

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.
- Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

**2018****Open to Public  
Inspection****For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018**

Name of foundation JERRY AND DONNA SMITH FAMILY FOUNDATION		A Employer identification number 26-2368990							
Number and street (or P O box number if mail is not delivered to street address) 1612 SE WAVERLY DRIVE		B Telephone number (see instructions) (503) 659-5727							
City or town, state or province, country, and ZIP or foreign postal code MILWAUKIE, OR 97222		C If exemption application is pending, check here ► <input type="checkbox"/>							
<b>G</b> Check all that apply <table> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial return of a former public charity</td> </tr> <tr> <td><input type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td><input type="checkbox"/> Name change</td> </tr> </table>		<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<b>D</b> 1. Foreign organizations, check here ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/>	
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity								
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return								
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change								
<b>H</b> Check type of organization <table> <tr> <td><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation</td> <td><input type="checkbox"/> Other taxable private foundation</td> </tr> <tr> <td><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust</td> <td><input type="checkbox"/> Fair market value of all assets at end of year (from Part II, col (c), line 16) ► \$ 1,231,340</td> </tr> </table>		<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation	<input type="checkbox"/> Other taxable private foundation	<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust	<input type="checkbox"/> Fair market value of all assets at end of year (from Part II, col (c), line 16) ► \$ 1,231,340	<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/>			
<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation	<input type="checkbox"/> Other taxable private foundation								
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust	<input type="checkbox"/> Fair market value of all assets at end of year (from Part II, col (c), line 16) ► \$ 1,231,340								
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ► \$ 1,231,340		<b>J</b> Accounting method <table> <tr> <td><input checked="" type="checkbox"/> Cash</td> <td><input type="checkbox"/> Accrual</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify) _____</td> </tr> </table> <i>(Part I, column (d) must be on cash basis)</i>		<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	<input type="checkbox"/> Other (specify) _____			
<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual								
<input type="checkbox"/> Other (specify) _____									
		(a) Revenue and expenses per	(b) Net investment income						
		(c) Adjusted net income	(d) Disbursements for charitable purposes						

**Part I Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily*

(a) Revenue and expenses per

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes

<b>Part II</b>	<b>Balance Sheets</b>	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			<b>(a)</b> Book Value	<b>(b)</b> Book Value	<b>(c)</b> Fair Market Value
1	Cash—non-interest-bearing		3,389	24,685	24,685

**Part IV Capital Gains and Losses for Tax on Investment Income**

(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.)			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a CAPITAL GAIN DISTRIBUTION</b>					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a 16,359			16,359		
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
a			16,359		
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	16,359	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8			3	16,359	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

 Yes  No

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

**1 Enter the appropriate amount in each column for each year, see instructions before making any entries**

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	31,163	1,169,475	0 026647
2016	7,055	931,242	0 007576
2015	4,975	693,428	0 007175
2014	11,544	551,102	0 020947
2013	10,253	479,811	0 021369

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

1a	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)	1	291
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		
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	291
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	5	291
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	640
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments Add lines 6a through 6d.	7	640
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ►	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ►	10	349
11	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> ► 349	Refunded ►	11 0

**Part VII-A Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
d	Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors			

LIMITATIONS ARE AT THE DISCRETION OF THE BOARD

## Part II Statements Regarding Activities (continued)

		\$	Person	<input type="checkbox"/>
			Payroll	<input type="checkbox"/>
(a) No.	(b) Name, address, and ZIP + 4	\$	Noncash	<input type="checkbox"/>
			(Complete Part II for noncash contributions )	
		\$	Person	<input type="checkbox"/>
			Payroll	<input type="checkbox"/>
		\$	Noncash	<input type="checkbox"/>
			(Complete Part II for noncash contributions )	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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

		<b>Yes</b>	<b>No</b>
5a	During the year did the foundation pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
(2)	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"/>	<input checked="" type="checkbox"/> No
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
(4)	Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
(5)	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"/>	<input checked="" type="checkbox"/> Yes
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. Organizations relying on a current notice regarding disaster assistance check here.		
c	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>	<input type="checkbox"/>	<input type="checkbox"/> Yes
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes

**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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JERRY SMITH 1612 SE WAVERLY DRIVE MILWAUKIE, OR 97222	PRESIDENT 10 00	0	0	0
DONNA SMITH 1612 SE WAVERLY DRIVE MILWAUKIE, OR 97222	VICE PRESIDENT 5 00	0	0	0
CHRISTINE SMITH 8519 SE 19TH STREET PORTLAND, OR 97202	SECRETARY 10 00	0	0	0
MARSHA SMITH 28 OLD GEORGETOWN ROAD PRINCETON, NJ 08540	DIRECTOR 0 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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0



<b>Part X Minimum Investment Return</b> (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> 850,990
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b> 436,474
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b> 0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b> 1,287,464
<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> 1,287,464
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b> 19,312
<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> 1,268,152
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b> 63,408

<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► <input type="checkbox"/> and do not complete this part )		
<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b> 63,408
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5. . . . .	<b>2a</b> 291
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI ). . . . .	<b>2b</b>
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b> 291
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b> 63,117
<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> 63,117
<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> 63,117

**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> 56,908

<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		
	<b>18</b> Grants payable . . . . .		
	<b>19</b> Deferred revenue . . . . .		
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons		
	<b>21</b> Mortgages and other notes payable (attach schedule). . . . .		
	<b>22</b> Other liabilities (describe ► _____)		
	<b>23</b> Total Liabilities (add lines 17 through 22) . . . . .		

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

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				63,117
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only. . . . .			51,961	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013. . . . .				
b From 2014. . . . .				
c From 2015. . . . .				
d From 2016. . . . .				
e From 2017. . . . .				
f Total of lines 3a through e. . . . .		0		
4 Qualifying distributions for 2018 from Part XII, line 4 ► \$ 56,908				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions). . . . .			51,961	
c Treated as distributions out of corpus (Election required—see instructions). . . . .		0		
d Applied to 2018 distributable amount. . . . .		0		
e Remaining amount distributed out of corpus		0		
5 Excess distributions carryover applied to 2018		0		4,947

**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 2018, enter the date of the ruling. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 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.			
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.			
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			

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

JERRY AND DONNA SMITH FAMILY FOUNDATION  
1612 SE WAVERLY DRIVE  
MILWAUKIE, OR 97222  
(503) 659-5727

- b The form in which applications should be submitted and information and materials they should include

NOT APPLICABLE

- c Any submission deadlines

NOT APPLICABLE

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

Recipient Name and address (home or business)	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
<i>a Paid during the year</i> See Additional Data Table				
<b>Total</b> . . . . .				► 3a
<i>b Approved for future payment</i>				
<b>Total</b> . . . . .				► 3b

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

**Part XVI-B 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) (See instructions )
3	INVESTMENT INCOME FOR FOUNDATION DONATION PURPOSES
4	INVESTMENT INCOME FOR FOUNDATION DONATION PURPOSES
8	INVESTMENT INCOME FOR FOUNDATION DONATION PURPOSES



**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)				
<i>a Paid during the year</i>				
CHAMBER MUSIC SOCIETY OF OREGON PO BOX 2911 PORTLAND, OR 97208	NONE	EDUCATION	ORGANIZATIONAL NEEDS	2,310
FRIENDS OF THE COLUMBIA GORGE 333 SW 5TH AVENUE SUITE 300 PORTLAND, OR 97204	NONE		ORGANIZATIONAL NEEDS	5,000
OPEN HEARTS OPEN MINDS 1516 SE ANKENY ST PORTLAND, OR 97214	NONE	PUBLIC	ORGANIZATIONAL NEEDS	23,000
<b>Total . . . . .</b>			► 3a	53,977

## 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 Paid during the year</b>				
OREGON SHAKESPERIAN FESTIVAL 15 S PIONEER STREET ASHLAND, OR 97520	NONE	PUBLIC	ORGANIZATIONAL NEEDS	300
PEO PROGRAM FOR CONTINUING EDUCATION 3700 GRAND AVENUE DES MOINES, IA 50312	NONE	PUBLIC	ORGANIZATIONAL NECESSITIES	5,000
AUDOBON SOCIETY OF PORTLAND 5151 NW CORNELL ROAD PORTLAND, OR 97210	NONE	PUBLIC	ORGANIZATIONAL NEEDS	500
<b>Total . . . . .</b>			► 3a	53,977

## 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)				
<i>a Paid during the year</i>				
OREGON FOOD BANK 7900 NE 33RD DRIVE PORTLAND, OR 97211	NONE	PUBLIC	ORGANIZATIONAL NEEDS	3,000
SNOW CAP COMMUNITY CENTER 17805 SE STARK STREET PORTLAND, OR 97233	NONE	PUBLIC	ORGANIZATIONAL NEEDS	3,000
PORLAND WHEELMEN TOURING CLUB PO BOX 2972 PORTLAND, OR 97208	NONE	PUBLIC	ORGANIZATIONAL NEEDS	100
<b>Total . . . . .</b>			► 3a	53,977

## 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 Paid during the year</b>				
FRIENDS OF THE HISTORIC COLUMBIA RIVER HIGHWAY PO BOX 50 BRIDAL VEIL, OR 97010	NONE	PUBLIC	ORGANIZATIONAL NEEDS	5,000
WOMEN'S IMAGING AND INTERVENTION 17050 PILKINGTON RD SUITE 130 LAKE OSWEGO, OR 97035	NONE		PATIENT TESTING	517
HANCOCK REGIONAL HOSPITAL 801 N STATE ST GREENFIELD, IN 46140	NONE	PUBLIC	ORGANIZATIONAL NEEDS	250
<b>Total . . . . .</b>			► 3a	53,977

## 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)				
<i>a Paid during the year</i>				
CHILDREN'S CENTER 1713 PENN LANE OREGON CITY, OR 97045	NONE	PUBLIC	ORGANIZATIONAL NEEDS	2,000
BEN WRIGHT 12199 SE 31ST PLACE APT 42 PORTLAND, OR 97222	NONE		MEDICAL EXPENSES	2,500
RACHEL PROSKUS 1705 SE ELLIS ST PORTLAND, OR 97202	NONE		FUNDS TO REPLACE ITEMS AFTER THEFT	1,500
<b>Total . . . . .</b>			► 3a	53,977

TX 7019 Association for Justice

**TY 2018 Investments Corporate Stock Schedule**

**Name:** JERRY AND DONNA SMITH FAMILY FOUNDATION

## TY 2018 Other Expenses Schedule

**Name:** JERRY AND DONNA SMITH FAMILY FOUNDATION  
**EIN:** 26-2368990

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANNUAL REPORT FEE	50	19	0	31
BANK FEE	30	12	0	18
MISCELLANEOUS	60	23	0	37

## TY 2018 Other Professional Fees Schedule

**Name:** JERRY AND DONNA SMITH FAMILY FOUNDATION

**EIN:** 26-2368990

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
OTHER	100	38	0	62

## TY 2018 Taxes Schedule

**Name:** JERRY AND DONNA SMITH FAMILY FOUNDATION  
**EIN:** 26-2368990

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAX	1,282	492	0	790
STATE TAX	206	79	0	127

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

- Attach to Form 990, 990-EZ, or 990-PF
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

**2018****Name of the organization**

JERRY AND DONNA SMITH FAMILY FOUNDATION

**Employer identification number**

26-2368990

**Organization type (check one)****Filers of:****Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- 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.
- 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. ► \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> JERRY AND DONNA SMITH FAMILY FOUNDATION		<b>Employer identification number</b> 26-2368990	
<b>Part I</b> <b>Contributors</b> (See Instructions) Use duplicate copies of Part I if additional space is needed			
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
1	MAYNARD G AND DONNA L SMITH 1612 SE WAVERLY DR MILWAUKIE, OR 97222	\$ 49,698	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input checked="" type="checkbox"/>		
			(Complete Part II for noncash contributions )
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
			(Complete Part II for noncash contributions )
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
			(Complete Part II for noncash contributions )
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
			(Complete Part II for noncash contributions )
<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>

<b>Name of organization</b> JERRY AND DONNA SMITH FAMILY FOUNDATION		<b>Employer identification number</b> 26-2368990	
<b>Part II</b> <b>Noncash Property</b> (See instructions) Use duplicate copies of Part II if additional space is needed			
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
1	625 SHARES OF RPM INTERNATIONAL	\$ 49 698	2018-12-13
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
		\$	
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
		\$	
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
		\$	
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
		\$	
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
		\$	
<b>(a) No. from Part I</b>	<b>(b) Description of noncash property given</b>	<b>(c) FMV (or estimate) (See instructions)</b>	<b>(d) Date received</b>
		\$	

<b>Name of organization</b> JERRY AND DONNA SMITH FAMILY FOUNDATION		<b>Employer identification number</b> 26-2368990	
<b>Part III</b> <i>Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____</i> Use duplicate copies of Part III if additional space is needed			
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b> Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b> Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b> Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	