift | | |

Transferee's name, address, and ZIP + 4

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|--|
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|----------------------|-------------------------------------|
| | | | |
| | | | |
| | | | |
| | | (e) Transfer of gift | <u> </u> |

| | - |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |
| | |
| | |
| | , |

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Relationship of transferor to transferee

ATTACHMENT 1

- OTHER PROFESSIONAL FEES

PART I

FORM 990PF,

| NET INVESTMENT INCOME | 12,911. | 12,911. |
|---|--------------------------|---------|
| REVENUE AND EXPENSES PER BOOKS | 12,911. | 12,911. |
| DESCRIPTION | INVESTMENT ADVISORY FEES | TOTALS |

DESCRIPTION

SEE ATTACHMENT

ENDING BOOK VALUE

ENDING FMV

2,450,552.

2,450,552.

TOTALS

2,450,552.

2,450,552.

ATTACHMENT 3

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION

OTHER MISC. RECEIVABLE

ENDING BOOK VALUE

ENDING FMV

11,000.

11,000.

TOTALS

11,000.

11,000.

THE MATTHEW & TRACY SMITH FOUNDATION

27-6974020

ATTACHMENT 4

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

CASH OVERDRAFT

62,921.

TOTALS

62,921.

ATTACHMENT 5

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

<u>DESCRIPTION</u> <u>AMOUNT</u>

UNREALIZED APPRECIATION OF INVESTMENTS 771.

TOTAL 771.

5.00

C/O ANCHIN BLOCK & ANCHIN, LLP

MATTHEW SMITH

NAME AND ADDRESS

NEW YORK, NY 10018

1375 BROADWAY

TRUSTEE

TRUSTEE 5.00

C/O ANCHIN BLOCK & ANCHIN, LLP

TRACY SMITH

NEW YORK, NY 10018

1375 BROADWAY

THE MATTHEW & TRACY SMITH FOUNDATION

27-6974020

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

MATTHEW SMITH TRACY SMITH

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | |
|--|---|----------------------------------|---------|
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1828 L STREET, NW, SUITE 1050 WASHINGTON, DC 20036 | NONE PC | GENERAL PURPOSE | 2,000 |
| PALM BEACH DAY ACADEMY 241 SEAVIEW AVENUE PALM BEACH, FL 33480 | NONE P.C | GENERAL PURPOSE | 231,000 |
| THE ALLEN-STEVENSON SCHOOL 132 EAST 78TH STREET NEW YORK, NY 10075-0381 | NONE PC | GENERAL PURPOSE | 2,500 |
| HORACE MANN SCHOOL 231 WEST 246TH STREET BRONX, NY 10471 | NONE PC | GENERAL PURPOSE | 2,500 |
| THE SOCIETY OF THE FOUR ARTS INC FOUR ARTS PLAZA PALM BEACH, FL 33480 | NONE PC | GENERAL PURPOSE | 12,500 |
| PLAN INTERNATIONAL USA 155 PLAN WAY WARWICK, RI 02886 | NONE PC | GENERAL PURPOSE | 20,579. |

| (CONT'D) | |
|----------|--|
| ENT 8 | |
| ATTACHME | |
| 71 | |

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | |
|---|---|----------------------------------|---------|
| | AND | | |
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| THE UNIVERSITY OF MICHIGAN | NONE | GENERAL PURPOSE | 16,700. |
| 3003 S STATE ST | PC | | |
| ANN ARBOR, MI 48109 | | | |
| AMERICAN MUSEUM OF NATURAL HISTORY | NONE | GENERAL PURPOSE | 200 |
| CENTRAL PARK WEST AT 79TH STREET | PC . | | |
| NEW YORK, NY 10024 | | | |
| AMERICAN RED CROSS | NONE | GENERAL PURPOSE | 2, 500 |
| 2025 E STREET NW | PC PC | | |
| WASHINGTON, DC, 200065009 | | | |
| BOYS & GIRLS CLUBS OF PALM BEACH COUNTY | NONE | GENERAL PURPOSE | 10,000 |
| 800 NORTHPOINT PARKWAY, SUITE 204 | PC | | |
| WEST PALM BEACH, FL 33407-1946 | | | |
| DOCTORS WITHOUT BORDERS | NONE | GENERAL PURPOSE | 3,600 |
| 333 7TH AVENUE, 2ND FL | PC | | |
| NEW YORK, NY 10001-5004 | | | |
| GIADES ACADEMY FOUNDATION INC | NON | GENERAL PURPOSE | 1,000 |
| 1 CLEMATIS STREET | PC | | |
| WEST PALM BEACH, FL 33401 | | | |

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ATTACHMENT 8 (CONT.D)

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | | |
|--|--|----------------------------------|--------|
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| HUMANE SOCIETY OF GREATER MIAMI | NONE | GENERAL PURPOSE | 200 |
| 16101 W DIXIE HWY | PC | | |
| NORTH MIAMI BEACH, FL 33160 | | | |
| LEUKEMIA AND LYMPHOMA SOCIETY | NONE | GENERAL PURPOSE | 3,000. |
| 1311 MAMARONECK AVENUE, SUITE 310 | PC | | |
| WHITE PLAINS, NY 10605 | | | |
| NORTON MUSEUM OF ART | NONE | GENERAL PURPOSE | 10,250 |
| 1451 S OLIVE AVE | PC | | |
| WEST PALM BEACH, FL 33401 | | | |
| ONES BASKETBALL ALL-STAR CHARITY GROUP | NONE | GENERAL PURPOSE | 200 |
| 265 GAZETTA WAY | PC | | |
| WEST PALM BCH, FL 33413 | | | |
| PALM BEACH CIVIC ASSOCIATION | NONE | GENERAL PURPOSE | 7,600 |
| P O BOX 286 | PC | | |
| PALM BEACH, FL 33480 | | | |
| PALM BEACH FILM INSTITUTE | NONE | GENERAL PURPOSE | 3,000 |
| 1555 PALM BEACH LAKES BLVD., SUITE 900 | PC | | |
| WEST PALM BEACH, FL 33401 | | | |

203537

ATTACHMENT 8 (CONT'D)

| BUTOR | PURPOSE OF GRANT OR CONTRIBUTION AMOUNT | GENERAL PURPOSE 1,000 | | | GENERAL PURPOSE 2,500 | | | GENERAL PURPOSE | | | GENERAL PURPOSE 1,200 | | | GENERAL PURPOSE 1,200 | | | GENERAL PURPOSE 1,500 | |
|---|---|----------------------------------|-----------------------|---------------------------|---|-------------------|---------------------------|------------------------------|-----------------|----------------------|-----------------------------|----------------|----------------------|-----------------------|-----------------|--------------------|-------------------------------|-----------------------------|
| RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | FOUNDATION STATUS OF RECIPIENT | NONE | PC | | NONE | PC | | NONE | PC | | LNCO Z | PC | | NONE | PC | | NONE | PC |
| | RECIPIENT NAME AND ADDRESS | PEGGY ADAMS ANIMAL RESCUE LEAGUE | 3200 N MILITARY TRAIL | WEST PALM BEACH, FL 33409 | SOUTH FLORIDA SCIENCE CENTER & ACQUARIUM, INC | 4801 DREHER TRAIL | WEST PALM BEACH, FL 33405 | TEMPLE EMANUEL OF PALM BEACH | 190 N COUNTY RD | PALM BEACH, FL 33480 | MEMBADA TANN MICELIM OF NOT | 1000 FIFTH AVE | NEW YORK, 10028-0198 | MUSEUM OF MODERN ART | 11 WEST 53RD ST | NEW YORK, NY 10019 | THE NEW YORK BOTANICAL GARDEN | 200TH ST SOUTHERN BOULEVARD |

ATTACHMENT 8 (CONT'D)

| 990PF. PART XV = GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR | |
|--|--|
| FORM 990PF. P | |

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | | |
|---|---|----------------------------------|----------|
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| THE PALM BEACH POLICE FOUNDATION 139 NORTH COUNTY RD NO 20C PALM BEACH, FL 33480 | NONE PC | GENERAL PURPOSE | 12,500 |
| TOWN OF PALM BEACH UNITED WAY 44 COCOANUT ROW, 201 PALM BEACH, FL 33480 | NONE PC | GENERAL PURPOSE | 550 |
| NATIONAL SOCIETY DAUGHTERS OF THE AMERICAN REVOL 1776 D STREET NW WASHINGTON, D C , 20006 | NONE PC | GENERAL PURPOSE | 3,168 |
| UNIVERSITY OF GEORGIA 394 MILLEDGE AVE, SUITE 100 ATHENS, GA 30602 | NONE PC | GENERAL PURPOSE | . 16,700 |
| YELLOWSTONE PARK FOUNDATION 222 E MAIN ST #301 BOZEMAN, MI 59715 | NONE PC | GENERAL PURPOSE | 2,000 |

TOTAL CONTRIBUTIONS PAID

391, 797.

THE MATTHEW & TRACY SMITH FOUNDATION

EIN: 27-6974020

ATTACHMENT TO FORM 990-PF, PAGE 2, LINE 10B INVESTMENTS - CORPORATE STOCK Year Ended 9/30/2014

| Shares! Units | Description | Asset Identifier | Tax Cost | Current Price | Market Value | Percent of Total | Estimated Annual Income | Current Yleld |
|---|--|------------------------|----------------------------|------------------|----------------------------|---------------------|-------------------------------|------------------|
| | | | | | | | | |
| Other Fixed Income Custody Holdings | eguļpio. | | | | | | | |
| 19,269,814 | DOUBLELINE TOTAL RETURN BOND FUND NATIXIS (COMIS SAV C/D BND.Y | 258620103 63872R764 | \$211,307.37 171,882,34 | 10.940 | \$210,702.37 174,576.95 | 8.82% 7.31 | \$10,804.76 6,472.63 | 5.13% 3.71 |
| 8,912.323 | OSTERWEIS STRATEGIC INCOME FUND | 742835489 | 105.951.67 | 11,710 | 104,363.30 | 4.37 | 5,062.20 | 4,85 |
| 10,334,218 8,044,724 | TRP INST FLOATING RATE TEMPLETON GLOBAL BOND FUND-AD | 77958B402 880208400 | 105,874,64 | 13.220 | 104,788.97 | 4.45 8.45 | 3,644,28 | 3.43 |
| Total Other Fixed Income | emo: | | \$698,001.57 | | \$700,782.84 | 29.34% | \$30,417.23 | |
| Equities | | | | | | | | |
| Custody Holdings | oldings | 484787485 | \$357.301.04 | 64 120 | \$367 725 48 | 14.98% | \$12,430.01 | 3.47% |
| 4.086.000 | TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE | 464287689 | 397,446,22 | 116.790 | 477,203 94 | 19.99 | 7,869.64 | 1.65 |
| 6.080.114 | JPHORGAN VALUE ADVANTAGE-INS | 4812A2587 | 170,000.00 | 28.180 | 177,417.73 | 7.43 | 1,526,11 | 0.86 |
| 3,647,389 | PRIMECAP ODYSSEY AGGRESSIVE GRWTH FD | 74160Q202 | 112,000.00 | 31.910 | 116,388.18 | 4.87 | | |
| 5,028,230 | AKRE FOCUS FUND-INS | 742935125 | 106,492.28 | 21.760 | 106,364.00 | 4.58 | | |
| 449.000 | SPDR GOLD TRUST | 78463V107 | 67,761.28 | 116.210 | 52,178.29 | 2.18 | | |
| 748,000 | ENERGY SELECT SECTOR SPOR FUND | 81369Y506 | 65,532,69 | 90.620 | 67,783.76 | 2.84 | 1,329.20 | 1.96 |
| 1,765.000 | VANGUARD FTSE EMERGING MARKETS ETF | 922042858 | 77,027.42 | 41.710 | 73,618.15 | 3.08 | 2,091.53 | 2.84 |
| 318.000 | VANGUARD REIT ETF | 922908553 | 21,883.15 | 71.850 | 22,704.60 | 0.95 | 882.38 | 3.83 |
| 3,116.648 | WASATCH INTERNATIONAL GROWTH FUND | 936793405 | 90,500.00 | 26.790 | 83,485.00 | 3.50 | | |
| Total Equities | | | \$1,464,944.06 | | \$1,637,879.13 | 2.4. | \$26,138.87 | |
| Foreign Assets Custody Holdings 7,746.570 WCM FOR | OIGINGS WCM FOCUSED INTERNATIONAL GROWTH FD PREENY BOAINE OLOBAL VALUE FILIND, CID | 461418444 | \$79,202.19 112,446.57 | 11.760 | \$91,099.66 | 3.82% 5.07 | \$245.80 1,220.18 | 0.27% |
| Total Foreign Assets | | | \$191,648.76 | | \$211,889.68 | 8.89% | \$1,465.98 | |
| Total Investments | - Supplement to Form 990-PF, PART II, Line 10B | , Line 10B | | | \$2,450,551.65 | | | |



THE MATTHEW & TRACY SMITH FOUNDATION 27-6974020 FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kınd of F | | | Desc | cription | | P 5 0 | Date acquired | Date sold |
|--|-----------------------|---------------|--------------|--------------------|--------------------|-------|---------------|-----------|
| Gross sale price less expenses of sale | Depreciation allowed/ | Cost or other | FMV as of | Adj basis as of | Excess of FMV over | Ĭ | Gain or | |
| expenses of sale | allowable | <u>basis</u> | 12/31/69 | 12/31/69 | adı basıs | t | (loss) | |
| | | TOTAL CAPIT | ral GAIN DIS | TRIBUTIONS | | | 22,830. | |
| | | מושו דרוע שם | RADED SECURI | TT E C | | P | VAR | V |
| 2,200,161. | | 2,121,645. | anded decomi | 1125 | | | 78,516. | ٠. |
| | | | | | | | | |
| rotal Gain(L | OSS) | | | | | | 101,346. | |
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| 5213DB 3 | 846 | | | | 203537 | | | |

Form 8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

Form 8868 (Rev 1-2014)

| internal Revenue | Service Information about 1 orin 60 | OO and its i | INSTRUCTIONS IS AL WWW.IIS. | 907707770000 | | | | | | | |
|--|---|---|---|---|---|--|--|--|--|--|--|
| | filing for an Automatic 3-Month Extension, o | | | | ▶ X | | | | | | |
| • | filing for an Additional (Not Automatic) 3-Mo | | • • | , , , | | | | | | | |
| Do not comp | lete Part II unless you have already been grad | nted an au | tomatic 3-month extens | sion on a previously filed Form | 8868. | | | | | | |
| a corporation 8868 to req Return for T | ling (e-file). You can electronically file Form is required to file Form 990-T), or an addition uest an extension of time to file any of the fransfers Associated With Certain Personal For more details on the electronic filing of the | nal (not aut forms liste Il Benefit (| tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus | nsion of time. You can electro with the exception of Form 88 t be sent to the IRS in pa | nically file Form 70, Information per format (see | | | | | | |
| Part I Au | tomatic 3-Month Extension of Time. On | ly submit | original (no copies no | eeded). | | | | | | | |
| A corporation | n required to file Form 990-T and requesting | an automa | atic 6-month extension | - check this box and complete | ·· · | | | | | | |
| • | | | | | | | | | | | |
| All other cor | porations (including 1120-C filers), partnersh | ios. REMIC | Ss. and trusts must use i | Form 7004 to request an extens | sion of time | | | | | | |
| | e tax returns. | ., | | Enter filer's identifying numb | | | | | | | |
| | Name of exempt organization or other filer, see in | structions | | Employer identification number (| | | | | | | |
| Type or | | | | (| | | | | | | |
| print | THE MATTHEW & TRACT SMITH FOUNDATION 27-6974020 | | | | | | | | | | |
| File by the | by the Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) | | | | | | | | | | |
| due date for | date for | | | | | | | | | | |
| netum See | Ing your C/O ANCHIN BLOCK & ANCHIN LLP, 1375 BROADWAY City town or post office, state, and ZIP code, For a foreign address, see instructions. | | | | | | | | | | |
| instructions | nstructions | | | | | | | | | | |
| | NEW YORK, NY 10018 | | | | | | | | | | |
| Enter the Re | turn code for the return that this application | is for (file a | a separate application fo | or each return) | 04 | | | | | | |
| Application | | Return | Application | | Return | | | | | | |
| • • | | | 1 | | | | | | | | |
| Is For Code Is For Co | | | | | | | | | | | |
| | Form 990-EZ | 01 | Form 990-T (corporat | ion) | 07 | | | | | | |
| | Form 990-BL 02 Form 1041-A 08 | | | | | | | | | | |
| Form 4720 (| | 03 | Form 4720 (other tha | in individual) | 09 | | | | | | |
| Form 990-PF | | 04 | Form 5227 | | 10 | | | | | | |
| | (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 | | | | | | |
| Form 990-1 | (trust other than above) | 06 | Form 8870 | | 12 | | | | | | |
| Telephone If the orga If this is fo | ance in the care of ►ANCHIN, BLOCK & No. ► 212 840-3456 Inization does not have an office or place of I or a Group Return, enter the organization's for a group, check this box ► If the names and EINs of all members the extensions. | business in ur digit Gro f it is for pa | FAX No. ▶ the United States, che pup Exemption Number (| ck this box | | | | | | | |
| 1 I reque | st an automatic 3-month (6 months for a cor | poration re | quired to file Form 990 | 0-T) extension of time | - | | | | | | |
| until | 05/15_, 20 _15, to file the | exempt org | ganization return for the | e organization named above. | The extension is | | | | | | |
| for the | organization's return for. | | | | | | | | | | |
| ▶□ | calendar year 20 or | | | | | | | | | | |
| ► X | tax year beginning 10/0 | 1 , 20 1 3 | and ending | 09/30, 20 14 | | | | | | | |
| | | | | | · - | | | | | | |
| | ax year entered in line 1 is for less than 12 m hange in accounting period | onths, ched | ck reason. Initial r | eturn Final return | | | | | | | |
| | application is for Form 990-BL, 990-PF, 99 | 0-T, 4720 | , or 6069, enter the | tentative tax, less any | | | | | | | |
| nonrefu | indable credits. See instructions. | | _ | 3a \$ | 3,050. | | | | | | |
| b If this | application is for Form 990-PF, 990-T, | 4720, or | 6069, enter any re | | | | | | | | |
| | ted tax payments made. Include any prior yea | | • | 1 1 | 300. | | | | | | |
| | e due. Subtract line 3b from line 3a. Include | | | | | | | | | | |
| | onic Federal Tax Payment System) See instru | - | <u> </u> | 3c \$ | 2,750. | | | | | | |
| Caution. If you | are going to make an electronic funds withdrawa | (direct deb | it) with this Form 8868, se | | | | | | | | |
| instructions | | | | | | | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

| Form 8868 (Rev 1-2014) | Page 2 |
|---|---|
| • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box | ▶ X |
| Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 886 | |
| If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). | |
| Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). | |
| Enter filer's identifying number, se | instructions |
| Name of exempt organization or other filer, see instructions Employer identification number (I | IN) or |
| Type or | |
| print THE MATTHEW & TRACY SMITH FOUNDATION 27-6974020 | |
| Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) | |
| File by the due date for C/O ANCHIN BLOCK & ANCHIN LLP, 1375 BROADWAY | |
| filing your City, town or post office, state, and ZIP code For a foreign address, see instructions | |
| return See Instructions NEW YORK, NY 10018 | |
| Enter the Return code for the return that this application is for (file a separate application for each return) | . 04 |
| Application Return Application | Return |
| Is For Code Is For | Code |
| Form 990 or Form 990-EZ 01 | 4.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7 |
| Form 990-BL 02 Form 1041-A | 08 |
| Form 4720 (individual) 03 Form 4720 (other than individual) | 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 automatic 3-month extension on a previously filed For | |
| • The books are in the care of PANCHIN. BLOCK & ANCHIN. LLP. 1375 BROADWAY NEW YORK, NY 10018 | |
| Telephone No. ▶ 212 840-3456 Fax No ▶ | |
| If the organization does not have an office or place of business in the United States, check this box | |
| · · · · · · · · · · · · · · · · · · · | nis is |
| for the whole group, check this box | |
| list with the names and EINs of all members the extension is for. | |
| 4 request an additional 3-month extension of time until 08/15, 20 15. | |
| | 20 14 . |
| 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return | |
| Change in accounting period | |
| 7 State in detail why you need the extension ALL OF THE INFORMATION REQUIRED TO FILE A | |
| COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE. | |
| | |
| CONTIBILITY AND INCOMMENT MATERIAL TO NOT 121 MATERIAL | |
| CONTRACT AND RECORDED ADJUST TO NOT 121 INVIDENCE. | |
| | |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | 3,050. |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3,050. |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | 3,050. |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any | |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 3,050. 3,050. |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 8b \$ c Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS | 3,050. |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 C Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 8b \$ c Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS | 3,050. |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 c Balance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the | 3,050. |