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Department of the Treasury

EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

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

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

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	alen	dar year 2016 or tax year beginning NOV	17, 2016	, and ending	DEC 31, 2016	
		foundation			A Employer identification	number
		ERT AND MARY JANE SMITH		<u> </u>	81-4452918	
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	F.C
		1 SE TOPPER DRIVE		<u> </u>	360-695-85	
-		own, state or province, country, and ZIP or foreign p	oostal code		C If exemption application is pe	ending, check here
		COUVER, WA 98664 all that apply: X Initial return	Initial return of a fe	ormer public charity	D 1. Foreign organizations	chack hare
Gi C	песк	all that apply: X Initial return Final return	Amended return	ittle: public charity	D 1. I Greigh organizations	, check here
		Address change	Name change		Foreign organizations med check here and attach cor	eting the 85% test,
H C	heck	type of organization: X Section 501(c)(3) ex			E If private foundation stat	
	_	· -	Other taxable private founda	ition	under section 507(b)(1)	
I Fa		rket value of all assets at end of year J Account	ing method: X Cash	Accrual	F If the foundation is in a 6	60-month termination
(fr	om F		ther (specify)		under section 507(b)(1)	(B), check here
<u> </u>		4,986,987. (Part I, colu	ımn (d) must be on cash b	pasis.)		
Pa	rt 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 expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	4,999,658.			
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments			•	
	4	Dividends and interest from securities				•
	5a	Gross rents				
	_		<u></u>	 		
e	6a	Gross sales price for all				
Revenue	D 7	assets on line 6a Capital gain net income (from Part IV, line 2)	-	0.		
Re		Net short-term capital gain		<u> </u>		
	9	Income modifications				
	10a	Gross sales less returns and allowances		-		•
	b	Less Cost of goods sold				· · · · · · · · · · · · · · · · · · ·
	C	Gross profit or (loss)		<u> </u>		
	11	Other income	1 000 550			
	12	Total Add lines 1 through 11	4,999,658.	0		0.
	13	Compensation of officers, directors, trustees, etc	U •	U .		0.
	14 15	Other employee salaries and wages	ED .			
es	162	Pension plans, employee benefits Legal fees	101			
ens	ь.	Accounting fees	191			
Ϋ́	C	Other professional fees JUN 1 2	2017 00			
ķ	17	Interest				-
rati	18	Taxes Depreciation and depletion	N.U!			
nist	19	Depreciation and depletion				· · ·
Ë	20	Occupancy			<u></u>	
Şĕ	21	Travel, conferences, and meetings			ļ	
36.3	22	Printing and publications	850.	0	0.	850.
Ji IN 학의 건설시. J.Operating and Administrative Expense	23	Other expenses STMT 1 Total operating and administrative	850.	<u> </u>	• 0•	030.
و ح	24	expenses. Add lines 13 through 23	850.	0	. 0.	850.
Ęģ	25	Contributions, gifts, grants paid	0.			0.
		Total expenses and disbursements.				
		Add lines 24 and 25	850.	0	0.	850.
DINNES.	27	Subtract line 26 from line 12:				
6	a	Excess of revenue over expenses and disbursements	4,998,808.			
C	b	Net investment income (If negative, enter -0-)		0		-
ď.	11º c	Adjusted net income (if negative enter -0-)	1	I	0.	1

-	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
-	art	Balance Sheets Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
1		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
1		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
က္အ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
¥		Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 2	0.	4,998,808.	4,986,987.
	С	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
		Land, buildings, and equipment: basis			
	-	Less accumulated depreciation			
	15	Other assets (describe >			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	0.	4,998,808.	4,986,987.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
itie	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
Ë		Other liabilities (describe	•		
	ı				
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			•
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
or Fund Balance	25	Temporarily restricted			
Bal		Permanently restricted			
5		Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	_
As	29	Retained earnings, accumulated income, endowment, or other funds	0.	4,998,808.	
Net Assets	30	Total net assets or fund balances	0.	4,998,808.	
_	31	Total liabilities and net assets/fund balances	0.	4,998,808.	
Б	art	III Analysis of Changes in Net Assets or Fund B	alances		
_					****
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	•	st agree with end-of-year figure reported on prior year's return)		1	0
		r amount from Part I, line 27a		2	4,998,808
3	Othe	er increases not included in line 2 (itemize)		3	0,
		lines 1, 2, and 3		4	4,998,808
		reases not included in line 2 (itemize)		5	0
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	<u>4,998,808</u>

ROBERT AND MARY JANE SMITH FOUNDATION

81-4452918

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Form 990-PF (2016)

	ERT AND MARY JAN and Losses for Tax on Ir			ION	81-445	2918 Page 3		
(a) List and descr	ibe the kind(s) of property sold (e.grehouse; or common stock, 200 sh	., real estate,		b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1a	<u>=_</u>							
b NOI	NE							
<u>c</u>								
e d	·							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o			(h) Gain or (loss) (e) plus (f) minus (
a								
<u>b</u>								
С				_				
<u>d</u>								
Complete only for assets showing	g gain in column (h) and owned by	 the foundation on 1	2/31/69		(1) Gains (Col. (h) gain	minue		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col. (of col. (ı)		ol. (k), but not less that Losses (from col. (1 -0-) or		
		0701 001. (,, u.i.y					
a b				 				
C								
d								
е								
2 Capital gain net income or (net cap	oital loss) { If gain, also enter of the loss of the l		-	} 2				
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, 0		nd (6):		}				
If (loss), enter -0- in Part I, line 8 Part V Qualification Ui	nder Section 4940(e) for	Reduced Tax	on Net I	nvestment Ir	come			
(For optional use by domestic private						N/A		
•				····,				
If section 4940(d)(2) applies, leave th	is part blank.							
Was the foundation liable for the sect	ion 4942 tax on the distributable an	nount of any year in	the base perio	d?		Yes No		
If "Yes," the foundation does not quali								
	ach column for each year; see the I	nstructions before n				(4)		
(a) Base period years Calendar year (or tax year beginnin	ng in) Adjusted qualifying dis	tributions Ne	value of nonc	(c) haritable-use asse	ts Distrib (col. (b) div	(d) oution ratio ided 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	5-year base period - divide the total	on line 2 by 5, or by	the number of	f years				
the foundation has been in exister	nce if less than 5 years				3			
				-		-		
4 Enter the net value of noncharitab	le-use assets for 2016 from Part X,	line 5			4			
5 Multiply line 4 by line 3					5			
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)				6	_		
7 Add lines 5 and 6					7			
8 Enter qualifying distributions from	n Part XII, line 4				8			
	If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.							

	1 990-PF (2016) R	OBERT AND	O MARY JANE	SMITH	FOUNDA!	rion		4452			Page 4
			vestment Income	_ 		 	or 4948	- see ir	ıstru	ction	1S)
1a	Exempt operating foundation										
	Date of ruling or determina										
b	Domestic foundations that	t meet the section 4	940(e) requirements in P	art V, check he	re ▶∟⊥ a	and enter 1%	1_1_				0.
	of Part I, line 27b										
	All other domestic foundat										_
	Tax under section 511 (do	mestic section 494	7(a)(1) trusts and taxable	foundations o	nly. Others ente	er -0-)	2				<u>0.</u>
	Add lines 1 and 2	•					3_	_			0.
4	Subtitle A (income) tax (do	omestic section 494	17(a)(1) trusts and taxable	e foundations o	only. Others ent	ter -0-)	4				0.
	Tax based on investment	income. Subtract I	ine 4 from line 3. If zero c	or less, enter -0	-		5				0.
	Credits/Payments:				, ,						
	2016 estimated tax payme	•	=		6a						
	Exempt foreign organization				6b						
	Tax paid with application for		e to file (Form 8868)		6c				_		
	Backup withholding errone				6d				-		Ē
	Total credits and payments		· —	1			7				0.
	Enter any penalty for unde				is attached		8				
	Tax due. If the total of line						9				0.
	Overpayment. If line 7 is r			amount overp	aid	1	10				
	Enter the amount of line 10					Refunded	11				
	rt VII-A Stateme		~							Vaa	Na.
	During the tax year, did the	e foundation attemp	it to influence any nationa	al, state, or loca	I legislation or	did it participate or inte	rvene in	ļ		Yes	
	any political campaign?							}	1a	-	X
	Did it spend more than \$10							- 1	1b	-	<u>X</u>
	If the answer is "Yes" to			n of the activi	ties and copie	es of any materials p	ublished or				
	distributed by the found								4.		v
	Did the foundation file For		•	\	the			ŀ	1c	-	_X_
	Enter the amount (if any) o						0	1			
	(1) On the foundation.				_	managed on foundation	0.			, }	
	Enter the reimbursement (_		r for political ex	cpenditure tax i	mposed on loundation					
	managers. ► \$. 0	_	oon reported to	the IDC2			ŀ	2		x
	If "Yes," attach a detaile			een reported to	THE INST			ł			
	Has the foundation made a	•		DS in ite novoi	rning inetriimor	nt articles of incorpora	tion or			.	
J	bylaws, or other similar in					nt, articles of incorpora	tion, or		3		X_
Aa	Did the foundation have ur				-			ļ	4a		X
	If "Yes," has it filed a tax re			more during to	no your		N	/A	4b		
	Was there a liquidation, tel			tion during the	vear?			′	5		X
	If "Yes," attach the state				you			ļ			
	Are the requirements of se				fied either:						
·	By language in the gove	• • •		.g 10 10 journe					ł		
	By state legislation that it			so that no mai	ndatory directio	ons that conflict with the	e state law				
	remain in the governing in	·			,			į	6	x	
	Did the foundation have at		ets at any time during the	e vear? If "Yes	." complete P	Part II. col. (c). and Pa	art XV	İ	7	Х	
•		, , , , , , , , , , , , , , , , , , ,		· , · · · · · · · · · · · · · · · · · · ·	,,	, (-,,,		į	$\overline{}$		
8a	Enter the states to which t	he foundation repo	ts or with which it is regi	stered (see inst	tructions)			İ			
	WA		J	•	,						
b	If the answer is "Yes" to lin	ne 7, has the founda	tion furnished a copy of F	orm 990-PF to	the Attorney G	General (or designate)				-	
	of each state as required b	•				,			8b	X	
9	Is the foundation claiming				of section 494	42(j)(3) or 4942(j)(5) fo	or calendar				
	year 2016 or the taxable y								9		X
10	Did any persons become s						STMT	3	10	X	

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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had not been removed from jeopardy before the first day of the tax year beginning in 2016?

Part VII-B Statements Regarding Activities for Which F			01-443 <i>4</i> 3	10	Page 6	
5a During the year did the foundation pay or incur any amount to:	Offit 4720 Hay De F	icquired (continu	Jeu)			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1/0/5/a\\2	□ v _a	s X No	İ		
			3 22 110			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?						
(3) Provide a grant to an individual for travel, study, or other similar purposes'	>		s X No			
(4) Provide a grant to an organization other than a charitable, etc., organization						
4945(d)(4)(A)? (see instructions)		☐ Ye	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 unc	ler the exceptions described i	n Regulations				
section 53.4945 or in a current notice regarding disaster assistance (see instru			N/A	5b		
Organizations relying on a current notice regarding disaster assistance check h	еге					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ined				
expenditure responsibility for the grant?	N	「/A □ Ye	s No			
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on					
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?		-	6b	X	
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	7.		
b If "Yes," did the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation receive any proceeds or have any net income attributed by the foundation received by the found		nagara Highli	·N/A	7b		
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	es, roundation ivia	magers, migni	,			
List all officers, directors, trustees, foundation managers and their	compensation.					
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other	
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accc all	ount, other owances	
		V				
SEE STATEMENT 4		0.	0.		0.	
	luded on time 4). If your	anter IINONE II		l .		
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(6)	Expense	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acco	Expense ount, other owances	
NONE	devoted to position		compensation	all	Owances	
NONE						
	- · · · · · · · · · · · · · · · · · · ·			 		
	.			 		
	<u></u>					
Total number of other employees paid over \$50,000					0	
			Forn	1 990-	PF (2016)	

Form 990-PF (2016) ROBERT AND MARY JANE SMITH FOUND Part VIII Information About Officers, Directors, Trustees, Foundate Paid Employees, and Contractors (continued)		4452918 Page 7
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	7	
·	<u> </u>	
Total number of others receiving over \$50,000 for professional services		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced.	tical information such as the duced, etc.	Expenses
1 N/A		
2		
3		
4		
Dot IV D. O		
Part IX-B Summary of Program-Related Investments	lines 1 and 0	Amount
Describe the two largest program-related investments made by the foundation during the tax year on	illes I allu 2.	Amount
1 <u>N/A</u>		•
0		
2		
All other program-related investments. See instructions.		
3		
v		
 		
Total. Add lines 1 through 3		0.
		F 000 PE (0040)

P	art X Minimum Investment Return (All domestic foundations must of	complete this part. Foreign four	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.	, purposes:		
а	Average monthly fair market value of securities		1a	4,986,987.
b	Average of monthly cash balances		1b	
C	Fair market value of all other assets		1c	
đ	Total (add lines 1a, b, and c)		1d	4,986,987.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation) 1e	0.	l	
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	4,986,987.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see iii	nstructions)	4	74,80 <u>5</u> .
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part	V, line 4	5	4,912,182.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT	TAX PERIOD	6	30,279.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations check here and do not complete this part.)			
1	Minimum investment return from Part X, line 6	. 1	1	30,279.
2a	Tax on investment income for 2016 from Part VI, line 5			
b	Income tax for 2016. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	<u>-</u>	3	30,279.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	30,279.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, I	ne 1	7	30,279.
P	art XII Qualifying Distributions (see instructions)			
<u></u>				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	•	4.	050
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	850. 0.
b	Program-related investments - total from Part IX-B		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc	, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)	·	3a	
b	Cash distribution test (attach the required schedule)	MIII I aa A	3b	050
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Par		4	850.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investmen	it		^
_	income. Enter 1% of Part I, line 27b		5	0. 850.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	alandaka ang kathan tiban tiban da mada t	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when o	alculating whether the foundation of	qualifies for	the section
	4940(e) reduction of tax in those years.	<u> </u>		

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Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c) 2015	(d) 2016
	Corpus	Years prior to 2015	2015	2010
1 Distributable amount for 2016 from Part XI,				20 270
line 7				30,279.
2 Undistributed income, if any, as of the end of 2016			0.	
a Enter amount for 2015 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ▶\$ 850.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior		-		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				850.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
& 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'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				00 400
be distributed in 2017				29,429.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	-			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	0.			
not applied on line 5 or line 7	0.			· · · · · · · · · · · · · · · · · · ·
9 Excess distributions carryover to 2017.	0.			
Subtract lines 7 and 8 from line 6a		-		
10 Analysis of line 9:				
a Excess from 2012 b Excess from 2013			i	
c Excess from 2014				
d Excess from 2015			1	
e Excess from 2016				
		·· ·		5 000 DE (0040)

Part XIV Private Operating F	AND MARY JA	ANE SMITH FO	DUNDATION I-A guestion 9)	N/A	152918 Page 10
1 a If the foundation has received a ruling o			i-A, question 3)	N/A	
foundation, and the ruling is effective fo					
b Check box to indicate whether the found			un continu	4942(j)(3) or 4	942(J)(5)
	Tax year	III IOUIIUANOII UESCIIDEU	Prior 3 years	1 4542(J)(3) UI L4	<u> </u>
2 a Enter the lesser of the adjusted net	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
income from Part I or the minimum	(4) 2010	(0) 2010	(6) 2014	(4) 2010	(0) 10101
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					<u> </u>
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(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 organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					<u> </u>
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	ne year-see inst	ructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ributions received by the	e foundation before the clo	ose of any tax
year (but only if they have contributed in	iore than \$5,000). (See s	section 507(a)(2).)			
SEE STATEMENT 5					
b List any managers of the foundation wh other entity) of which the foundation has			(or an equally large porti	on of the ownership of a p	partnership or
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan	, Scholarship, etc., P	ograms:		
Check here X if the foundation o				not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations (ınder other conditions, c	omplete items 2a, b, c, an	d d.
a The name, address, and telephone num	ber or e-mail address of	the person to whom appl	cations should be addre	ssed:	······································
b The form in which applications should b	e submitted and informa	ition and materials they s	hould include:		
c Any submission deadlines:			**,*		
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields.	kinds of institutions, or	other factors:	

Form **990-PF** (2016)

ROBERT AND MARY JANE SMITH FOUNDATION

Form 990-PF (2016)

Daga	40
Page.	17

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

Enter gross amounts unless otherwise indicated.	Unrelated business income		Exclu	ided by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		COOL	741100111	10110101110
a					
b			-		
C			ļ. —		
d	-				
e					
f					
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					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					_
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
e 12 Subtotal. Add columns (b), (d), and (e)		0.		n	0.
13 Total. Add line 12, columns (b), (d), and (e)		0.		12	0.
(See worksheet in line 13 instructions to verify calculations.)				13 <u></u>	
					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom	ne is reported	ın column (e) of Part XVI-A	contril	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other than b	y providing fu	ınds for such purposes).			
N/A					
				· ·	
					
	,				
					 .
					
				 	
					
1					

			ANE SMITH FOUND			age 13
Part 2			s To and Transactions a	and Relationships With No	ncharitable	
	· · · · · · · · · · · · · · · · · · ·	rganizations	·			
			following with any other organization		Yes	No
the	Code (other than section	501(c)(3) organizations) or in sec	ction 527, relating to political organ	izations?		1
a Tra	nsfers from the reporting	foundation to a noncharitable exe	empt organization of:			
(1)	Cash				1a(1)	X
(2)	Other assets				1a(2)	X
b Oth	er transactions:					
(1)	Sales of assets to a none	charitable exempt organization			1b(1)	<u> </u>
(2)	Purchases of assets from	n a noncharitable exempt organiz	ation		1b(2)	<u> </u>
(3)	Rental of facilities, equip	ment, or other assets			1b(3)	X
	Reimbursement arrange				1b(4)	Х
	Loans or loan guarantee				1b(5)	X
	-	or membership or fundraising so	olicitations		1b(6)	X
		nt, mailing lists, other assets, or p			10	X
				vays show the fair market value of the g	·	
	-			e in any transaction or sharing arrange		
		oods, other assets, or services re			,	
(a) Line no	· · · · · · · · · · · · · · · · · ·		naritable exempt organization	(d) Description of transfers, transaction	ns, and sharing arrangem	ents
.,			I/A			
			.,			
						
<u>-</u>						
_						
						
	<u> </u>					
					· · · · · · · · · · · · · · · · · · ·	
					·	
2a Isti	ne foundation directly or i	ndirectly affiliated with, or related	to, one or more tax-exempt organization	zations described		
ın s	ection 501(c) of the Code	(other than section 501(c)(3)) or	in section 527?		Yes X	No 🖸
b lf "Y	es," complete the following	ng schedule.				
	(a) Name	of organization	(b) Type of organization	(c) Description of re	lationship	
	N	/A				
•						
-						
-						
	Under penalties of perjury,	declare that I have examined this return.	, including accompanying schedules and	statements, and to the best of my knowledge	May the IRS discuss	thio
Sign	and belief, it is true, correct,	and complete Declaration of preparer (other than taxpayer) is based on all inform	nation of which preparer has any knowledge	return with the prepa	erer
Here	x Sali		11/2-7-11	PRESIDENT	Shown below (see In:	No No
-	Signature of officer or t	trustee	Date	Title		
	Print/Type prepar		arer's signature	Date Check If	PTIN	
	,			Self- employed		
Paid	ב חדעובת	. DILORENZO (1641/ 11	P00525269	9
Prepa			PANY LLC	Firm's FIN A	5-39605 4 3	
Use (1		TIMI THO	I IIII 3 LIN T	J JJ00J4J	

Firm's address ► 10300 SW GREENBURG RD, SUITE 360 PORTLAND, OR 97223

Phone no. 503-646-6696 Form **990-PF** (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

	ROBERT AND MARY JANE SMITH FOUNDATION	81-4452918				
Organization type (chec	ck one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
General Rule X For an organiza	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor	ng \$5,000 or more (ın money or				
For an organiza sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a outor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amou- EZ, line 1. Complete Parts I and II	a, or 16b, and that received from				
year, total conti	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
year, contribution is checked, ent purpose Don't	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule Be on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its set the 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

KOREK	T AND MARY JANE SMITH FOUNDATION	81	<u>-4452918</u>
Part I	Contributors (See instructions). Use duplicate copies of Part I if a	dditional space is needed .	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT AND MARY JANE SMITH 7101 SE TOPPER DRIVE VANCOUVER, WA 98664	\$\$,998,808.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROBERT AND MARY JANE SMITH 7101 SE TOPPER DRIVE VANCOUVER, WA 98664	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash

(Complete Part II for noncash contributions) Name of organization

Employer identification number

ROBERT AND MARY JANE SMITH FOUNDATION

81-4452918

art II	Noncash Property (See instructions) Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u> </u>	41,477 SHARES OF STRYKER STOCK		
		\$\$,998,808.	12/28/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	<u>. </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Employer identification number

T AND	MARY JANE SMITH FO	OUNDATION		81-4452918		
Exclus the yea complet	MARY JANE SMITH F(sively religious, charitable, etc., contr ar from any one contributor. Complete co ling Part III, enter the total of exclusively religious	ibutions to organizations described olumns (a) through (e) and the follows, charitable, etc., contributions of \$1,000 or	in section 501(c)(/), (8), or wing line entry. For organization riess for the year (Enter this info onco	r (10) that total more than \$1,000 fo		
Use d	uplicate copies of Part III if additiona	al space is needed.	<u> </u>			
	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
		(e) Transfer of gif	<u> </u>			
	Transferee's name, address, an			insferor to transferee		
	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
		(e) Transfer of gif	t			
Transferee's name, address, and ZIP + 4		nd ZIP + 4	Relationship of transferor to transferee			
	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
(e) Transfer of gift						
Transferee's name, address, and ZIP + 4			Relationship of tra	ansferor to transferee		
· · · · · · · · · · · · · · · · · · ·	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held		
·	(e) Transfer of gift					
Transferee's name, address, and ZIP + 4			Relationship of tra	ansferor to transferee		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transfer		

FORM 990-PF	OTHER E	XPENSES		STATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM	
USER FEE	850.	0.		0. 850.
TO FORM 990-PF, PG 1, LN 23	850.	0.		0. 850.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 2
DESCRIPTION		вос	OK VALUE	FAIR MARKET VALUE
STRYKER CORP			1,998,808.	4,986,987.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		1,998,808.	4,986,987.
	F SUBSTANTIA PART VII-A,	L CONTRIBUTOR: LINE 10	5	STATEMENT 3
NAME OF CONTRIBUTOR	ADDR	ESS		
ROBERT AND MARY JANE SMITH		SE TOPPER DRI OUVER, WA 986		

	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			STATEMENT 4	
NAME AND ADDRESS		O COMPEI			
ROBERT A. SMITH 7101 SE TOPPER DR VANCOUVER, WA 98664	PRESIDENT, 5.00	DIRECTOR	0.	0.	0.
MARY JANE SMITH 7101 SE TOPPER DR VANCOUVER, WA 98664	SECRETARY, 5.00	DIRECTOR	0.	0.	0.
STEVEN SMITH 18135 S. EDGEWOOD CT OREGON CITY, OR 97045	TREASURER, 1.00	DIRECTOR	0.	0.	0.
TERRI LYNN BUSSE 199950 S. SPRINGWATER RD ESTACADA, OR 97023	DIRECTOR 1.00		0.	0.	0.
SHELLEY DERSTADT 10793 BACKCOUNTRY DRIVE HIGHLANDS RANCH, CO 80126	DIRECTOR 1.00		0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII		0.	0.	0.
	XV - LINE 1A UNDATION MAN			STATE	MENT 5
NAME OF MANAGER ROBERT A. SMITH MARY JANE SMITH					