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# EXTENDED TO NOVEMBER 15, 201 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation 2017

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

|                         | ,                    |  | m 990-PF and its separate                        |  |  | Open to Public Inspection                 |
|-------------------------|----------------------|--|--|--|--|---|
| For                     | caler                | ndar year 2016 or tax year beginning FEE   | 3 19, 2016                                       | , and ending   | DEC 31, 2016   | <u> </u>                                  |
| Na                      | me of                | f foundation   |  |  | A Employer identification  | number                                    |
|                         |                      |  |  |  |  |   |
| _J                      | ЮН                   | N AND GWEN SMART FOUNDA  | TION   | <del></del>  | 81-1535437   | <u> </u>                                  |
| Nui                     | nber a               | and street (or P O box number if mail is not delivered to street   | address)   | Room/suite   | 8 Telephone number   |   |
| 1                       | 00                   | 1 WARRENVILLE ROAD   |  | 500  | 331-401-59   | 61  |
| Cıt                     | v or to              | own, state or province, country, and ZIP or foreign p  | ostal code                                       |  | C If exemption application is p  |   |
|                         |                      | LE, IL 60532-4306  |  |  |  |   |
| _                       |                      | all that apply: X Initial return   | Initial return of a f                            | ormer public charity   | D 1. Foreign organization  | s, check here                             |
| <b>u</b> (              | UUN                  | Final return   | Amended return                                   | oor pavilo oliurity  | 2 1. 1 51 bigii bi yamzatibii  | o, orioon iiolo                           |
|                         |                      | Address change   | Name change                                      |  | Foreign organizations me<br>check here and attach co   | seting the 85% test,                      |
|                         |                      |  |  |  |  |   |
| т_                      | _                    | type of organization: X Section 501(c)(3) ex   |  | lank a a   | E If private foundation sta  |   |
|                         |                      |  | Other taxable private found                      |  | under section 507(b)(1   | • •                                       |
|                         |                      | arket value of all assets at end of year J Accounti  | <u> </u>   | Accrual  | F If the foundation is in a  |   |
|                         |                      | Part II, col. (c), line 16)  | ther (specify)                                   |  | under section 507(b)(1   | )(B), check here $ ightharpoonup$         |
|                         | <u>-\$</u><br>8855.3 | 52,168,558. (Part I, colu  | ımn (d) must be on cash                          | Dasis)   |  |   |
| P                       | irt i                | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and                                  | (b) Net investment   | (c) Adjusted net   | (d) Disbursements for charitable purposes |
|                         | ,                    | necessarily equal the amounts in column (a))   | expenses per books                               | income   | income   | (cash basis only)                         |
|                         | 1                    | Contributions, gifts, grants, etc., received   | 52,370,804.                                      |  | ‰ N/A  | 100 C 0 1 1 1 2                           |
|                         | 2                    | Check In the foundation is not required to attach Sch. B   |  |  | - do 3, 8,   | ' 5'. a                                   |
|                         | 3                    | Interest on savings and temporary cash investments   |  |  |  |   |
|                         | 4                    | Dividends and interest from securities   | 89.  | 89.  |  | STATEMENT 1                               |
|                         | 5a                   | Gross rents  |  |  |  |   |
|                         | _                    | Net rental income or (loss)  |  | # 18 19 19 19 19 19 19 19 19 19 19 19 19 19  |  | , ,                                       |
| ine                     | ١ ـ                  | ` · · · · · · · · · · · · · · · · · · ·  | , , , , , , , , , , , , , , , , , , ,            |  |  | . Y8 's                                   |
|                         | Va                   | Net gain or (loss) from sale of assets not on line 10<br>Gross sales price for all   |  |  | Was Market St.   |   |
| Revenue                 | b                    | assets on line 6a  | 5 V. 1 . 88430                                   | 0.   | The state of the s | <del></del>                               |
| Ŗ                       | 7                    | Capital gain net income (from Part IV, line 2)   |  | 0.   | The state of the s |   |
| _                       | 8                    | Net short-term capital gain  |  |  |  | 30 3                                      |
|                         | 9                    | Income modifications Gross sales less returns  | ~8° 30° 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2    | A CONTRACTOR OF THE PARTY OF TH | -8-4- <del></del>  |   |
|                         | 10a                  | and allowances   |  | Tree of the second   |  | å: ^ · _                                  |
|                         |                      | Less Cost of goods sold  |  |  |  | 20.300                                    |
|                         | C                    | Gross profit or (loss)   |  |  | 7  |   |
|                         | 11                   | Other income   |  |  | BI MOV 9 7 2017  | 3   |
|                         | 12                   | Total. Add lines 1 through 11  | 52,370,893.                                      | 89.  |  |   |
|                         | 13                   | Compensation of officers, directors, trustees, etc   | 8,880.   | 0.   | OGDEN UT   | 8,880.                                    |
|                         | 14                   | Other employee salaries and wages  |  | <b>L</b>   |  |   |
|                         | 15                   | Pension plans, employee benefits   |  |  |  |   |
| es                      |                      | Legal fees STMT 2  | 16,668.  | 0.   |  | 16,668.                                   |
| ens                     | b                    | Accounting fees  |  |  |  |   |
| Administrative Expenses | ,                    | Other professional fees  |  |  |  | <del> </del>                              |
| ē<br>E                  | 17                   | Interest   |  |  |  |   |
| ativ                    | 18                   | Taxes  |  |  |  |   |
| str                     | 10                   | • • •  | <del>                                     </del> | <del>                                     </del>   |  | , , ,,                                    |
| ij                      | 19                   | Depreciation and depletion   | 2 000  |  | <del> </del>   | <del> </del>                              |
| 퉏                       | 20                   | Occupancy  | 2,000.   | 0.   | <del>                                     </del>   | 2,000.                                    |
| φ                       | 1                    | Travel, conferences, and meetings  |  |  |  |   |
| and                     | 22                   | Printing and publications  |  |  |  | <del></del>                               |
| gu                      | 23                   | Other expenses STMT 3  | 1,036.   | 0.   |  | 1,036.                                    |
| ati                     | 24                   | Total operating and administrative   |  |  |  |   |
| Operating               |                      | expenses. Add lines 13 through 23  | 28,584.  | 0.   |  | 28,584.                                   |
| 0                       | 25                   | Contributions, gifts, grants paid  | 0.   |  |  | 0.  |
|                         | 26                   | Total expenses and disbursements.  |  |  |  |   |
|                         | 1                    | Add lines 24 and 25  | 28,584.  | 0.   |  | 28,584.                                   |
|                         | 27                   | Subtract line 26 from line 12:   |  | 2,   |  |   |
|                         | l                    | Excess of revenue over expenses and disbursements  | 52,342,309.                                      |  |  |   |
|                         | ŀ                    | Net investment income (it negative, enter -0-)   |  | 89.  |  |   |
|                         | 1                    | Adjusted net income (if negative, enter -0-)   |  |  | N/A  |   |
|                         |                      | majaateu not moonie (" nagauvo, enta "0")  | L  | <u> </u>   | 47/47  | L 1                                       |

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

|  | N AND GW.                             |                            |  |                                      |  |            |             | 81              | -153                      | 5437                              | Page 3        |
|--|---------------------------------------|----------------------------|--|--------------------------------------|--|------------|-------------|-----------------|---------------------------|-----------------------------------|---------------|
| CHI JASTE AND  |                                       |                            |  | t moonie                             | (b)  | How ac     | quired      | (c) Date ac     | oured                     | (d) Da                            | e cold        |
| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) |                                       |                            |  | l, b                                 | (b) How acquired<br>P - Purchase<br>D - Donation |            | (mo., day   |                 | (mo., d                   |                                   |               |
| <br>1a   |                                       |                            |  |                                      | 1-   |            |             |                 |                           |                                   | ~             |
| b NOI  | NE                                    |                            |  |                                      |  |            |             |                 |                           |                                   |               |
| c  |                                       |                            |  |                                      |  |            |             |                 |                           |                                   |               |
| d  |                                       |                            |  |                                      | <u> </u>   |            |             |                 |                           |                                   |               |
| <u>e</u>   |                                       | <del></del>                | <del>,</del>                                     | <del></del>                          |  |            |             | <del> </del>    |                           |                                   |               |
| (e) Gross sales price  | (f) Depreciat<br>(or allo             |                            |  | st or other basis<br>expense of sale |  | , <u>-</u> | ···         |                 | n or (loss)<br>f) minus ( |                                   |               |
| .a   |                                       |                            | ļ  | <del></del>                          |  | <b></b>    |             |                 |                           |                                   |               |
| b  |                                       |                            |  |                                      |  |            |             |                 |                           |                                   |               |
| <u>c</u>   |                                       |                            | <del> </del>                                     |                                      |  |            |             |                 |                           |                                   | <del></del> - |
| <u>d</u>   |                                       | · <del>- ·-</del> ·        | <del> </del>                                     |                                      |  |            |             |                 |                           |                                   |               |
| Complete only for assets showing   | a asin in column (                    | h) and owned by            | the foundation                                   | n on 12/31/69                        |  |            |             | I) Gains (Col   | /h) gain i                | minue                             |               |
| Complete only for assets showing   | g guiii iii colaiiiii (<br>(j) Adjust | <del></del>                |  | xcess of col. (I)                    |  |            | CC          | il. (k), but no | t less than               | -0-) or                           |               |
| (i) F.M.V. as of 12/31/69  | as of 12                              |                            |  | col. (j), if any                     | _  |            |             | Losses (fi      | rom col. (f               | 1))                               |               |
| <u>a</u>   |                                       | <del></del>                | <del> </del> -                                   |                                      |  |            |             | ·               |                           |                                   |               |
| <u>b</u>   |                                       | <del></del>                | <del> </del>                                     |                                      |  |            |             |                 | <del></del>               |                                   |               |
| c d  |                                       | <del></del>                | <del>                                     </del> |                                      |  |            | <del></del> |                 |                           |                                   |               |
| e  |                                       |                            |  |                                      |  |            |             |                 |                           |                                   |               |
| <del>-</del>   |                                       | If gain, also enter        | r in Dort I. line                                | 7                                    | 7  |            |             |                 |                           |                                   |               |
| 2 Capital gain net income or (net cap  | ortal loss)                           | If (loss), enter -0        | in Part I line<br>- in Part I line               | 7                                    | •  | 2          |             |                 |                           |                                   |               |
|  | •                                     |                            |  |                                      | 7  |            |             |                 |                           |                                   |               |
| 3 Net short-term capital gain or (los:<br>If gain, also enter in Part I, line 8, 6   |                                       | cuons 1222(5) ar           | iu (o).  |                                      | 1  |            |             |                 |                           |                                   |               |
| If (loss), enter -0- in Part I, line 8   | • •                                   | <b>.</b>                   |  |                                      |  | 3          |             |                 |                           |                                   |               |
| Part Va Qualification U  | nder Sectior                          | 1 4940(e) for              | Reduced  | Tax on Net                           | t Inv  | estm       | ent In      | come            |                           |                                   |               |
| For optional use by domestic private   | foundations subje                     | ct to the section          | 4940(a) tax oi                                   | net investment i                     | ncome  | e.)        |             |                 |                           | N/A                               |               |
| •  | •                                     |                            |  |                                      |  | •          |             |                 |                           | •                                 |               |
| f section 4940(d)(2) applies, leave th   | ıs part blank.                        |                            |  |                                      |  |            |             |                 |                           |                                   |               |
| Was the foundation liable for the sect   | ion 4942 tax on th                    | e distributable an         | nount of any y                                   | ear in the base pe                   | riod?  |            |             |                 |                           | Yes                               | ☐ No          |
| f "Yes," the foundation does not quali   |                                       |                            |  | -                                    |  |            | <u>-</u>    |                 |                           |                                   |               |
| Enter the appropriate amount in e  |                                       |                            |  |                                      | entries  | S          |             |                 |                           |                                   |               |
| (a)<br>Base period years<br>Calendar year (or tax year beginnin  | ng m) Adjus                           | (b)<br>sted qualifying dis | tributions                                       | Net value of no                      | (c)<br>oncha                                     |            | use assets  | s (c            | Distribi<br>ol. (b) divi  | (d)<br>ution ratio<br>ded by col. | (c))          |
| 2015   |                                       |                            |  |                                      |  |            | _           |                 |                           |                                   |               |
| 2014   |                                       |                            |  |                                      |  |            |             |                 |                           |                                   |               |
| 2013   |                                       |                            |  |                                      |  |            |             |                 |                           |                                   |               |
| 2012   |                                       |                            |  |                                      |  |            |             |                 |                           |                                   |               |
| 2011   |                                       |                            |  | <u></u>                              |  |            |             |                 |                           |                                   |               |
|  |                                       |                            |  |                                      |  |            |             |                 |                           |                                   |               |
| 2 Total of line 1, column (d)  |                                       |                            |  |                                      |  |            |             | 2               |                           |                                   |               |
| 3 Average distribution ratio for the 5   | i-year base period                    | - divide the total         | on line 2 by 5                                   | , or by the number                   | r of ye  | ars        |             |                 |                           |                                   |               |
| the foundation has been in existen   | ice if less than 5 ye                 | ears                       |  |                                      |  |            |             | 3               |                           |                                   |               |
|  |                                       |                            |  |                                      |  |            |             |                 |                           |                                   |               |
| Enter the net value of noncharitable   | le-use assets for 2                   | 016 from Part X,           | line 5   |                                      |  |            |             | 4               |                           |                                   |               |
|  |                                       |                            |  |                                      |  |            |             | į               |                           |                                   |               |
| Multiply line 4 by line 3  |                                       |                            |  | •                                    |  |            |             | 5               |                           |                                   |               |
|  |                                       |                            |  |                                      |  |            |             |                 |                           |                                   |               |
| Enter 1% of net investment incom   | e (1% of Part i, lin                  | ie 27b)                    |  | ••                                   | -  |            |             | 6               |                           |                                   |               |
|  |                                       |                            |  |                                      |  |            |             | _               |                           |                                   |               |
| 7 Add lines 5 and 6  | •                                     |                            |  | •                                    |  |            |             | 7               |                           |                                   |               |
| ). Fator modelina distributions for ex   | Dort VII. Inc. 4                      |                            |  |                                      |  |            |             |                 |                           |                                   |               |
| Enter qualifying distributions from  |                                       |                            |  | -1-4- Al                             |  |            |             | [ 8 [           |                           | ·—                                |               |
| If line 8 is equal to or greater than See the Part VI instructions.  | line 7, check the b                   | oox in Part VI, line       | t 16, and com                                    | piete that part usii                 | ng a 1   | % tax r    | ate.        |                 |                           |                                   |               |
| <del></del>  |                                       |                            | <del></del>                                      |                                      |  |            |             |                 | Fr                        | orm <b>990</b> -                  | PF (2016)     |
| 623521 11-23-16  |                                       |                            |  |                                      |  |            |             |                 | F(                        | ,,,,, <b>→ →∪-</b>                | = r= (∠U16    |

623521 11-23-16

| _   | TOWN AND GUIDA GARDE TOURNAMED   | <b>^</b> 1 | 1535435 -                                |            |
|-----|--|------------|--|------------|
|     | 1990-PF (2016) JOHN AND GWEN SMART FOUNDATION  Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4  |            | 1535437 Page<br>- see instructions)      | <u>. 4</u> |
|     | Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.   |            |  | Ш          |
| 14  | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)  |            |  | H          |
| h   | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%   | 1          | 2  | •          |
| -   | of Part I, line 27b  |            |  | 噩          |
| C   | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).   |            |  |            |
| 2   | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  | 2_         | 0  | ·          |
| 3   | Add lines 1 and 2  | 3          | 2  | •          |
| 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-  | 5          | 2  | ÷          |
| 6   | Credits/Payments:  |            |  |            |
|     | 2016 estimated tax payments and 2015 overpayment credited to 2016  |            |  |            |
|     | Exempt foreign organizations - tax withheld at source  |            |  |            |
|     | Tax paid with application for extension of time to file (Form 8868)  6c 30,000.  |            |  | Ħ          |
|     | Backup withholding erroneously withheld  Eather the state of the state |            | 30 000                                   | 灦          |
| ′   | Total credits and payments. Add lines 6a through 6d  | 7 8        | 30,000                                   | •          |
| 8   | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached   | 9          |  | -          |
| 10  | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   | 10         | 29,998                                   | _          |
|     | Enter the amount of line 10 to be: Credited to 2017 estimated tax  | 11         | 0  |            |
|     | Statements Regarding Activities  |            |  | ÷          |
|     | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene  | ın         | Yes No                                   | _<br>)     |
|     | 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 definition   | 2          | 1b X                                     | _          |
|     | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish  |            |  | Ī          |
|     | distributed by the foundation in connection with the activities.   |            |  |            |
| C   | Did the foundation file Form 1120-POL for this year?   |            | 1c X                                     |            |
| ď   | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:   |            |  |            |
|     | (1) On the foundation. $\blacktriangleright$ \$ 0 . (2) On foundation managers. $\blacktriangleright$ \$ 0 .   |            |  |            |
| е   | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation  |            |  |            |
|     | managers. ▶ \$ 0 .   |            |  |            |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?  |            | 2 X                                      |            |
| _   | If "Yes," attach a detailed description of the activities.   | _          |  |            |
| 3   | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or  | Γ          | 2 7                                      |            |
| 4.  | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  Did the foundation have unrelated business gross income of \$1,000 or more during the year?  |            | 3 X<br>4a X                              |            |
|     | If "Yes," has it filed a tax return on Form 990-T for this year?   | N          | /A 4b                                    | _          |
|     | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   | -1         | 5 X                                      | _          |
| ŭ   | 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 X                                    | _          |
| 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 X                                      | _          |
|     |  |            |  |            |
| 8a  | Enter the states to which the foundation reports or with which it is registered (see instructions)   |            |  |            |
|     | IL   |            |  |            |
| 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)  |            |  | Ä          |
|     | of each state as required by General Instruction G? 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 4942(j)(5) for cale  | ndar       |  | 2          |
| 4.0 | year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV   | TMT        | 6 10 X                                   | _          |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses S   | T IN T     | 6   10   X  <br>Form <b>990-PF</b> (2016 | -          |
|     |  |            |  | -1         |

| Pa  | irtMI#Ai Statements Regarding Activities (continued)   | <u> </u> |              |              |
|---|--|----------|--------------|--------------|
| <u>, , , , , , , , , , , , , , , , , , , </u> |  |          | Yes          | N            |
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of                     |          |              |              |
|   | section 512(b)(13)? If "Yes," attach schedule (see instructions)   | 11       |              | X            |
| 12  | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? |          |              | 1            |
|   | If "Yes," attach statement (see instructions)  | 12       |              | X            |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                        | 13       | X            | 1            |
|   | Website address ► N/A  | <u> </u> |              |              |
| 14  | The books are in care of ► THE FOUNDATION Telephone no. ► 331-4  | 01-5     | 961          |              |
|   | Located at ▶ 1001 WARRENVILLE ROAD, NO. 500, LISLE, IL ZIP+4 ▶6  |          |              |              |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here  |          |              | <b>-</b>     |
|   | and enter the amount of tax-exempt interest received or accrued during the year  | N        | /A           |              |
| 16  | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,               |          | Yes          | No           |
|   | securities, or other financial account in a foreign country?   | 16       |              | X            |
|   | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the                           |          |              |              |
|   | foreign country  |          |              |              |
| Pä  | THATER Statements Regarding Activities for Which Form 4720 May Be Required   |          |              |              |
|   | 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?   |          |              |              |
|   | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  |          |              |              |
|   | a disqualified person?   |          |              |              |
|   | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   |          |              |              |
|   | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   X Yes No  |          |              |              |
|   | (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 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.)   |          |              |              |
| b   | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations                     |          |              |              |
|   | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  | 1b       |              | X            |
|   | Organizations relying on a current notice regarding disaster assistance check here   |          |              |              |
| C   | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected            |          |              |              |
|   | before the first day of the tax year beginning in 2016?  | 1c       | ,            | X            |
| 2   | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation           |          |              |              |
|   | defined in section 4942(j)(3) or 4942(j)(5)):  |          |              |              |
| а   | At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning       |          |              |              |
|   | before 2016?   |          |              |              |
|   | If "Yes," list the years $\blacktriangleright$   |          |              |              |
| 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.                           |          |              |              |
|   | <b>&gt;</b>  |          |              |              |
| 3a  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time                                  |          |              |              |
|   | during the year?   |          |              |              |
| b   | If "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 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 foundation had excess business holdings in 2016.)  N/A  | 3b       |              | <del> </del> |
|   | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                            | 4a       | a i pi in tu | X            |
| þ   | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that     |          |              | 1            |
|   | had not been removed from jeopardy before the first day of the tax year beginning in 2016?   | 4b       |              | X            |

| Form 990-PF (2016) JOHN AND GWEN SMART FOUN  |   |                                   | 81-15354   | 37 Page 6                                     |
|--|---|-----------------------------------|--|---|
| Rart VII-B Statements Regarding Activities for Which                                   | Form 4720 May Be F                            | Required (contin                  | ued)   |   |
| 5a During the year did the foundation pay or incur any amount to:                      |   |                                   |  |   |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section        | n 4945(e))?                                   | Ye                                | s 🗶 No 🧣   |   |
| (2) Influence the outcome of any specific public election (see section 4955); of       | or to carry on, directly or indire            | ectly,                            | la l                       |   |
| any voter registration drive?  |   | Ye                                | s X No   |   |
| (3) Provide a grant to an individual for travel, study, or other similar purposes      | ?   | Ye                                | s X No   |   |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio      | n described in section                        |                                   |  |   |
| 4945(d)(4)(A)? (see instructions)  |   |                                   | s X No   |   |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,    | or educational purposes, or f                 |                                   |  |   |
| the prevention of cruelty to children or animals?                                      | , · · · · · · · · · · · · · · · · · ·         |                                   | s X No   |   |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | der the excentions described i                | • •                               |  |   |
| section 53.4945 or in a current notice regarding disaster assistance (see instru       |   |                                   | N/A  | SP SERVICE STANKE                             |
| Organizations relying on a current notice regarding disaster assistance check h        |   | • •••                             |  |   |
|  |   |                                   |  |   |
| c if the answer is "Yes" to question 5a(4), does the foundation claim exemption for    |   | . —                               |  |   |
| expenditure responsibility for the grant?  |   | 「/A...                            | :s LJNo B  |   |
| If "Yes," attach the statement required by Regulations section 53.494                  |   |                                   | 38.25  |   |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to  | pay premiums on                               | <del></del>                       |  |   |
| a personal benefit contract?   |   | Ye                                | s X No   |   |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p    | ersonal benefit contract?                     |                                   | . (  | b X   |
| If "Yes" to 6b, file Form 8870   |   |                                   |  |   |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s   | helter transaction?                           | L Ye                              | s X No 🕮   |   |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu     |   |                                   |  | <u>'b                                    </u> |
| Partiville Information About Officers, Directors, Trust                                | ees, Foundation Ma                            | nagers, Highly                    | /  |   |
| Paid Employees, and Contractors  |   | <u>.</u>                          |  |   |
| 1 List all officers, directors, trustees, foundation managers and their                |   | <u> </u>                          | ( ) -  |   |
| ( ) Nome and address   | (b) Title, and average hours per week devoted | (c) Compensation<br>(if not paid, | (d) Contributions to<br>employee benefit plans<br>and deferred | (e) Expense account, other                    |
| (a) Name and address   | to position                                   | enter ~0-)                        | and deterred<br>compensation                                   | allowances                                    |
| WILLIAM OSWALD   | SECRETARY AND                                 | DIRECTOR                          |  |   |
| 1001 WARRENVILLE ROAD, SUITE 500   |   |                                   |  |   |
| LISLE, IL 60532-4306   | 5.00  | 0.                                | 0.   | 0.  |
| ELLEN OSWALD   | TREASURER AND                                 | DIRECTOR                          |  |   |
| 1001 WARRENVILLE ROAD, SUITE 500   |   |                                   |  |   |
| LISLE, IL 60532-4306   | 5.00  | 8,880.                            | 0.   | 0.  |
|  | PRESIDENT AND                                 |                                   |  |   |
| 1001 WARRENVILLE ROAD, SUITE 500   |   | DIRECTOR                          |  |   |
| LISLE, IL 60532-4306   | 5.00_   | 0.                                | 0.   | 0.  |
| <u> </u>   | 3.00  | 0.                                | <u> </u>   |   |
|  |   |                                   |  |   |
|  |   |                                   |  |   |
| 2 Compensation of five highest-paid employees (other than those inc                    | luded on line 1). If none.                    | enter "NONE."                     | <u></u>  | <del></del>                                   |
|  | (b) Title, and average                        |                                   | (d) Contributions to   | (e) Expense                                   |
| (a) Name and address of each employee paid more than \$50,000                          | hours per week devoted to position            | (c) Compensation                  | (d) Contributions to<br>employee benefit plans<br>and deferred | account, other allowances                     |
| NONE   | devoted to position                           | <del></del>                       | compensation   | anomances                                     |
| NONE   |   |                                   | }  |   |
|  | <del> </del>                                  |                                   |  |   |
| <del></del>  |   |                                   |  |   |
|  | <del> </del>                                  | <del></del>                       | <del>  </del>  | <del></del>                                   |
|  |   |                                   |  |   |
|  |   | <del> </del>                      |  |   |
|  |   | į                                 |  |   |
|  | <del> </del>                                  |                                   |  | <del></del>                                   |
|  |   |                                   |  |   |
|  | <u> </u>                                      | L                                 | <u> </u>   |   |
| Total number of other employees paid over \$50,000                                     | · · · · · · · · · · · · · · · · · · ·         | <del></del>                       |  | 0   |
|  |   |                                   | Form   | 990-PF (2016)                                 |

| Form 990-PF (2016) JOHN AND GWEN SMART FOUNDATION  [Part VIII   Information About Officers, Directors, Trustees, Foundation Management Paid Employees, and Contractors (continued)   |                     | 1535437            | Page 7      |
|--|---------------------|--------------------|-------------|
|  |                     |                    |             |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE."  (a) Name and address of each person paid more than \$50,000   | (I-) Tupe of comuse | (=) Comp           | oncation    |
|  | (b) Type of service | (c) Comp           | ensawn      |
| NONE   |                     |                    |             |
|  |                     |                    | <del></del> |
|  |                     |                    |             |
| Total number of others receiving over \$50,000 for professional services   |                     | <b>&gt;</b>        | 0           |
| Part X:A Summary of Direct Charitable Activities   | <del></del>         | <del>-</del> -     |             |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | n such as the       | Expenses           |             |
| 1 <u>N/A</u>   |                     |                    |             |
| 2  |                     |                    |             |
|  |                     |                    |             |
| 3  |                     |                    |             |
| 4  |                     |                    | <del></del> |
|  |                     |                    |             |
| Partix Bi Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  |                     | Amount             |             |
| 1 N/A  |                     |                    |             |
| 2  |                     |                    |             |
|  |                     |                    |             |
| All other program-related investments. See instructions.   |                     |                    |             |
|  |                     |                    |             |
|  |                     |                    |             |
| Total. Add lines 1 through 3   |                     |                    | 0.          |
|  |                     | Form <b>990-PI</b> | (2016)      |

|     | Fair market value of assets not used (or held for use) directly in carrying out char     | itable etc. ni    | rnoses.     |             |         |              |           |
|-----|--|-------------------|-------------|-------------|---------|--------------|-----------|
| •   | Average monthly fair market value of securities  | ішью, ско., ре    | i poses.    |             |         | 1a           | 2,114,588 |
|     | Average of monthly cash balances   | •                 |             |             |         | 16           | 256,736   |
|     | Fair market value of all other assets  | -                 | •           |             |         | 1c           | 2301130   |
| d   | Total (add lines 1a, b, and c)   |                   |             |             | -       | 1d           | 2,371,324 |
| _   | Reduction claimed for blockage or other factors reported on lines 1a and                 |                   |             |             | •       |              | 273727322 |
| ٠   | 1c (attach detailed explanation)   | 1e                |             |             | 0.      |              |           |
|     | Acquisition indebtedness applicable to line 1 assets                                     | <u> </u>          |             |             |         | 2            | 0         |
|     | Subtract line 2 from line 1d   |                   | •           |             |         | 3            | 2,371,324 |
|     | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amo      | ount see instr    | uctions)    |             |         | 4            | 35,570    |
|     | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here an        |                   |             |             | •       | 5            | 2,335,754 |
|     | Minimum investment return. Enter 5% of line 5 ADJUSTED FOR S                             |                   |             | RTOD        |         | 6            | 101,152   |
| Ď   | Distributable Amount (see instructions) (Section 4942(j))                                |                   |             |             | ions an |              |           |
| - 4 | foreign organizations check here and do not complete this                                |                   | ivate opera | ung lounual | ions ai | iu cei tairi |           |
|     | Minimum investment return from Part X, line 6  |                   |             |             |         | 1            | 101,152   |
| a   |  | 2a                |             | •           | 2.      |              |           |
| ь   | Income tax for 2016. (This does not include the tax from Part VI.)                       | 2b                |             |             |         |              |           |
| _   | Add lines 2a and 2b  | 1_50_1_           |             |             |         | 2c           | 2.        |
|     | Distributable amount before adjustments. Subtract line 2c from line 1                    |                   | •           | ••          | •       | 3            | 101,150   |
|     | Recoveries of amounts treated as qualifying distributions                                | •                 | ••          | • •         | •       | 4            | 0.        |
|     | Add lines 3 and 4  |                   | •           | •• •        |         | 5            | 101,150   |
|     | Deduction from distributable amount (see instructions)                                   | •                 |             | • ••        |         | 6            | 0.        |
|     | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on line 5. | Part XIII. line 1 | ·           | •           |         | 7            | 101,150   |
| D   | antivitie Qualifying Distributions (see instructions)                                    |                   | ·           |             |         | <del></del>  |           |
| 74  | addinging Diotributions (accumulations)  |                   |             |             |         | [managed]    |           |
|     | Amounts paid (including administrative expenses) to accomplish charitable, etc.,         | purposes:         |             |             |         |              |           |
| a   | Expenses, contributions, gifts, etc total from Part I, column (d), line 26               |                   |             |             |         | 1a           | 28,584    |
| b   | Program-related investments - total from Part IX-B                                       | •                 |             |             |         | 1b           | 0.        |
|     | Amounts paid to acquire assets used (or held for use) directly in carrying out cha       | ırıtable, etc., p | urposes     |             |         | 2            |           |
| }   | Amounts set aside for specific charitable projects that satisfy the:                     |                   |             |             |         |              |           |
| a   | Suitability test (prior IRS approval required)   |                   |             |             |         | 3a           |           |
| b   | Cash distribution test (attach the required schedule)                                    |                   |             |             |         | 3b           |           |
|     | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line        | 8, and Part XI    | l, line 4   | •           |         | 4            | 28,584.   |
| ,   | Foundations that qualify under section 4940(e) for the reduced rate of tax on net        | investment        |             |             |         |              |           |
|     | income. Enter 1% of Part I, line 27b   |                   |             | •           |         | 5            | 0         |
|     |  |                   |             |             |         |              |           |
|     | Adjusted qualifying distributions. Subtract line 5 from line 4                           |                   |             |             |         | 6            | 28,584    |

Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus  | (b)<br>Years prior to 2015 | (c)<br>2015                                  | (d)<br>2016  |
|--|--|----------------------------|--|--|
| 1 Distributable amount for 2016 from Part XI,  |  |                            |  |  |
| line 7   |  |                            |  | 101,150.   |
| 2 Undistributed income, if any, as of the end of 2016                                  |  |                            |  |  |
| a Enter amount for 2015 only   |  |                            | 0.   |  |
| b Total for prior years:   |  | 0.                         |  |  |
| 3 Excess distributions carryover, if any, to 2016:                                     |  |                            |  | 75 3 2 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7   |
| a From 2011  |  |                            |  |  |
| b From 2012  |  |                            |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| c From 2013  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                            | 1, 6, 6,                                     | , , , ,  |
| d From 2014  |  |                            |  |  |
| e From 2015  |  |                            | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1        | No. of the second secon |
| f Total of lines 3a through e  | 0.   |                            | li de la | \$ 10 mm 1   |
| 4 Qualifying distributions for 2016 from   |  |                            | (2,0)  | angle of the   |
| Part XII, line 4: ► \$ 28,584.   |  |                            | And September 1                              |  |
| a Applied to 2015, but not more than line 2a   |  |                            | 0.   | , o  |
| b Applied to undistributed income of prior   | The state of the s |                            | - ,  | , `• .   |
| years (Election required - see instructions)   |  | .0.                        | 3 "  | *,c ^ *,   |
| c Treated as distributions out of corpus   |  |                            | ,  |  |
| (Election required - see instructions)   | 0.   |                            |  | Section 1  |
| d Applied to 2016 distributable amount   | And what the state of the state | <b>, 186</b>               | ,  | 28,584.  |
| e Remaining amount distributed out of corpus   | 0.   | PR ST. ST.                 |  | ر ما معر موا   |
| 5 Excess distributions carryover applied to 2016                                       | 0.   | And Salar                  | . â  | 0.   |
| (If an amount appears in column (d), the same amount must be shown in column (a))      | A Secretary of the second seco | Street Street              | ,  | 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.  |
| 6 Enter the net total of each column as indicated below:                               |  |                            | ,  |  |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5                                      | 0.   |                            |  |  |
| b Prior years' undistributed income. Subtract  |  |                            |  |  |
| line 4b from line 2b   |  | 0.                         |  | *,   |
| c Enter the amount of prior years'   | San o' a ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '   |                            |  |  |
| undistributed income for which a notice of   |  |                            |  | , .  |
| deficiency has been issued, or on which<br>the section 4942(a) tax has been previously |  |                            |  | į  |
| assessed   | · · · · · · · · · · · · · · · · · · ·  | 0.                         |  |  |
| d Subtract line 6c from line 6b. Taxable   | , , , , , , , , , , , , , , , , , , ,  |                            | :  | *  |
| amount - see instructions  | · · · · · · · · · · · · · · · · · · ·  | 0.                         |  |  |
| e Undistributed income for 2015. Subtract line   |  |                            |  | ه ۱ م ۱ م  |
| 4a from line 2a. Taxable amount - see instr.   |  | 18. N. 2m.                 | 0.   |  |
| f Undistributed income for 2016. Subtract  | ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  |                            |  |  |
| lines 4d and 5 from line 1. This amount must   | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  | Say Marine                 |  |  |
| be distributed in 2017   | ·  | 27 - 86 ev                 |  | 72,566.  |
| 7 Amounts treated as distributions out of  |  | *<br>· • • • • •           |  |  |
| corpus to satisfy requirements imposed by  |  | \$ ×5'                     |  |  |
| section 170(b)(1)(F) or 4942(g)(3) (Election   |  | , 15 -                     |  |  |
| may be required - see instructions)  | 0.   |                            |  |  |
| 8 Excess distributions carryover from 2011   |  |                            |  |  |
| not applied on line 5 or line 7  | 0.   |                            |  |  |
| 9 Excess distributions carryover to 2017.  | _  | ,                          |  |  |
| Subtract lines 7 and 8 from line 6a  | 0.   | 3                          | <del></del>                                  |  |
| 10 Analysis of line 9:   |  | , *                        |  |  |
| a Excess from 2012   |  | , ,                        |  |  |
| b Excess from 2013   | !  | ,                          |  |  |
| c Excess from 2014   |  | , + , 8                    |  |  |
| d Excess from 2015   |  |                            |  |  |
| e Excess from 2016   | L  | <u> </u>                   | <u> </u>                                     | L  |

|   | <u>D GWEN SMAR</u>         |                             |                              |                             | 535437 Page 1                                    |
|---|----------------------------|-----------------------------|------------------------------|-----------------------------|--|
| PartXIV Private Operating F   |                            |                             |                              | N/A                         |  |
| 1 a If the foundation has received a ruling o   |                            | •                           |                              |                             |  |
| foundation, and the ruling is effective for   |                            |                             | ▶                            | <del></del>                 | ·  |
| b Check box to indicate whether the found   |                            | ng foundation described     |                              | 4942(j)(3) or4              | 942(j)(5)  |
| 2 a Enter the lesser of the adjusted net  | Tax year                   |                             | Prior 3 years                | 1                           | <b>↓</b>   |
| income from Part I or the minimum   | (a) 2016                   | (b) 2015                    | (c) 2014                     | (d) 2013                    | (e) Totai  |
| investment return from Part X for   |                            |                             |                              |                             |  |
| each year listed  |                            |                             |                              |                             | <u></u>  |
| b 85% of line 2a  |                            |                             |                              |                             |  |
| c Qualifying distributions from Part XII,   |                            |                             |                              |                             |  |
| line 4 for each year listed   |                            |                             |                              |                             | <u>                                     </u>     |
| d Amounts included in line 2c not   |                            |                             |                              |                             |  |
| used directly for active conduct of   |                            |                             |                              |                             |  |
| exempt activities   |                            |                             |                              |                             |  |
| e Qualifying distributions made directly  |                            |                             |                              |                             |  |
| for active conduct of exempt activities.  |                            |                             |                              |                             |  |
| Subtract line 2d from line 2c   |                            |                             |                              |                             |  |
| 3 Complete 3a, b, or c for the  |                            | -                           |                              |                             |  |
| alternative test relied upon:   |                            |                             |                              | ļ                           |  |
| a "Assets" alternative test - enter: (1) Value of all assets  |                            |                             |                              |                             |  |
|   | <del></del>                |                             |                              | -                           | †  |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i)   |                            |                             |                              |                             |  |
| b "Endowment" alternative test - enter<br>2/3 of minimum investment return                                  |                            |                             |                              |                             |  |
| shown in Part X, line 6 for each year   |                            |                             |                              | }                           |  |
| listed  |                            |                             | <del></del>                  |                             | <del>                                     </del> |
| c "Support" alternative test - enter:   |                            |                             |                              |                             |  |
| (1) Total support other than gross  |                            |                             |                              |                             |  |
| investment income (interest, dividends, rents, payments on  |                            |                             |                              |                             |  |
| securities loans (section   | :                          |                             |                              |                             |  |
| 512(a)(5)), or royalties)   |                            |                             |                              |                             |  |
| (2) Support from general public   |                            |                             |                              |                             |  |
| and 5 or more exempt<br>organizations as provided in  |                            |                             |                              |                             |  |
| section 4942(j)(3)(B)(iii)  |                            |                             | ļ                            |                             |  |
| (3) Largest amount of support from  |                            |                             |                              |                             |  |
| an exempt organization  |                            |                             |                              |                             |  |
| (4) Gross investment income   |                            |                             |                              |                             | <u></u>  |
| PartXV Supplementary Info   | rmation (Comple            | te this part only           | if the foundation            | n had \$5,000 or m          | ore in assets                                    |
| at any time during t  | he year-see instr          | uctions.)                   |                              | <u> </u>                    |  |
| 1 Information Regarding Foundatio   | n Managers:                |                             |                              |                             |  |
| a List any managers of the foundation who   |                            |                             | ntributions received by the  | e foundation before the clo | se of any tax                                    |
| year (but only if they have contributed in  | iore than \$5,000). (See s | ection 507(a)(2)-)          |                              |                             |  |
| NONE  |                            |                             |                              | <del></del>                 |  |
| <ul> <li>b List any managers of the foundation who<br/>other entrty) of which the foundation has</li> </ul> |                            |                             | (or an equally large port    | ion of the ownership of a p | partnership or                                   |
| ••  | a 1070 or greater interes  | , L                         |                              |                             |  |
| NONE  2 Information Regarding Contributi  | on Cront Gift Loon         | Sahalarahin eta E           | Programs:                    |                             |  |
| Check here ► X if the foundation o  |                            |                             |                              | not accept unsolicited reas | uests for funds. If                              |
| the foundation makes gifts, grants, etc. (  | •                          | •                           | -                            | -                           |  |
| a The name, address, and telephone number   | <del>'</del>               |                             |                              | <del>-</del>                | <del> </del>                                     |
| 2 The hams, gas coo, and toophone ham   | 50. 51 5 Man 454,655 51 5  |                             |                              |                             |  |
| b The form in which applications should b   | e submitted and informat   | tion and materials they     | should include;              |                             |  |
| c Any submission deadlines:   |                            |                             | <del></del>                  |                             | <del></del>                                      |
| outmooden doddmioo.   |                            |                             |                              |                             | <del></del>                                      |
| d Any restrictions or limitations on awards   | s, such as by geographica  | il areas, charitable field: | s, kinds of institutions, or | other factors:              |  |
|   |                            |                             |                              |                             |  |

**▶** 3b

Total

## PartXVIIA Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated.                 | Unrelated        | d business income |      | ded by section 512, 513, or 514 | (e)                 |
|---|------------------|-------------------|------|---------------------------------|---------------------|
| Citto. 9.000 attioning attion tipo indicated.                   | (a)<br>Business  | (b)               | (c)  | (d)                             | Related or exempt   |
| 1 Program service revenue:                                      | Business<br>code | Amount            | sion | Amount                          | function income     |
|   | - 5555           |                   |      |                                 |                     |
| a   |                  |                   |      |                                 |                     |
| c   |                  |                   |      |                                 |                     |
| d   |                  |                   |      |                                 |                     |
| e   |                  |                   |      |                                 |                     |
| 1   |                  |                   |      |                                 | <del></del>         |
| g Fees and contracts from government agencies                   |                  |                   |      |                                 |                     |
| 2 Membership dues and assessments                               |                  |                   |      |                                 |                     |
| 3 Interest on savings and temporary cash investments            |                  |                   |      |                                 |                     |
| 4 Dividends and interest from securities                        |                  |                   | 14   | 89.                             |                     |
| 5 Net rental income or (loss) from real estate:                 |                  |                   |      | 2                               |                     |
| a Debt-financed property  |                  |                   |      |                                 |                     |
| b Not debt-financed property                                    |                  |                   |      |                                 |                     |
| 6 Net rental income or (loss) from personal property            |                  |                   |      |                                 |                     |
| 7 Other investment income                                       |                  |                   |      |                                 |                     |
| 8 Gain or (loss) from sales of assets other                     |                  |                   |      |                                 | · · · · · · · · · · |
| than inventory  | 1                |                   |      |                                 |                     |
| 9 Net income or (loss) from special events                      |                  |                   |      |                                 |                     |
| 10 Gross profit or (loss) from sales of inventory               |                  |                   |      |                                 |                     |
| 11 Other revenue:   |                  |                   |      |                                 |                     |
| a   |                  |                   |      |                                 |                     |
| b   |                  |                   |      |                                 |                     |
| С   |                  |                   |      |                                 |                     |
| d   |                  |                   |      |                                 | · <u> </u>          |
| e   |                  |                   |      | <u>_</u>                        |                     |
| 12 Subtotal. Add columns (b), (d), and (e)                      |                  | 0                 |      | 89.                             | 0.                  |
| 13 Total. Add line 12, columns (b), (d), and (e)                |                  |                   | -    | . 13                            | 89.                 |
| (See worksheet in line 13 instructions to verify calculations.) |                  |                   |      |                                 |                     |

### Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
|          |   |
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| 01111 300 11 120 |                            |                 | T COMPLET TOTAL      |                      | <u> </u>      |
|------------------|----------------------------|-----------------|----------------------|----------------------|---------------|
| Part XVIII       | Information Regardir       | ng Transfers To | and Transactions and | d Relationships With | Noncharitable |
|                  | <b>Exempt Organization</b> | IS              |                      |                      |               |
|                  |                            |                 |                      |                      | [\$463E4E4]   |

|              |                |                            |                          |                 | g with any other organizations, relating to political organizations. |   | ection 501(c) of                   | Yes No   |
|--------------|----------------|----------------------------|--------------------------|-----------------|--|---|------------------------------------|--|
|              | -              | rom the reporting founda   |                          |                 |  |   |                                    |  |
|              | Cash           |                            |                          |                 |  |   |                                    | 1a(1) X  |
| ٠,           | Other          | assets                     |                          |                 | •  |   |                                    | 1a(2) X  |
|              |                | actions:                   |                          | •               |  |   |                                    |  |
| (1)          | Sales          | of assets to a noncharital | ble exempt organizat     | ion .           |  |   |                                    | 1b(1) X  |
| (2)          | Purch          | ases of assets from a noi  | ncharitable exempt o     | rganization     |  |   |                                    | 1b(2) X  |
| (3)          | Rental         | of facilities, equipment,  | or other assets          |                 |  |   |                                    | 1b(3) X  |
| (4)          | Reimb          | ursement arrangements      |                          |                 | _  |   |                                    | 1b(4) X  |
| (5)          | Loans          | or loan guarantees         |                          |                 |  |   |                                    | 1b(5) X  |
| (6)          | Perfor         | mance of services or me    | mbership or fundrais     | ing solicitatio | ns .   | -                                       |                                    | 1b(6) X  |
| c Sha        | ring of        | facilities, equipment, mai | iling lists, other asset | ts, or paid em  | ployees  |   |                                    | 1c X   |
| d If th      | e answ         | er to any of the above is  | "Yes," complete the f    | ollowing sche   | dule. Column (b) should al   | ways show the fai                       | r market value of the goods        | s, other assets,                                 |
| or s         | ervices        | given by the reporting fo  | oundation. If the four   | idation receive | ed less than fair market valu  | ie in any transacti                     | on or sharing arrangement          | , show in  |
| colu         |                | the value of the goods,    |                          |                 |  |   |                                    |  |
| a) Line no   | <u> </u>       | b) Amount involved         | (c) Name of              | noncharitable   | exempt organization  | (d) Descript                            | ion of transfers, transactions, ar | nd sharing arrangements                          |
|              |                |                            | <u> </u>                 | N/A             |  |   |                                    |  |
|              |                |                            |                          |                 |  |   |                                    |  |
|              | -              |                            |                          |                 |  | <u> </u>                                |                                    |  |
|              |                |                            |                          |                 |  |   |                                    |  |
|              | <u> </u>       |                            |                          | ·               |  | <b></b>                                 |                                    |  |
|              |                |                            | <u></u>                  |                 |  |   |                                    |  |
|              | ┷              |                            | <u> </u>                 |                 |  |   | <del> </del>                       | <del></del>                                      |
|              |                |                            | <b></b>                  |                 |  |   | <del></del>                        |  |
|              | 4              |                            |                          |                 |  |   |                                    |  |
|              | ┦—             |                            |                          |                 |  |   |                                    |  |
|              | ┵              |                            |                          |                 |  |   |                                    |  |
|              |                |                            |                          |                 |  |   |                                    |  |
|              |                |                            |                          |                 |  |   |                                    |  |
|              |                |                            |                          |                 |  | <b></b>                                 |                                    |  |
|              |                |                            |                          | <del></del>     |  |   |                                    |  |
|              | Щ.             |                            | L                        |                 |  |   |                                    |  |
|              |                |                            | •                        |                 | or more tax-exempt organi  | zations described                       |                                    |  |
|              |                | 501(c) of the Code (other  | • •                      | (3)) or in sect | ion 527?   |   |                                    | Yes X No   |
| b If "Y      | es, co         | mplete the following sche  |                          |                 | 0.7  |   | ( ) D                              | -L:-   |
|              |                | (a) Name of org            | anization                |                 | (b) Type of organization   |   | (c) Description of relation        | isnip  |
|              |                | N/A                        |                          |                 |  |   | _ <del></del>                      |  |
|              |                |                            |                          |                 |  |   |                                    |  |
|              |                |                            |                          |                 |  | -                                       |                                    |  |
| <del>-</del> |                |                            |                          |                 |  | <del> </del>                            | <del></del>                        |  |
|              |                |                            |                          |                 |  |   | ha ha at at au tagan da da -       |  |
| Sian         |                |                            |                          |                 | g accompanying schedules and<br>n taxpayer) is based on all inform   |   | rer has any knowledge              | May the IRS discuss this eturn with the preparer |
| Sign<br>Here |                | Marin                      | ,                        |                 | 1 11 12 -13  | <b>N</b> n-n-n-c                        |                                    | hown below (see instr )?                         |
|              | Supp.          |                            |                          |                 | 1(-12-1)   | DIREC                                   | TOR                                | X Yes No   |
|              | <del>`</del> _ | ture of officer or trustee |                          | D               | Date   | Title                                   | Chack 1 if DTu                     |  |
|              | J              | Print/Type preparer's na   | ime                      | Preparer's s    | gnature  | Date                                    | Check if PTIN                      | 1  |
| Paid         | Ì              |                            | ~~ F3 F                  |                 |  | Ichalis                                 | self- employed                     | 00651060   |
| Prepa        |                | EDWARD F.                  |                          | 00:5==          |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                    | 00651269   |
| •            |                | Firm's name > T.           | M. BYXBEE                | COMPA           | NY, P.C.   |   | Firm's EIN ► 06-1                  | 1386456  |
| Use C        | - 1            | Funda address 5 =          |                          | B4.60           |  |   |                                    |  |
|              | İ              | Firm's address ▶ P.        |                          |                 |  |   | / / / / /                          | 1001 4000  |
|              |                | HA                         | MDEN, CT                 | 06518           |  |   |                                    | ) 281-4933<br>                                   |
|              |                |                            |                          |                 |  |   |                                    | Form <b>990-PF</b> (2016)                        |

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

Department of the Treasury Internal Revenue Service

# **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

Name of the organization

Employer identification number

| JO   | HN AND GWEN SMART FOUNDATION   | 81-1535437  |
|--|--|---|
| Organization type (check o                                       | ne)·   |   |
| 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  | 501(c)(3) exempt private foundation  |   |
|  | 4947(a)(1) nonexempt chantable trust treated as a private four   | ndation   |
|  | 501(c)(3) taxable private foundation   |   |
|  | covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule   | e and a Special Rule. See instructions.   |
| General Rule   |  |   |
| _  | filing Form 990, 990-EZ, or 990-PF that received, during the year, co<br>one contributor. Complete Parts I and II. See instructions for determine  | - · · · · · · · · · · · · · · · · · · ·   |
| Special Rules  |  |   |
| sections 509(a)(1) any one contributo                            | described in section 501(c)(3) filing Form 990 or 990-EZ that met the and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), For during the year, total contributions of the greater of (1) \$5,000 or (2) line 1. Complete Parts I and II.   | Part II, line 13, 16a, or 16b, and that received from                                     |
| year, total contribu   | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ tons of more than \$1,000 exclusively for religious, charitable, scientifuelty to children or animals. Complete Parts I, II, and III.   |   |
| year, contributions<br>is checked, enter h<br>purpose. Don't con | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ texclusively for religious, charitable, etc., purposes, but no such contribute the total contributions that were received during the year for an explete any of the parts unless the General Rule applies to this organ, etc., contributions totaling \$5,000 or more during the year | ributions totaled more than \$1,000. If this box exclusively religious, charitable, etc., |
| out it must answer "No" on                                       | at isn't covered by the General Rule and/or the Special Rules doesn't<br>Part IV, line 2, of its Form 990, or check the box on line H of its Form<br>he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).   |   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

### JOHN AND GWEN SMART FOUNDATION

81-1535437

| OCILIA     | AND GWEN SHART FOUNDATION  |                           | 1333431  |
|------------|--|---------------------------|--|
| Carto.     | Contributors (See instructions). Use duplicate copies of Part I if a           | dditional space is needed |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions   | (d) Type of contribution   |
| 1          | THE SMART FAMILY FOUNDATION  1333A NORTH AVENUE, # 432  NEW ROCHELLE, NY 10804 | \$ 52,263,835.            | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions   | (d) Type of contribution   |
| 2          | THE SMART FAMILY FOUNDATION  1333A NORTH AVENUE, # 432  NEW ROCHELLE, NY 10804 | \$106,969.                | Person X Payroll Noncash (Complete Part II for noncash contributions)      |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions   | (d)<br>Type of contribution  |
|            |  | \$                        | Person Payroll Moncash (Complete Part II for noncash contributions.)       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions   | (d)<br>Type of contribution  |
|            |  | \$                        | Person Payroll Oncash Occash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions   | (d) Type of contribution   |
|            |  | \$                        | Person Payroll Noncash Complete Part II for noncash contributions.)        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions   | (d)<br>Type of contribution  |
|            |  | \$                        | Person Payroll Noncash (Complete Part II for noncash contributions.)       |

Name of organization

Employer identification number

### JOHN AND GWEN SMART FOUNDATION

81-1535437

|  | 1   |  |
|--|---|--|
| (b)  Description of noncash property given | (c) FMV (or estimate) (See instructions)  | (d)<br>Date received   |
| PUBLICLY TRADED SECURITIES                 |   |  |
|  | \$ 52,263,385.  | 12/23/16   |
| (b)  Description of noncash property given | (c) FMV (or estimate) (See instructions)  | (d)<br>Date received   |
|  | \$  |  |
| (b)  Description of noncash property given | (c) FMV (or estimate) (See instructions)  | (d)<br>Date received   |
|  | <br>  \$  |  |
| (b)  Description of noncash property given | (c) FMV (or estimate) (See instructions)  | (d)<br>Date received   |
|  | <b>\$</b>   |  |
| (b)  Description of noncash property given | (c) FMV (or estimate) (See instructions)  | (d)<br>Date received   |
|  | <br>  \$  |  |
| (b) Description of noncash property given  | (c) FMV (or estimate) (See instructions)  | (d)<br>Date received   |
|  | _   |  |
|  | PUBLICLY TRADED SECURITIES  (b)  Description of noncash property given  (b)  (b)  Description of noncash property given | Description of noncash property given  (See instructions)  PUBLICLY TRADED SECURITIES  (b)  Description of noncash property given  (c)  FMV (or estimate) (See instructions)  (c)  FMV (or estimate) (See instructions)  (d)  FMV (or estimate) (See instructions)  (e)  FMV (or estimate) (See instructions)  (f)  Description of noncash property given  (c)  FMV (or estimate) (See instructions)  (c)  FMV (or estimate) (See instructions)  (d)  Description of noncash property given  (c)  FMV (or estimate) (See instructions)  (d)  Perceptation of noncash property given  (e)  FMV (or estimate) (See instructions) |

| Name of orgai             | nization  | Employer identification number                    |   |  |  |  |  |  |  |  |
|---------------------------|---|---|---|--|--|--|--|--|--|--|
| та йнот.                  | ND GWEN SMART FOUNDATION  | ON  | 81-1535437  |  |  |  |  |  |  |  |
| Part III.                 | Exclusively religious, charitable, etc., contr<br>the year from any one contributor. Complete c | ibutions to organizations described i             | in section 501(c)(7), (8), or (10) that total more than \$1,000 for |  |  |  |  |  |  |  |
|                           | completing Part III, enter the total of exclusively religious                                   | , charitable, etc., contributions of \$1,000 or i | less for the year (Enter this into once) > \$                       |  |  |  |  |  |  |  |
| (a) No.                   | Use duplicate copies of Part III if additional  | al space is needed                                |   |  |  |  |  |  |  |  |
| from<br>Part I            | (b) Purpose of gift   | (c) Use of gift                                   | (d) Description of how gift is held                                 |  |  |  |  |  |  |  |
|                           |   |   |   |  |  |  |  |  |  |  |
| -                         |   |   |   |  |  |  |  |  |  |  |
| -                         |   |   |   |  |  |  |  |  |  |  |
|                           |   | (e) Transfer of gift                              |   |  |  |  |  |  |  |  |
| 1                         | Transferrale name address on  | 4 7ID . 4   | Deletionship of transferor to transferor                            |  |  |  |  |  |  |  |
|                           | Transferee's name, address, an  | 0 ZIP + 4   | Relationship of transferor to transferee                            |  |  |  |  |  |  |  |
| _                         | 4   |   |   |  |  |  |  |  |  |  |
| -                         |   |   |   |  |  |  |  |  |  |  |
| (a) No.<br>from<br>Part I | 4.5   |   |   |  |  |  |  |  |  |  |
| Part I                    | (b) Purpose of gift   | (c) Use of gift                                   | (d) Description of how gift is held                                 |  |  |  |  |  |  |  |
| -                         |   |   |   |  |  |  |  |  |  |  |
|                           |   |   |   |  |  |  |  |  |  |  |
| -                         |   | ( ) T(((((((                                      |   |  |  |  |  |  |  |  |
|                           | (e) Transfer of gift  |   |   |  |  |  |  |  |  |  |
|                           | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferor                |   |   |  |  |  |  |  |  |  |
| -                         |   |   |   |  |  |  |  |  |  |  |
| -                         |   |   |   |  |  |  |  |  |  |  |
| (a) No                    |   |   | <del></del>   |  |  |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift                                   | (d) Description of how gift is held                                 |  |  |  |  |  |  |  |
|                           |   |   |   |  |  |  |  |  |  |  |
| -                         | <del></del>   |   |   |  |  |  |  |  |  |  |
| _                         |   |   |   |  |  |  |  |  |  |  |
|                           | (e) Transfer of gift  |   |   |  |  |  |  |  |  |  |
|                           | Transferee's name, address, an  | d ZIP + 4   | Relationship of transferor to transferee                            |  |  |  |  |  |  |  |
| -                         |   |   |   |  |  |  |  |  |  |  |
| _                         | <del></del>   |   |   |  |  |  |  |  |  |  |
|                           |   |   |   |  |  |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift                                   | (d) Description of how gift is held                                 |  |  |  |  |  |  |  |
| Part I                    |   |   |   |  |  |  |  |  |  |  |
|                           |   |   |   |  |  |  |  |  |  |  |
| ] -                       |   |   |   |  |  |  |  |  |  |  |
|                           | (e) Transfer of gift  |   |   |  |  |  |  |  |  |  |
|                           | (e) Hansier or girt   |   |   |  |  |  |  |  |  |  |
|                           | Transferee's name, address, an  | d ZIP + 4   | Relationship of transferor to transferee                            |  |  |  |  |  |  |  |
| -                         |   |   |   |  |  |  |  |  |  |  |
| -                         |   |   |   |  |  |  |  |  |  |  |
| <u></u>                   |   |   |   |  |  |  |  |  |  |  |

| FORM 990-PF DIVID  | ENDS   | AND INT  | RES  | T FROM                    | SECUR                | ITIES                  | នា  | <b>TATEMENT</b>                     | 1                                   |
|--|--------|--|------|---------------------------|----------------------|------------------------|-----|-------------------------------------|-------------------------------------|
| SOURCE GROSS AMOUNT RUANE CUNNIFF 89 TO PART I, LINE 4 89  |        | <del></del>                                    |      | REVENUE                   |                      | 89.                    |     | (C)<br>ADJUST<br>NET INC            |                                     |
|  |        |  |      |                           |                      |                        |     |                                     |                                     |
|  |        |  |      |                           |                      |                        |     |                                     |                                     |
| FORM 990-PF  |        | LEGA   | L F  | EES                       |                      |                        | sī  | <b>PATEMENT</b>                     | 2                                   |
| DESCRIPTION  |        | (A)<br>EXPENSES<br>ER BOOKS                    |      | (B)<br>ET INVE<br>ENT INC |                      | (C)<br>ADJUS<br>NET IN | TED | (D)<br>CHARITA<br>PURPOS            |                                     |
| LEGAL FEES   |        | 16,668   |      |                           | 0.                   |                        |     | 16,6                                | 68.                                 |
|  |        |  |      |                           |                      |                        |     | 16,6                                |                                     |
| TO FM 990-PF, PG 1, LN 16A   |        | 16,668   | = =  | ==                        | 0.                   | <del> </del>           |     | ==                                  | 68.                                 |
| TO FM 990-PF, PG 1, LN 16A  FORM 990-PF  |        | 16,668<br>OTHER                                |      | ENSES                     | 0.                   |                        | rs  | CATEMENT                            | 3                                   |
|  | E      |  | EXP  | ENSES (B) ET INVE         | EST-                 | (C)<br>ADJUS<br>NET IN | TED |                                     | 3<br>BLE                            |
| FORM 990-PF  | E      | OTHER (A) EXPENSES                             | EXP) | (B)<br>ET INVE            | EST-                 | ADJUS                  | TED | CHARITA PURPOS                      | 3<br>BLE                            |
| FORM 990-PF  DESCRIPTION  OTHER FILING FEES  | E      | OTHER  (A) EXPENSES PER BOOKS 33               | EXP  | (B)<br>ET INVE            | EST-COME             | ADJUS                  | TED | CHARITA PURPOS                      | 3<br>BLE<br>EES<br>33.<br>90.       |
| FORM 990-PF  DESCRIPTION  OTHER FILING FEES POSTAGE  | E<br>P | OTHER  (A) EXPENSES PER BOOKS  33 990 13       | EXP  | (B)<br>ET INVE            | 0.<br>0.<br>0.       | ADJUS<br>NET IN        | TED | CATEMENT  (D)  CHARITA  PURPOS      | 3<br>BLE<br>EES<br>33.<br>90.       |
| FORM 990-PF  DESCRIPTION  OTHER FILING FEES POSTAGE  TO FORM 990-PF, PG 1, LN 2                            | E<br>P | OTHER  (A) EXPENSES PER BOOKS  33 990 13       | EXP  | (B)<br>ET INVE            | 0.<br>0.<br>0.       | ADJUS<br>NET IN        | TED | CHARITA PURPOS  1,0                 | 3<br>BLE<br>ES<br>33.<br>90.<br>13. |
| FORM 990-PF  DESCRIPTION  OTHER FILING FEES POSTAGE  TO FORM 990-PF, PG 1, LN 2:  FORM 990-PF OTHER DECREE | E<br>P | (A) EXPENSES ER BOOKS 33 990 13 1,036 IN NET A | EXP  | (B)<br>ET INVE<br>ENT INC | 0.<br>0.<br>0.<br>0. | ADJUS<br>NET IN        | TED | CATEMENT  (D)  CHARITA  PURPOS  1,0 | 3<br>BLE<br>ES<br>33.<br>90.<br>13. |

| FORM 990-PF C                     | CORPORATE STOCK                    |                        | STATEMENT  | 5 |  |
|-----------------------------------|------------------------------------|------------------------|------------|---|--|
| DESCRIPTION                       | PTION BOOK VALUE                   |                        |            |   |  |
| CORPORATE STOCKS (STATEMENT ATTAC | HED)                               | 22,043,203.            | 46,520,945 |   |  |
| TOTAL TO FORM 990-PF, PART II, LI | NE 10B                             | E 10B 22,043,203.      |            |   |  |
|                                   | STANTIAL CONTRIE<br>VII-A, LINE 10 | UTORS                  | STATEMENT  | 6 |  |
| NAME OF CONTRIBUTOR               | ADDRESS                            |                        |            |   |  |
| THE SMART FAMILY FOUNDATION, INC  | 1333A NORTH A                      | VENUE<br>NY 10801-2120 |            |   |  |