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Form 990-PE

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of.

| | | lendar year 2016 or tax year beginning | | | , 2016, | and endir | | | | | | 20 |
|---------|-------------------------------------|--|------------------|-------------------------------------|--------------|--------------|---|-------|------------|-------------|---------------------------------------|----------------|
| | | of foundation | | | | | - { | | | | ication number | |
| | | FREY AND MARY SMITH FAMILY FO | | | | 4 | 81 - 0876820 B Telephone number (see instructions) | | | | | |
| N | lumbe | per and street (or P O box number if mail is not delivered to street address) Room/suite | | | | | | | epnone | numb | er (see instructions | 5) |
| _ | | SMITH MGMT LLC, 885 THIRD AV | | | | STE 19 | 40 | (| 646) | 77 | 9-4400 | |
| C | city or | town, state or province, country, and ZIP or foreign pos | tai code | | | | | Clfe | xemption | applica | ation is | ▶ [|
| | | YORK, NY 10022 | · - , | | | | _ | pen | ding, che | eck here | | |
| G | Che | eck all that apply: Initial return | <u> </u> | Initial return | • | ublic chari | ty | D 1 F | oreign o | rganiza | tions, check here | |
| | | Final return | _ | Amended ref | | | I | | | | tions meeting the nere and attach | _ |
| _ | Ch. | Address change | -)/2) - | Name chang | | | -1 | | | | | |
| 'n | | eck type of organization: X Section 501(| $\overline{}$ | | | | 1 | | | | n status was terminate | |
| _ | | Section 4947(a)(1) nonexempt charitable trust market value of all assets at J Acco | | other taxable pr | | | \dashv | | | |)(1)(A), check here . | |
| • | | | _ | pecify) | asii Acc | iuai | | | | | in a 60-month termina | |
| | | • | - | d) must be on cas | th hasis 1 | | -1 | unc | ier sectio | a)voc n | (1)(B), check here | ▶∟ |
| 8 | | Analysis of Revenue and Expenses (The | | | iii basis j | | _ | | | | (d) Disbursei | ments |
| | art | total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in | | Revenue and cpenses per books | (b) Net inve | | (0 | | sted no | et | for charita purpose (cash basis | able es |
| 7 | _ | column (a) (see instructions)) | | 600,000. | | | | | | | (Casii basis | Of fry) |
| | 1 2 | Contributions, gifts, grants, etc , received (attach schedule) . Check If the foundation is not required to | | | | | | | · | | | |
| | | attach Sch B | | | | | | | | | | |
| - { | 3 | Interest on savings and temporary cash investments. Dividends and interest from securities | - | 9,278. | | 9,278. | | | _ | | ATCH 1 | |
| ı | 6 2 | Gross rents | | | | | | | | | | |
| 1 | b | Net rental income or (loss) | | | | | | | | | | |
| • | | Net gain or (loss) from sale of assets not on line 10 | | 35. | | | | | | | | |
| Revenue | Ď | | | | | - | _ | | | _ | | |
| 8 | 7 | Capital gain net income (from Part IV, line 2) . | | | | 35. | | | | 5 | CENTED | |
| Ž | 8 | Net short-term capital gain | | | | | | | | V. | OLIVE'S | − 70 |
| | 9 | Income modifications | | | | | | | 10 | | - C 2017 | <u> </u> |
| 1 | 10 a | Gross sales less returns and allowances | | | | | | | 18 | AP | R 0 5 2011 | S |
| | b | Less Cost of goods sold . | | | | | | | 100 | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | | | | 1 | 00 | DEN U | <u></u> |
| | 11 | Other income (attach schedule) | | 609,313. | | 9,313. | _ | | <u> </u> | | | |
| 4 | 12 | Total. Add lines 1 through 11 | - | 0.9,313. | | 9,313. | | | | | | |
| S | 13 | Compensation of officers, directors, trustees, etc | | | | | | | | | | |
| 2 | 14 | Other employee salaries and wages | | | | | | | | | | |
| 9 | 15 | Pension plans, employee benefits | | 10,657. | | 5,329. | | | | | | 5,32 |
| 짒 | 16a | Legal fees (attach schedule) ATCH 2 | | | | | | | | | | |
| 9 | D | Accounting fees (attach schedule) Other professional fees (attach schedule) | | | | | | | | _ | | |
| 훒 | 17 | Interest | | - | | | | | | | | |
| 둜 | 19 | Taxes (attach schedule) (see instructions) | | | | | _ | | | _ | | |
| ≣ | 10 | Depreciation (attach schedule) and depletion. | _ | | | | _ | | | | | |
| 틩 | 20 | Occupancy | | | | | | | | | | |
| ا≥ | 21 | Travel, conferences, and meetings | | | | | | | | | | |
| 돑 | 22 | Printing and publications | | | | | | | | | | |
| 9 | 23 | Other expenses (attach schedule) ATCH .3. | | 885. | | 443. | | | | | | 44 |
| 딁 | 16 a b c 17 18 19 20 21 22 23 24 25 | Total operating and administrative expenses. | | | | | | | | | | |
| ١ | | Add lines 13 through 23 | | 11,542. | | 5,772. | | | | | | 5,77 |
| ŏ | 25 | Contributions, gifts, grants paid | | 40,000. | | | | | | | | 0,00 |
| 4 | 26_ | Total expenses and disbursements Add lines 24 and 25 | _ | 51,542. | | 5,772. | | | | 0. | 4 | 5,77 |
| | 27 | Subtract line 26 from line 12 | | | | 1 | | | | | | |
| | 1 | Excess of revenue over expenses and disbursements | | 557,771. | | 2 - 5 - 2 | | | | | | |
| | ì | Net investment income (if negative, enter -0-) | | | <u> </u> | 3,541. | | | | | | |
| لي | | Adjusted net income (if negative, enter -0-). | | | | | | - | | | | <u> </u> |
| FC | or Pa | perwork Reduction Act Notice, see instructions 9670KO U138 3/22/2017 11:2 | | AM V 16-3 | 4.0 | ÷ | | | | | Form 990-P | T (201 |

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| Part I | Attached schedules and amounts in the description column should be for end-of-year | Beginning of year | End o | End of year | | |
|-------------------------------------|---|---|------------------|---|--|--|
| raiti | amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| 1 | Cash - non-interest-bearing | | 48,639. | L | | |
| 2 | Savings and temporary cash investments | | 9,313. | 9,313 | | |
| 3 | | | | | | |
| Ì | Less allowance for doubtful accounts | | | | | |
| 4 | Pledges receivable ▶ | | | | | |
| | Less allowance for doubtful accounts ▶ | | | | | |
| 5 | Grants receivable | L | | | | |
| 6 | Receivables due from officers, directors, trustees, and other | | | | | |
| | disqualified persons (attach schedule) (see instructions) , , , | | | | | |
| 7 | Other notes and loans receivable (attach schedule) | | | | | |
| 1 | Less allowance for doubtful accounts ▶ | | | | | |
| र्घ 8 | Inventories for sale or use | | | | | |
| Assets | Prepaid expenses and deferred charges | | | | | |
| ¥ 10a | • • | | | | | |
| ь | አጥሮሀ ለ | | 250,046. | 274,089. | | |
| C | Investments - corporate bonds (attach schedule) ATCH 5 | | 249,773. | 1 | | |
| 11 | Investments - land, buildings, and equipment basis Less accumulated depreciation | | | | | |
| 12 | (attach schedule) Investments - mortgage loans | | | | | |
| 13 | Investments - other (attach schedule) | | | | | |
| 14 | Land, buildings, and | | | | | |
| - | equipment basis Less accumulated depreciation (attach schedule) | | | | | |
| 15 | (attach schedule) Other assets (describe | | | | | |
| 16 | Total assets (to be completed by all filers - see the | | | | | |
| .0 | instructions Also, see page 1, item I) | | 557,771. | 577,238. | | |
| 17 | Accounts payable and accrued expenses | | , , , , , , | 511/200 | | |
| 1 | • | | | | | |
| 18 Ø 10 | Grants payable | | | | | |
| ties 19 | Deferred revenue | | | | | |
| 을 20 21 | Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule) | | | Í | | |
| Liabilities 51 22 22 | Other liabilities (describe | | | | | |
| _ 22 | Other habilities (describe >) | | <u></u> | | | |
| 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | | | |
| 125 | Foundations that follow SFAS 117, check here. | | - | | | |
| တ္တ | and complete lines 24 through 26 and lines 30 and 31. | | | | | |
| ဦ | · · · · · · · · · · · · · · · · · · · | 1 | | | | |
| salances 25 | Unrestricted | | | | | |
| 25 B | Temporarily restricted | | | 1 | | |
| 말 26 | Permanently restricted | | | | | |
| 큔 | | | | | | |
| 6 | check here and complete lines 27 through 31. | | 600,000. | | | |
| Net Assets or Fund B 20 30 31 30 31 | Capital stock, trust principal, or current funds | | 000,000. | | | |
| 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | -42,229. | | | |
| S 29 | Retained earnings, accumulated income, endowment, or other funds | 0. | 557,771. | | | |
| 30 | Total net assets or fund balances (see instructions), | | 337,771. | | | |
| Ž 31 | Total liabilities and net assets/fund balances (see | 0. | 557,771 <i>.</i> | | | |
| Dort | Instructions) | | 337,771. | L | | |
| | tal net assets or fund balances at beginning of year - Part | | must agree with | | | |
| | | | | 0. | | |
| | d-of-year figure reported on prior year's return) | | | 557,771. | | |
| | ter amount from Part I, line 27a | | | 351,171. | | |
| | | | | F 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | | |
| | d lines 1, 2, and 3 | • | | 557,771. | | |
| | creases not included in line 2 (itemize) | - (bar 5) - Bard (trans) - 1 | 5 | | | |
| <u>o</u> 101 | tal net assets or fund balances at end of year (line 4 minu | s iiile σ) - Paπ II, column (| (b), line 30 6 | 557,771. | | |

4 532,448. Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 35. Enter 1% of net investment income (1% of Part I, line 27b). . . . 35. 7 Add lines 5 and 6. 45,770. Enter qualifying distributions from Part XII, line 4..... 8 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

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Part VI instructions.

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

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X

| Form | 990-PF (2016) JEFFREY AND MARY SMITH FAMILY FOUNDATION 81-087 | 5820 | F | Page 3 |
|------|--|-----------------|----------------|---------------|
| Par | t VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | Yes | No |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | х |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | | | |
| | person had advisory privileges? If "Yes," attach statement (see instructions) | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address N/A | | | |
| 14 | The books are in care of ▶ SMITH MANAGEMENT LLC Telephone no. ▶ 646-779 | -440 | 0 | |
| | Located at ▶ 885 THIRD AVE - 19TH FLOOR NEW YORK, NY ZIP+4 ▶ 10022 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | ▶ | ·Ш |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority | ' ['] | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | L | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of | 1 | ı | |
| | the foreign country | | | |
| Pai | 1 VII-B Statements Regarding Activities for Which Form 4720 May Be Required | т | V - 1 | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | | [| |
| | | | | |
| | To the state of th | 1 | | |
| | (1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1, | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | 1 | | |
| | foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days) | | | |
| ь | olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 1 | | |
| _ | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | L | |
| | were not corrected before the first day of the tax year beginning in 2016? | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | 1 | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and |]] |] | |
| | 6e, Part XIII) for tax year(s) beginning before 2016? | | . | ļ |
| | If "Yes," list the years ,,,,,,, | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | |
| | all years listed, answer "No" and attach statement - see instructions) | 2b | | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | 1 1 | 1 | ļ |
| _ | <u> </u> | | | ; |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | I |
| | at any time during the year? | | . | |
| b | of f "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or | | | |
| | disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the | 1 1 | \ \ \{\bar{\}} | 1 |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of | | - [| |
| | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | 3b | | |
| 4- | foundation had excess business holdings in 2016) | 4a | \dashv | |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | "" | | - |
| | charitable numbers that had not been removed from jeonardy before the first day of the tay year beginning in 20162 | 1 | | |

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Form 990-PF (2016)

| 7 01711 | | | - age C |
|---------|---|--|----------|
| Part | Minimum Investment Return (All domestic foundations must complete this part. Foreise instructions.) | gn foundations, | |
| 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 | 431,701. |
| b | Average of monthly cash balances | 1b | 108,855. |
| C | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 540,556. |
| 0 | 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 | 540,556. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see | | |
| | instructions) | 4 | 8,108. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 532,448. |
| _6 | Minimum investment return. Enter 5% of line 5 | 6 | 26,622. |
| Part | | dations | |
| | and certain foreign organizations check here ▶ and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 26,622. |
| 2a | Tax on investment income for 2016 from Part VI, line 5 2a 35. | | |
| b | Income tax for 2016. (This does not include the tax from Part VI.), . 2b |] | |
| C | Add lines 2a and 2b | 2c | 35. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 26,587. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 26,587. |
| 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 | 26,587. |
| Par | XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| · | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1 _{1a} | 45,770. |
| b | Program-related investments - total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| _ | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | - | |
| a | Suitability test (prior IRS approval required) | 3a | |
| | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 45,770. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. | | , |
| - | Enter 1% of Part I, line 27b (see instructions) | 5 | 35. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 45,735. |
| - | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca | | |
| | qualifies for the section 4940(e) reduction of tax in those years. | | |

| Рa | rt XIII Undistributed Income (see instr | uctions) | | | |
|----|--|-----------------|--|--------------|-----------------|
| | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2016 from Part XI, | Corpus | Years prior to 2015 | 2015 | 2016 |
| | line 7 | | | | 26,587. |
| 2 | Undistributed income, if any, as of the end of 2016 | | T | | |
| а | Enter amount for 2015 only. | | | | |
| ь | Total for prior years 20 14 ,20 13 ,20 12 | | | | |
| | Excess distributions carryover, if any, to 2016: | | | | |
| а | From 2011 | | | | |
| b | From 2012 | | | | |
| С | From 2013 | | | | |
| d | From 2014 | | | | |
| е | From 2015 | | | | |
| f | Total of lines 3a through e | 0. | | | |
| 4 | Qualifying distributions for 2016 from Part XII, | | | | |
| | line 4 ▶ \$45,770. | | | | |
| а | Applied to 2015, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior years | | | | |
| | (Election required - see instructions) | | | | |
| С | Treated as distributions out of corpus (Election | | | | |
| | required - see instructions) | ļ _ | | | |
| d | Applied to 2016 distributable amount | | | | 26,587. |
| е | Remaining amount distributed out of corpus | 19,183. | | | |
| 5 | Excess distributions carryover applied to 2016. | | | | |
| | (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: | 19,183. | | | |
| а | Corpus Add lines 3f, 4c, and 4e. Subtract line 5 | 19,103. | | | |
| р | Prior years' undistributed income Subtract | | | | |
| _ | line 4b from line 2b | | | | |
| · | income for which a notice of deficiency has | | | | |
| | been issued, or on which the section 4942(a) | | | | |
| | tax has been previously assessed | | | | |
| a | Subtract line 6c from line 6b Taxable amount - see instructions | | | | |
| е | Undistributed income for 2015 Subtract line | | | | |
| | 4a from line 2a Taxable amount - see | | | | |
| | | | | | |
| Ţ | Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be | | | | |
| | distributed in 2017 | | | | |
| 7 | Amounts treated as distributions out of corpus | | | | |
| · | to satisfy requirements imposed by section | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (Election may be | | | | |
| | required - see instructions) | | | <u> </u> | |
| 8 | Excess distributions carryover from 2011 not | | | | |
| | applied on line 5 or line 7 (see instructions) | · | | | |
| 9 | Excess distributions carryover to 2017. | 19,183. | | | |
| | Subtract lines 7 and 8 from line 6a | | - - | | |
| | Analysis of line 9. | | | | |
| | Excess from 2012 | } | | | |
| | Excess from 2013 | | | | |
| | Excess from 2014 | | | | |
| | Excess from 2015 | | | | |
| e | Excess from 2016 19,183. | L | LL | | 5 900 PE (0040) |

JEFFREY AND MARY SMITH FAMILY FOUNDATION

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| Part XV Supplementary Information (continued) | | | | | | | | |
|--|--|-------------------------|----------------------------------|-------------|--|--|--|--|
| 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient San individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Name and address (home or business) Purpose of grant or contribution Amount | | | | | | | | |
| Recipient | If recipient is an individual, 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 | | | | 40,000. | | | | |
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| Total | | | <u>▶</u> 3b | L | | | | |

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| Part XVI- | A Analysis of Income-Prod | ucing Act | <u>ivities </u> | | | |
|--------------|---|---------------|---|----------------|-----------------------------------|---------------------------------------|
| Enter gross | amounts unless otherwise indicated | (a) | ated business income (b) | (c) | y section 512, 513, or 514 (d) | (e) Related or exempt function income |
| 1 Program | service revenue. | Business code | Amount | Exclusion code | Amount | (See instructions.) |
| a | | | | | | |
| b | | <u> </u> | <u> </u> | - | | |
| c | | | | - | | |
| d | | <u> </u> | | | | |
| е | | | | | | - |
| | | | | | | |
| g Fees | and contracts from government agencies | <u> </u> | | | | |
| 2 Member | ship dues and assessments | | | | | |
| 3 Interest o | n savings and temporary cash investments - | | <u> </u> | 14 | 9,278. | |
| | ds and interest from securities | | | + | 9,276. | |
| | al income or (loss) from real estate | <u> </u> | | | | |
| | -financed property | | | + | | |
| | debt-financed property | | | | | |
| 6 Net renta | I income or (loss) from personal property | <u> </u> | | + | | |
| 7 Other in | vestment income | | | 18 | | |
| 8 Gain or (I | loss) from sales of assets other than inventory | <u> </u> | | ° | 35. | |
| | me or (loss) from special events · · · | | | | | |
| | rofit or (loss) from sales of inventory | | | | | |
| 11 Other re | venue. a | | | + | | |
| | | | - | | <u> </u> | |
| c | | | | | | |
| d | | <u> </u> | | | | |
| е | | | | | | |
| | Add columns (b), (d), and (e) | | <u> </u> | | 9,313. | |
| | dd line 12, columns (b), (d), and (e) | | | | 13 | 9,313. |
| | heet in line 13 instructions to verify calc | | an amoulinhous and a f | | | |
| Part XVI | | | | | | |
| Line No. | Explain below how each activit | | | | • | • |
| ▼ | accomplishment of the foundation | on's exemp | ot purposes (other than | by providing | funds for such purposes | s) (See instructions.) |
| | | | | | | |
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| Form 990-PF (201 | 6) JEFFREY AND MARY SMITH FAI | ILY FOUNDATION | 81-0876820 | Pag | e 13 |
|------------------|--|-------------------------|-------------------|------|------|
| Part XVII | Information Regarding Transfers To and Trans Exempt Organizations | actions and Relationshi | ps With Noncharit | able | , |
| | organization directly or indirectly engage in any of the folk in 501(c) of the Code (other than section 501(c)(3) organiz | | I F | Yes | No |

| į | | on 501(c) of the Co | | gage in any of the followir ction 501(c)(3) organizatio | | - | | | Yes | No |
|------------------|----------|-------------------------------|----------------------------|--|--|------------------|-----------------------------|------------------|-----------|---------|
| | | | g foundation to a | noncharitable exempt orga | nization of: | | | | | l |
| | (1) Cas | h | - | | | | | 1a(1) | | _x |
| | | | | | | | | 1a(2) | | Х |
| | . , | ansactions. | | | | | | | | |
| | (1) Sale | es of assets to a noi | ncharitable exemp | t organization | | | | 16(1) | | х |
| | • • | | • | e exempt organization | | | | | | Х |
| | • • | | | sets | | | | | | х |
| | | | - | | | | | 1b(4) | | х |
| | | | | | | | | | | Х |
| | | | | or fundraising solicitations. | | | | | | Х |
| | . , | | | other assets, or paid emplo | | | | | | х |
| | _ | | _ | complete the following s | | | | | fair m | arke |
| | | • | | s given by the reporting for | | | • | | | |
| | | | | ment, show in column (d) | | | | | | |
| (a) Lir | | (b) Amount involved | | charitable exempt organization | | | ers, transactions, and shar | | | |
| , | | N/A | <u></u> | | N/A | <u></u> | | | <u> </u> | |
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| | | | | ated with, or related to, o | | | | _ | T == | ٦ |
| | | | | er than section 501(c)(3)) o | r ın section | 527? | | Ye | es X | No |
| _ <u>b</u> | If "Yes, | " complete the follog | | | | | | | | |
| | | (a) Name of organization | n | (b) Type of organization | | (| c) Description of relations | hip | | |
| | | | | | | | | | | |
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| | | | | I this return, including accompanying ayer) is based on all information of whic | | | the best of my knowledg | e and b | elief, it | is true |
| Sign | | i, and complete Declaration o | preparer (outer trial task | and a land and a land | • L | y knowledge | May the IRS | dans | | |
| | | ALMAN VIDOMLAI | NSKI | 03 28 20 | SECRE | TARY | | epar <u>er :</u> | | |
| lere | Sign | ature of officer or trustee | | Date | Title | | (see instruction | s)? | Yes | No |
| | | | _ | | | | | | | |
| | | Print/Type preparer's na | ıme | Preparer's signature | - | Date | Check If F | NIT | | |
| Paid | | | | | | | self-employed | | | |
| ^o rep | oarer | Firm's name | | | | | Firm's EIN | | | |
| Jse | Only | Firm's address | | | | | | | | |
| | | | | | | 1 | | | | |

Schedule B (Form 990, 990-EZ,

or 990-PF)

Schedule of Contributors

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

Department of the Treasury Internal Revenue Service

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

| Name of the organization | | Employer Identification number |
|---|---|---|
| JEFFREY AND MARY SM | ITH FAMILY FOUNDATION | 01 0055000 |
| O-manination type (shock on | ۵)، | 81-0876820 |
| Organization type (check on | е). | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as | a private foundation |
| | 527 political organization | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| o 555 | 4947(a)(1) nonexempt charitable trust treated as a pi | rivata foundation |
| | — 4947(a)(1) Horiexempt charitable trust treated as a pi | Tivate louridation |
| | 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)(nstructions. | 7), (8), or (10) organization can check boxes for both the General | l Rule and a Special Rule. See |
| Seneral Rule | | |
| | n filing Form 990, 990-EZ, or 990-PF that received, during the y or property) from any one contributor. Complete Parts I and II. contributions. | - |
| Special Rules | | |
| For an organizatio regulations under 13, 16a, or 16b, a | n described in section 501(c)(3) filing Form 990 or 990-EZ that is sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule is nd that received from any one contributor, during the year, total of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990 | A (Form 990 or 990-EZ), Part II, line contributions of the greater of (1) |
| contributor, during | n described in section 501(c)(7), (8), or (10) filing Form 990 or 9 the year, total contributions of more than \$1,000 <i>exclusively</i> for onal purposes, or for the prevention of cruelty to children or anim | religious, charitable, scientific, |
| contributor, during contributions total | n described in section 501(c)(7), (8), or (10) filing Form 990 or 9 the year, contributions <i>exclusively</i> for religious, charitable, etc., ed more than \$1,000. If this box is checked, enter here the total | purposes, but no such contributions that were received |
| General Rule appl | ran exclusively religious, charitable, etc., purpose Don't completies to this organization because it received nonexclusively religious more during the year | us, charitable, etc , contributions |
| 990-EZ, or 990-PF), but it m | at isn't covered by the General Rule and/or the Special Rules do ust answer "No" on Part IV, line 2, of its Form 990; or check the to certify that it doesn't meet the filing requirements of Schedule | box on line H of its Form 990-EZ or on its |
| For Paperwork Reduction Act Not | ice, see the Instructions for Form 990, 990-EZ, or 990-PF. | Schedule B (Form 990, 990-EZ, or 990-PF) (201 |

JSA 6E1251 1 000

| lame of c | organization JEFFREY AND MARY SMITH FAMILY | FOUNDATION | Employer identification number |
|------------|--|---------------------------------------|---|
| Part I | Contributors (See instructions). Use duplicate cop | pies of Part I if additional space is | needed. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | MARY H. SMITH | | Person X |
| | 1220 MESA ROAD | \$600,000 | Payroll Noncash |
| | SANTA BARBARA, CA 93108 | | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroli Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |

Name of organization JEFFREY AND MARY SMITH FAMILY FOUNDATION

Employer identification number

| Part II | Noncash Property (See instructions). Use duplicate copies | of Part II if additional space is ne | eded. |
|---------------------------|---|--|----------------------|
| (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 |
| | | \$ | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization. JEFFREY AND MARY SMITH FAMILY FOUNDATION

Employer Identification number

|) No. | duplicate copies of Part III if additi | onal space is needed. | | | | |
|--------------------|--|-----------------------|--|--|--|--|
| rom art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| \ _ | | | | | | |
| | | | | | | |
| | Transferee's name, address, an | (e) Transfer of gift | elationship of transferor to transferee | | | |
| | | | | | | |
| No. | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | | | | | |
| _ | | (e) Transfer of gift | | | | |
| | Transferee's name, address, an | | elationship of transferor to transferee | | | |
| | | | | | | |
| _ _ | | | | | | |
| No. om art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| - | | | | | | |
| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 R | elationship of transferor to transferee | | | |
| | | | | | | |
| | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| No. om art I | | | | | | |
| No. om art I | | | | | | |
| No. om art I | | | _ | | | |
| No. om art I | Transferee's name, address, ar | (e) Transfer of gift | telationship of transferor to transferee | | | |

81-0876820

ATTACHMENT 1

NET INVESTMENT INCOME EXPENSES PER BOOKS FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES REVENUE AND DESCRIPTION 9,278. 9,278.

TOTAL

JPMORGAN

JEFFREY AND MARY SMITH FAMILY FOUNDATION

81-0876820

ATTACHMENT 2

| FEES |
|--------|
| LEGAL |
| 1 |
| Н |
| PART |
| 990PF, |
| FORM |

| CHARITABLE PURPOSES | 5,328. | 5,328. |
|---|------------|---------|
| ADJUSTED NET INCOME | | |
| NET INVESTMENT INCOME | 5,329. | 5,329. |
| REVENUE AND EXPENSES PER BOOKS | 10,657. | 10,657. |
| | | TOTALS |
| DESCRIPTION | LEGAL FEES | |

JEFFREY AND MARY SMITH FAMILY FOUNDATION

81-0876820

ATTACHMENT 3

| ı | 1 |
|----------|---|
| EXPENSES | |
| OTHER | |
| - 1 | I |
| Н | l |
| PART | |
| 990PF, | |
| FORM | |

| | NET | INVESTMENT | INCOME | 443. | 443 |
|---------|-----|------------|-------------|-------------|---------|
| REVENUE | AND | EXPENSES | PER BOOKS | 885. | тαα |
| | | | | | S.IATOT |
| | | | DESCRIPTION | FILING FEES | |

CHARITABLE
PURPOSES
442.

442.

9670KO U138 3/22/2017 11:28:16 AM V 16-3.5F

ATTACHMENT 4

| STOCK |
|--------------|
| CORPORATE ST |
| ı |
| 디 |
| PART |
| 990PF, |
| FORM 990P |

| ENDING FMV | 274,089. | 274,089. |
|----------------------|----------------------|----------|
| ENDING BOOK VALUE | 250,046. | 250,046. |
| | | TOTALS |
| DESCRIPTION | VANGUARD S&P 500 ETF | |

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ATTACHMENT 5

| BONDS |
|-----------|
| CORPORATE |
| - , ∥ |
| H |
| PART |
| 990PF, |
| FORM |

| ENDING <u>FMV</u> | 245,197. | 245,197. |
|----------------------|-----------------------------|----------|
| ENDING BOOK VALUE | 249,773. | 249,773. |
| DESCRIPTION | VANGUARD TOTAL BOND MKT ETF | TOTALS |

JEFFREY AND MARY SMITH FAMILY FOUNDATION

FORM 990PF, PART VII-A, LINE 10 - SUBSTANTIAL CONTRIBUTORS

2016 FORM 990-PF

ATTACHMENT 6

NAME AND ADDRESS

MARY H. SMITH 1220 MESA ROAD SANTA BARBARA, CA 93108 9670KO U138 3/22/2017 11:28:16 AM V 16-3.5F

ATTACHMENT 6 PAGE 24

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FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

JEFFREY AND MARY SMITH FAMILY

M 990-PF

81-0876820

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9670KO U138 3/22/2017

NONE NONE 20

UNRESTRICTED GRANT

5,000

35,000

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

CREUTZFELDT-JAKOB DISEASE FOUNDATION

RECIPIENT NAME AND ADDRESS

NATIONAL INSTITUTES OF HEALTH

AKRON, OH 44334 P O BOX 5312

ROCKVILLE, MD 20892 5601 FISHERS LANE

UNRESTRICTED GRANT

ATTACHMENT 9

TOTAL CONTRIBUTIONS PAID

40,000.

ATTACHMENT 9
PAGE 27

2016 FORM 990-PF JEFFREY AND MARY SMITH FAMILY FOUNDATION 81-0876826
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| CAPITAL GAINS AND LOSSES FOR TAX ON INVEST Kind of Property Description | | | | | P or | Date | Date sold | |
|---|-----------------------|----------------|-------------------|--------------------------------|-----------------------|---------|--------------|--|
| Gross sale | Depreciation | Cost or | I FMV | Adj basis | Excess of | D_ | Gain | |
| price less openses of sale | allowed/ allowable | other basis | as of 12/31/69 | Adj basis as of 12/31/69 | FMV over adj basis | | or (loss) | |
| | | TOTAL LONG- | TERM CAPITA | L GAIN DIVI | DENDS | | 35. | |
| 1 | | | | | | | | |
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| ral Gain(L | oss) | | | | | | 35. | |
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