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Form 990-PF

Department of the Treasury  
Internal Revenue Service

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 instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017

, and ending 12-31-2017

Name of foundation KENNETH L & EVA S SMITH FOUNDATION THOMAS K JONES TRUSTEE		A Employer identification number 48-6142517
Number and street (or P.O. box number if mail is not delivered to street address) 11000 KING SUITE 200 BLDG C	Room/suite	B Telephone number (see instructions) (913) 469-4100
City or town, state or province, country, and ZIP or foreign postal code OVERLAND PARK, KS 66210		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input checked="" type="checkbox"/> Final return <input type="checkbox"/> Amended return		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85%

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>1</b>	Cash—non-interest-bearing . . . . .	11,258	2,914	2,914
<b>2</b>	Savings and temporary cash investments . . . . .	132,244	176,437	176,437
<b>3</b>	Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
<b>4</b>	Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
<b>5</b>	Grants receivable . . . . .			
<b>6</b>	Receivables due from officers, directors, trustees, and other _____			

#### Part IV Capital Gains and Losses for Tax on Investment Income..

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	3,180
<b>c</b> All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b> Add lines 1 and 2. . . . .	<b>3</b>	3,180
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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).	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>N/A</b>	<b>13</b>		<b>No</b>
<b>14</b>	The books are in care of <b>THOMAS K JONES</b> Telephone no <b>(913) 469-4100</b>			

Located at **11000 KING SUITE 200 BLDG C OVERLAND PARK KS** ZIP+4 **66210**

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part VII-B 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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part )

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	271,385
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	3,180
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	3,180
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1.	<b>3</b>	268,205
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	268,205
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	<b>7</b>	268,205

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	503,123
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

<b>5a</b>	During the year did the foundation pay or incur any amount to				
	<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	<b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
	<b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	<b>5b</b>			
	Organizations relying on a current notice regarding disaster assistance check here.			<input type="checkbox"/>	
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?				
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				
	<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>6b</b>			<b>No</b>
	<i>If "Yes" to 6b, file Form 8870</i>				
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?				
	<b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<b>7b</b>			

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**
**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
THOMAS K JONES 11000 KING OVERLAND PARK, KS 66210	TRUSTEE 3 00	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

**Total** number of other employees paid over \$50,000. . . . . **0**

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		


**Total** number of others receiving over \$50,000 for professional services. . . . . **0**

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b> NONE	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> NONE	0
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b> 	0
<b>Total.</b> Add lines 1 through 3 . . . . .	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	3,803,582
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	148,238
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	1,558,542
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	5,510,362
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	5,510,362
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	82,655
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	5,427,707
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	271,385

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	271,385
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	3,180
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	3,180
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	268,205
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	268,205
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	268,205

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	503,123
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	503,123
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	3,180
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	499,943

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				268,205
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .	247,623			
<b>b</b> From 2013. . . . .	196,834			
<b>c</b> From 2014. . . . .	199,449			
<b>d</b> From 2015. . . . .	211,281			
<b>e</b> From 2016. . . . .	215,116			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	1,070,303			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>503,123</u>				
<b>a</b> Applied to 2016, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2017 distributable amount. . . . .				268,205
<b>e</b> Remaining amount distributed out of corpus	234,918			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,305,221			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .	247,623			
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	1,057,598			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .	196,834			
<b>b</b> Excess from 2014. . . . .	199,449			
<b>c</b> Excess from 2015. . . . .	211,281			
<b>d</b> Excess from 2016. . . . .	215,116			
<b>e</b> Excess from 2017. . . . .	234,918			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years			(e) Total
(a) 2017	(b) 2016	(c) 2015	(d) 2014	

85% of line 2a

701

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .			<b>3a</b>	479,500
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			<b>3b</b>	0

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

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . . .			14	76,296	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	332,625	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue					
<b>a</b> MISCELLANEOUS INCOME			14	-4,366	
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .		0		404,555	0
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . . (See worksheet in line 13 instructions to verify calculations )			<b>13</b>		<b>404,555</b>

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	***** 2018-05-16 *****	May the IRS discuss this return with the preparer shown below? (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SETH LEIBSON				P00106160
	Firm's name <b>►</b> CBIZ MHM LLC				Firm's EIN <b>►</b> 34-1874260
	Firm's address <b>►</b> 700 WEST 47TH STREET SUITE 1100 KANSAS CITY, MO 64112				Phone no (816) 945-5500

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
CHILDREN'S MERCY HOSPITAL 2401 GILLIAM RD KANSAS CITY, MO 64108	N/A	501(C)(3)	CHARITABLE CONTRIBUTION	50,000
ERIN ANDRA WILSON FOUNDATION 6520 WALMER OVERLAND PARK, KS 66202	N/A	501(C)(3)	CHARITABLE CONTRIBUTION	5,000
GORDON PARKS ELEMENTARY SCHOOL 3715 WYOMING KANSAS CITY, MO 64111	N/A	501(C)(3)	CHARITABLE CONTRIBUTION	20,000
KC PET PROJECTPO BOX 414977 KANSAS CITY, MO 64141	N/A	501(C)(3)	CHARITABLE CONTRIBUTION	25,000
KU ENDOWMENT - KU CANCER CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	N/A	501(C)(3)	CHARITABLE CONTRIBUTION	50,000
<b>Total . . . . . ▶</b> <b>3a</b>				479,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LAKEMARY CENTER ENDOWMENT 100 LAKEMARY DRIVE PAOLA, KS 66071	N/A	501(C)(3)	CHARITABLE CONTRIBUTION	25,000
NATIONAL KIDNEY FOUNDATION OF KS & WEST MO INC 1900 W 47TH WESTWOOD, KS 66205	N/A	501(C)(3)	CHARITABLE CONTRIBUTION	20,000
OPERATION BREAKTHROUGH INC 3039 TROOST AVE KANSAS CITY, MO 64109	N/A	501(C)(3)	CHARITABLE CONTRIBUTION	177,000
CORNERSTONE OF CARE 300 EAST 36TH STREET KANSAS CITY, MO 64111	N/A	501(C)(3)	CHARITABLE CONTRIBUTION	25,000
ST LUKE'S HOSPITAL FOUNDATION PO BOX 119000 KANSAS CITY, MO 64111	N/A	501(C)(3)	CHARITABLE CONTRIBUTION	10,000
<b>Total . . . . .</b> ► <b>3a</b>				479,500

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

<div>Recipient</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
<div>Name and address (home or business)</div>				
<div><b>a</b> <i>Paid during the year</i></div>				
<div>THE JEWISH FEDERATION OF GREATER KANSAS CITY 5801 W 115TH ST STE 104 OVERLAND PARK, KS 66211</div>	<div>N/A</div>	<div>501(C)(3)</div>	<div>CHARITABLE CONTRIBUTION</div>	<div>20,000</div>
<div>THE JUNIOR GOLF FOUNDATION OF GREATER KANSAS CITY 10540 BARKLEY STE 269 OVERLAND PARK, KS 66212</div>	<div>N/A</div>	<div>501(C)(3)</div>	<div>CHARITABLE CONTRIBUTION</div>	<div>30,000</div>
<div>HEARTLAND THERAPEUTIC RIDING INC PO BOX 391 STILWELL, KS 66085</div>	<div>N/A</div>	<div>501(C)(3)</div>	<div>CHARITABLE CONTRIBUTION</div>	<div>2,500</div>
<div>CHILD ADVOCACY SERVICES CENTER INC - THE CHILDRENS PLACE 2 EAST 59TH STREET KANSAS CITY, MO 64113</div>	<div>N/A</div>	<div>501(C)(3)</div>	<div>CHARITABLE CONTRIBUTION</div>	<div>10,000</div>
<div>SHAWNEE MISSION MEDICAL CENTER FOUNDATION - BE SMITH FAMILY CENTER 7315 FRONTAGE ROAD SUITE 221 SHAWNEE MISSION, KS 66204</div>	<div>N/A</div>	<div>501(C)(3)</div>	<div>CHARITABLE CONTRIBUTION</div>	<div>10,000</div>



**TY 2017 Accounting Fees Schedule**

**Name:** KENNETH L & EVA S SMITH FOUNDATION  
THOMAS K JONES TRUSTEE

**EIN:** 48-6142517

**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	8,286	0		8,286

**TY 2017 All Other Program Related Investments Schedule**

**Name:** KENNETH L & EVA S SMITH FOUNDATION  
THOMAS K JONES TRUSTEE  
**EIN:** 48-6142517

Category	Amount
NONE	0

**TY 2017 Investments Corporate Bonds Schedule**

**Name:** KENNETH L & EVA S SMITH FOUNDATION

**TY 2017 Investments Corporate Stock Schedule**

**Name:** KENNETH L & EVA S SMITH FOUNDATION  
THOMAS K JONES TRUSTEE

**EIN:** 48-6142517

Name of Stock	End of Year Book Value	End of Year Fair Market Value
INVESTMENT-CORPORATE STOCK	1,981,163	2,735,183

**TY 2017 Investments Government Obligations Schedule**

**Name:** KENNETH L & EVA S SMITH FOUNDATION  
THOMAS K JONES TRUSTEE

**EIN:** 48-6142517

**US Government Securities - End  
of Year Book Value:**

286,997

**US Government Securities - End  
of Year Fair Market Value:**

287,403

**State & Local Government  
Securities - End of Year Book  
Value:**

0

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

0

## TY 2017 Investments - Other Schedule

**Name:** KENNETH L & EVA S SMITH FOUNDATION  
THOMAS K JONES TRUSTEE

**EIN:** 48-6142517

### Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENTS-OTHER	AT COST	285,189	251,465

**EIN:** 48-6142517

**TY 2017 Other Expenses Schedule****Name:** KENNETH L & EVA S SMITH FOUNDATION

THOMAS K JONES TRUSTEE

**EIN:** 48-6142517**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROGRAM EXPENSES	7,041	0		7,041
FROM PASS THROUGHs	4,945	4,945		0
PROPERTY MAINTENANCE - SECURITY	22,607	22,607		0
NON-DEDUCTIBLE EXPENSES FROM PASS THROUGHs	3,734	0		0
LIABILITY INSURANCE	1,813	1,813		0
MISC EXPENSE	61	61		0



## TY 2017 Other Income Schedule

**Name:** KENNETH L & EVA S SMITH FOUNDATION  
THOMAS K JONES TRUSTEE

**EIN:** 48-6142517

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS INCOME	-4,366	-4,366	-4,366

**TY 2017 Other Increases Schedule**

**Name:** KENNETH L & EVA S SMITH FOUNDATION  
THOMAS K JONES TRUSTEE

**EIN:** 48-6142517

Description	Amount
PRIOR PERIOD ADJUSTMENT - RESTATEMENT OF PY BOOK VALUES	11,905

**TY 2017 Other Professional Fees Schedule**

**Name:** KENNETH L & EVA S SMITH FOUNDATION  
THOMAS K JONES TRUSTEE

**EIN:** 48-6142517

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BROKERAGE & INVESTMENT	42,281	42,281		0

**TY 2017 Taxes Schedule**

**Name:** KENNETH L & EVA S SMITH FOUNDATION  
THOMAS K JONES TRUSTEE

**EIN:** 48-6142517

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	2,393	2,393		0