Return of Private Foundation 29491142 (PMB ND 1545-00474) 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. 912

Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

		alendar year 2019 or tax year beginning	, 2019, and ending						, 20		
N	ame o	of foundation	•					A	Employer identifi	ication number	
	SMI	TH-PROCHASKA CHARITABLE FOUL	ITADI	ON .		•			34-15772	60	
N		r and street (or P O box number if mail is not delivered					Room/su	te B	Telephone numb	er (see instruction	s)
	184	2 HINES HILL ROAD									
_		town, state or province, country, and ZIP or foreign post	al code				L				
	-							c		ition is	$\Gamma$
	um	SON, OH 44236							pending, check here		
_		eck all that apply Initial return		Initial r	eturn.	of a former n	ublic cha	rity .			<b>,</b> []
	· Cili	Final return	Initial return of a former public charity Amended return			ם ן ניייי	Foreign organizat		. ▶∟_		
		<b>  </b>	<b>⊢</b>	<b>⊣</b>				}	2 Foreign organiza 85% test, check h		, —
-	L Ch	Address change	(2)(2)	Name					computation .		▶∟⊥
	$\overline{}$	eck type of organization X Section 501					(	)4   E	If private foundation	n status was termina	led [
ا		Section 4947(a)(1) nonexempt charitable trust				ivate foundat			under section 507(b)	)(1)(A), check here .	
ı		r market value of all assets at J Acco	_	-	X C	ash Acc	ruai	F	If the foundation is		1 1
				pecify)				<u>—1</u>	under section 507(b)	(1)(B), check here	▶∐
_		<b>▶\$</b> 90,136.86 (Part I,		(d), must b	e on c	ash basis )				(0.5.1	
I	Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	\a/	Revenue a		(b) Net inve	estment	(c)	Adjusted net	(d) Disburse for charit	
		may not necessarily equal the amounts in	ex	kpenses pe books	r	incom		(0)	income	purpos	es
		column (a) (see instructions) )		DOOKS			7			(cash basis	only)
	1	Contributions, gifts, grants, etc., received (attach schedule) .						1 2 1 18 2 19		EDE TOME	
2	2	Check If the foundation is not required to attach Sch B.	# 18 C				7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			能性統計論條	
2	3	Interest on savings and temporary cash investments.						<u>l</u> ,		1754 612 344 445 6	
4	4	Dividends and interest from securities		2,330	.17	2,3	30.17		RECE	三人門口海湾	数字数件数
'	5a	Gross rents		-						ARTS WILLIAM	語の特別
•	J .	Net rental income or (loss)	1. PSERENCE 1			#5.35 "#E F 14"E \$4"E \$4.52.00 MA			3 11/2/2012	THE WHENCE !	31 10 10 10 10
<u>a</u>		Net gain or (loss) from sale of assets not on line 10.				My make a property		Market St.	SILVINOV.	4 ZUZU	<b>5</b> 1 (4.0) (4.0)
	b		1848	aria (69				2012.456 2012.456	THE STREET	Maria de la Carta	2 (4)
200	7	Capital gain net income (from Part IV, line 2) .	W. J.		2007		86.33	1277	OGDE	NEUTRA	
6.2022 Revenue	R	Net short-term capital gain	-53	(191, 140-2018) (191, 140-2018)	16.25				,	arti Lati Aschart	94.000.4512
& &	١	Income modifications	chiff A.		enrige	Secretary Secretary	SCHERENE.			Calling 5	
	10 a	Gross sales less returns	HERAIL	MCCCC11492	gag.a	de en en en en		44%, Ah		PRIMERRY	
JAN	١.	and allowances	111111111111111111111111111111111111111	AN SEC.				46 July	SECUL CARE		45.3270327
-3	1	Gross profit or (loss) (attach schedule)	28224142244	NACO ANCORNIA MA	-3 24 1 22 1	Mark Heller's		2 3 3 3 4 1 5 3	POPPLE AND T MANUAL BATTA		7.653.00199
	11	Other income (attach schedule)		27	.54		27.54			Miles a Train	K PA ENERGY AND
ANNED	12	Total. Add lines 1 through 11	<del> </del>	2,357		2.2	71.38				2012-06-1-1
Z-	13	Compensation of officers, directors, trustees, etc		21331	•		72.50			AREA CONT. A. O. HOL. W. O.	64) Va - 64) - 1-95 1
Z	13	•	<del>                                     </del>			<del></del>		<del></del>			
	4.5	Panalan plana amplayes banefits	l			-					<del></del>
W. 6	46-	Pension plans, employee benefits						<del> </del>			
X	Joa	Legal fees (attach schedule)		1,680	00						
٥	P	Accounting fees (attach schedule)		1,000	. 00						
į	c	Other professional fees (attach schedule)	<del> </del> -							· <del>-</del>	
;;	1/	Interest	<del></del>	200	.33						
. <u>.</u> .	18	Taxes (attach schedule) (see instructions)	ļ	208						197-19 5-17525 571853 197-198 571-24 116 11 118	Bill Cardel
Ë	19	Depreciation (attach schedule) and depletion.		·				ļ ——.		**************************************	4 12.35798
A	20	Occupancy									
5	21	Travel, conferences, and meetings				<del></del>					
SC. Operating and Administrative Expense	22	Printing and publications	<u></u>								
<u>.</u>	23	Other expenses (attach schedule)		50	.00						
ati.	24	Total operating and administrative expenses.							ſ		
ē		Add lines 13 through 23	<u> </u>	1,938		35-13114 186 - 1.5185	******** () = u5:-1	17,17,16,15,11	** ** ** ** ** ** ** ** ** ** ** ** **		
Ō	4			10,000		是一个的人	<u>. 1331 171 1817</u>	1	Harris Mark Cont.		00.00
_	26	Total expenses and disbursements Add lines 24 and 25		11 <u>,938</u>	.33	26.3027	-संक्षा (अवस्था	문자는 무슨	un Caranias a samas actualis	10,00	00.00
	27	Subtract line 26 from line 12									
		Excess of revenue over expenses and disbursements	VA SHARES	-9,580	.62			125204 Spa	THE SECTION OF THE SE	1.75/15/15/15/15/16/15/16/15/16/16/16/16/16/16/16/16/16/16/16/16/16/	Chelially Man.
	b	Net investment income (if negative, enter -0-)	32 . F	<b>新规定的</b>	10.4.2.2.4	2,2	71.38	,485.44£			
_		Adjusted net income (if negative, enter -0-)			7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
JSA F 98141	or Pa	perwork Reduction Act Notice, see instructions	•							Form 990-F	<b>'</b> (2019)
5€ 1411	, , , , , , ,	,								416	
										. •	

Page 2

Pa	rt II ,	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year		Beginning of year	End	of year
1			amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 (	Cash -' non-interest-beari	ng			
	2 .	Savings and temporary	cash investments			
1	3 /	Accounts receivable		WARE THE METERS	· · · · · · · · · · · · · · · · · · ·	E THE SAME I PRINTED
	1	ess allowance for doub	otful accounts ►	A XCTA X A A A A A A A A A A A A A A A A A A	TO A SPECIAL CHARACTER AND REAL PROPERTY AND A	T AND THE A SE
				Carried Street and the street	SELENT BROKEN	4 基础 机设备 / Sec. (4)
			otful accounts >	ì	de or house one made mande	
1						<del> </del>
1	_					<del> </del>
			officers, directors, trustees, and other			
ł			ach schedule) (see instructions) ,	14 m of the 20 a 12 mg = 13 3	AND THE PLANE OF THE PARTY OF THE	Land Configurations
			eceivable (attach schedule)		THE TRANSPORT OF COMMENTS	The great of the profit of a
ام	L	ess allowance for dout	otful accounts >		<del></del>	<del> </del>
9			e			
2		' ' '	eferred charges			<del> </del>
<b>₹</b>  1			e government obligations (attach schedule)		00 010 60	
1		•	stock (attach schedule)		82,010.68	90,136.86
14	C    1	nvestments - corporate nvestments - land, buildings	bonds (attach schedule)	. Books of State William Francisco	The Bush Marked Colores Country of 15 rule of	Constantiation Combined with Indiana
'	ē	and equipment basis	· · · · · · · · · · · · · · · · · · ·		Charles Charles and the control of t	
	(	ess accumulated deprecial attach schedule)	tion			<del></del>
1	2 I	nvestments - mortgage l	loans			<del> </del>
	3 1	nvestments - other (atta	oansch schedule)	S S S S S S S S S S S S S S S S S S S	N (A 1 ) A 2 A 3	( ) a show length had a set of set of a set
ן ו	14 L	equipment basis	, <b>-</b>	"满病,亦有抗大方面"。 [2] [2] [2] [2] [2] [2] [2] [2] [2] [2]		
	L (	_ess_accumulated_depreciat [attach_schedule]	tion	ļ		ļ
1	5 (	Other assets (describe 🕨				
1			completed by all filers - see the			遊
┵	1	nstructions Also, see pa	age 1, item I)	85,097.01	82,010.68	90,136.86
1	7	Accounts payable and a	ccrued expenses		 	Latte Party Addition
1	8 (	Grants payable				是自治。特别是包括他的
<b>3</b> 1	9 [	Deferred revenue				<b>海门运生的产工</b> 编
<b>≣</b>   2	10 L	oans from officers, director	rs, trustees, and other disqualified persons.			E. 植花花花卷水黄流流标题。
R 2	1 1	Mortgages and other no	tes payable (attach schedule)			AT THE PROPERTY OF A
긔 2	22 (	Other liabilities (describe	OVERDRAWN BANK ACCOUNT )	891.54	7,472.16	LANALAGE SE EN W
2	23	Total liabilities (add line	s 17 through 22)	891.54	7,472.16	
es		Foundations that follow	FASB ASC 958, check here			
2	á	and complete lines 24,	25, 29, and 30.			
	24	Net assets without dono	or restrictions			
D 2	25 1		estrictions · · · · · · · · · · · · · · · · · · ·			
힏	F		ollow FASB ASC 958, check here			
	a	and complete lines 26 thro				
-   2	26 (	Capital stock, trust princ	opal, or current funds			
2 2	. <b>7</b> F		land, bldg, and equipment fund			<b>学校的关键的关键的关系</b>
Sies 2	28	•	lated income, endowment, or other funds	-		"我就是我们的"我们的"。
X 2		= :	balances (see instructions)	84,205.47	74,538.52	SATELLY BUT BUTCH
_1			net assets/fund balances (see			TORRESPONDATE OF
Ž				85,097.01	82,010.68	
Pa			nges in Net Assets or Fund Bala			
			alances at beginning of year - Part		must agree with	
			d on prior year's return)		•	84,205.47
			line 27a			-9,580.62
			ded in line 2 (itemize) ▶			T
						74,624.85
			line 2 (itemize) ▶REALIZED LOS			86.33
			alances at end of year (line 4 minus			74,538.52
Ť			and the first and an Year (mile straining)		<del></del>	Form <b>990-PF</b> (2019)

Рa	rt IV Capital Gains	and Losses for Tax on Inv	estment Income					
	(a) List and de	scribe the kind(s) of property sold (for rick warehouse, or common stock, 200		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )		
1 a	239.808 SHS WELL	S FARGO CORE BOND FD I	INSTL	P	11/20/17	01/07/19		
b	<u>'</u>	· · · · · · · · · · · · · · · · · · ·						
c				<u> </u>				
d						<del></del>		
e		(D Depression allowed	(g) Cost or other basis	<del> </del>	(h) Gain or (lo			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale	1	((e) plus (f) mini			
a	3,000.00		3,086.33		<del></del>	-86.33		
ь								
c								
<u>d</u>			<del> </del>					
e		<del> </del>	100100					
	Complete only for assets s	howing gain in column (h) and owned	T		Gains (Col (h) g			
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less t Losses (from co			
			,	<u> </u>	<del></del>	-86.33		
<u>a</u> b						00.33		
<del>_</del>				 L		<del></del>		
d								
e		·						
2	Capital gain net income		ain, also enter in Part I, line 7					
		, if (i	oss), enter -0- in Part I, line 7	2		<u>-86.33</u>		
3		ain or (loss) as defined in sections	structions if (loss), enter -0- in					
	•	art i, line o, columni (c) see ins		3				
Рa			duced Tax on Net Investment In	come	<del></del>			
Was		the section 4942 tax on the distrib	butable amount of any year in the ba	ase period	17	Yes No		
		't qualify under section 4940(e)						
1	Enter the appropriate ar	mount in each column for each ye	ear, see the instructions before making	ng any en	tries (d)			
Cal	Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by			
	2018			 				
	2017		<del> </del>					
	2016 2015							
	2015		<u> </u>					
			<del></del>					
2	Total of line 1, column (	d)		2				
3			de the total on line 2 by 5 0, or by					
	the number of years the	foundation has been in existence	ıf less than 5 years	3				
4	Enter the net value of no	oncharitable-use assets for 2019 t	from Part X, line 5	4	{	30,484.50		
			i					
5	Multiply line 4 by line 3.			5		<del></del>		
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6	22.71			
7	Add lines 5 and 6			7		22.71		
8	Enter qualifying distribut If line 8 is equal to or g	tions from Part XII, line 4	c in Part VI, line 1b, and complete	8 that part		10,000.00 crate See the		

Form	990-PF (2019)		F	age 4
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	s)
' 1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check		45	.43
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			
	Part I, line 12, col (b)			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
	Add lines 1 and 2		45	.43
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			<del></del> -
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		45	.43
	Credits/Payments			
	2019 estimated tax payments and 2018 overpayment credited to 2019   6a			
b	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld			
	Total credits and payments Add lines 6a through 6d			
	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached		5	.00
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			.43
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11			
	VII-A Statements Regarding Activities		_	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T. T	Yes	No
	participate or intervene in any political campaign?	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			<del></del>
	instructions for the definition	16		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities	1 1		
	Did the foundation file Form 1120-POL for this year?	1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$\\$	1 1		
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	1 1		
	on foundation managers   \$	1 1		
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities	-		<del></del> -
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		¥
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>x</u> X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T		` -	
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	1		
6		-		
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>	1 1		
	, , , , , , , , , , , , , , , , , , , ,	6	х	
	conflict with the state law remain in the governing instrument?	7	X	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	<del>  '  </del>		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
L	OHIO	.		
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	x	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	100	Λ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			7
	4942(J)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"			$_{\rm x}$ $L$
	complete Part XIV	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		v
	names and addresses	لخند		<u>X</u>

<u></u>	Continued Section Activities (continued)			
, rai	rt VIJ-A Statements Regarding Activities (continued)	Lesc	Yes	No
	At any time the control of the foundation density or indicating a controlled outsity within the	14.0 t.30 t	1.00	<del> </del> -
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	11		x
4.0	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	<u> </u>	<del> </del>	├^-
12		12	ĺ	
40	person had advisory privileges? If "Yes," attach statement See instructions	13	- x	X
73	·	13	<u> </u>	1
4.4	Website address ►  The books are in care of ► CAROLE P. SMITH  Telephone no ► 330-656	-217	3	
14	Located at ▶ 1842 HINES HILL ROAD, HUDSON, OHIO  ZIP+4 ▶ 44236	217.	<del></del>	<del></del> -
1.5	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			JT
15	and enter the amount of tax-exempt interest received or accrued during the year		•	
16		,	Yes	No
10	over a bank, securities, or other financial account in a foreign country?	16		х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	142 (TPLYE	Hr.Mi	155-120
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Tr-vary-va-		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	A Marite	Yes	No
1a	During the year, did the foundation (either directly or indirectly)	715×4545		MIN.
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No	10057507 10057507 10057507		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	NAME OF THE PERSON OF THE PERS		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after		11.20	
	termination of government service, if terminating within 90 days)	4		
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	10. 37.75		
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	705 7.2555	1 054375446
	Organizations relying on a current notice regarding disaster assistance, check here			2-11-1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	11113	数据的	4
	were not corrected before the first day of the tax year beginning in 2019?	1 C	73655 (2)	X SECRECIAN
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019? Yes X No			
	If "Yes," list the years ▶,			
D	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b	PROPERTY CO.	1884×1829*1
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	11:313	1500	erighte.
C				
3-	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ja	at any time during the year?			
h	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	15000		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			1254414
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X

Par	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (contin	ued)			
5a	During the year, did the foundation pay or incur any ami	ount to				4173547 A	Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (section	on 4945(e))?	. Yes	X No	7 13,54	٠.	4 (7
	(2), influence the outcome of any specific public ele	ection (see section	4955), or to carry or	),				
	directly or indirectly, any voter registration drive?			1 - 1	X No		3.	
	(3) Provide a grant to an individual for travel, study, or o			1 -1 -1	X No			- C .
	(4) Provide a grant to an organization other than a					24 1		44.
	section 4945(d)(4)(A)? See instructions			Yes _	X No	1 2 3 7 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(5) Provide for any purpose other than religious, cl						3.00 C	
	purposes, or for the prevention of cruelty to children	or animals?		Yes [	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions descr	ibed in		427.3	" (A)
	Regulations section 53 4945 or in a current notice regar	ding disaster assistan	ce? See instructions.			5b_		
	Organizations relying on a current notice regarding disas	ster assistance, check	here		▶[			1000000
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax r			* 7 7 7	
	because it maintained expenditure responsibility for the	grant?			No		3	
	If "Yes," attach the statement required by Regulations s	ection 53 4945-5(d)				That the		
6a	Did the foundation, during the year, receive any fur	•	· · ·			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	on a personal benefit contract?				X No	Cartier :	動為	
ь	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ct?		6b	N & 12	<u>X</u>
_	If "Yes" to 6b, file Form 8870				<del></del>			
7a	At any time during the tax year, was the foundation a p				X No	16.	A Comment	
b	If "Yes," did the foundation receive any proceeds or have is the foundation subject to the section 4960 tax on pay	· ·		0117		7b	igner,	D.1 4
8	remuneration or excess parachute payment(s) during the	• •		Yes	X No			
Par	Information About Officers, Directo	rs, Trustees, Fou	indation Managers	, Highly Paid		loyees,		
	and Contractors  List all officers, directors, trustees, and foundati	ion managers and	their compensation	San instruction	ne			
		uli illallayerə allu		See manacio	1113.			
•		(b) Title, and average	(c) Compensation	(d) Contribution:	s to	(e) Expens	e accou	nt
<u> </u>	(a) Name and address				s to plans	(e) Expens		
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions employee benefit	s to plans			
CARC	(a) Name and address	(b) Title, and average hours per week devoted to position PRESIDENT	(c) Compensation (If not paid,	(d) Contributions employee benefit and deferred compe	s to plans		owances	
CAR(	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribution: employee benefit   and deferred compe	s to plans nsation		owances	s
CARC 842 (AT	(a) Name and address OLE P. SMITH HINES HILL RD., HUDSON, OHIO 44236	(b) Title, and average hours per week devoted to position PRESIDENT	(c) Compensation (If not paid, enter -0-)	(d) Contribution: employee benefit   and deferred compe	s to plans nsation		0 .	s
CARC 842 (AT) 1712	(a) Name and address  DLE P. SMITH  HINES HILL RD., HUDSON, OHIO 44236  IE O'TOOLE SMITH  2 SAYBROOK, HUDSON, OH 44236  N SARROUGH	(b) Title, and average hours per week devoted to position PRESIDENT	(c) Compensation (if not paid, enter -0-)  0.00	(d) Contribution: employee benefit and deferred compe	s to plans insation . 00		0 . 0 .	.00
CARC 842 (AT 1 1712 JOHN	(a) Name and address  OLE P. SMITH HINES HILL RD., HUDSON, OHIO 44236  IE O'TOOLE SMITH 2 SAYBROOK, HUDSON, OH 44236 N SARROUGH VINCENT DRIVE, SEVEN HILLS, OH 44313	(b) Title, and average hours per week devoted to position PRESIDENT  VICE PRESIDENT  SECRETARY	(c) Compensation (If not paid, enter -0-)	(d) Contribution: employee benefit and deferred compe	s to plans nsation		0 . 0 .	.00
CARC 842 (AT] 1712 JOHN 1020	(a) Name and address  OLE P. SMITH HINES HILL RD., HUDSON, OHIO 44236  EE O'TOOLE SMITH C SAYBROOK, HUDSON, OH 44236  N SARROUGH VINCENT DRIVE, SEVEN HILLS, OH 44313  MAS C. SMITH	(b) Title, and average hours per week devoted to position PRESIDENT	(c) Compensation (if not paid, enter -0-)  0.00  0.00	(d) Contribution: employee benefit and deferred compe	s to plans insation		0. 0.	.00
CARC 842 (AT 1 1712 1001 1020 THOM	(a) Name and address  OLE P. SMITH HINES HILL RD., HUDSON, OHIO 44236  EE O'TOOLE SMITH OUTOOLE SMITH	(b) Title, and average hours per week devoted to position PRESIDENT  VICE PRESIDENT  SECRETARY  ADVISOR	(c) Compensation (if not paid, enter -0-)  0.00  0.00  0.00	(d) Contribution: employee benefit and deferred compe	s to plans nsation	óthér all	0. 0.	.00
CARC 842 (AT) 1712 JOHN 1020 THOM	(a) Name and address  OLE P. SMITH HINES HILL RD., HUDSON, OHIO 44236  EE O'TOOLE SMITH C SAYBROOK, HUDSON, OH 44236  N SARROUGH VINCENT DRIVE, SEVEN HILLS, OH 44313  MAS C. SMITH	(b) Title, and average hours per week devoted to position PRESIDENT  VICE PRESIDENT  SECRETARY  ADVISOR	(c) Compensation (if not paid, enter -0-)  0.00  0.00  0.00	(d) Contribution: employee benefit and deferred compe	s to plans nsation	óthér all	0. 0.	.00
CARC 842 (AT) 1712 JOHN 1020 THOM	(a) Name and address  DLE P. SMITH  HINES HILL RD., HUDSON, OHIO 44236  LE O'TOOLE SMITH 2 SAYBROOK, HUDSON, OH 44236  N SARROUGH  VINCENT DRIVE, SEVEN HILLS, OH 44313  MAS C. SMITH 2 SAYBROOK, HUDSON, OH 44236  Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT VICE PRESIDENT SECRETARY ADVISOR (other than thos	(c) Compensation (If not paid, enter -0-)  0.00  0.00  0.00  0.00	(d) Contribution employee benefit and deferred compe	s to plans nsation	other all	0. 0. 0. one, e	.00 .00 .00
CARC 842 (AT) 1712 JOHN 1020 THOM	(a) Name and address  OLE P. SMITH HINES HILL RD., HUDSON, OHIO 44236  EE O'TOOLE SMITH OUTOOLE SMIT	(b) Title, and average hours per week devoted to position PRESIDENT VICE PRESIDENT SECRETARY ADVISOR (other than those	(c) Compensation (if not paid, enter -0-)  0.00  0.00  0.00	(d) Contribution employee benefit and deferred compe	s to plans nsation	óthér all	0. 0. 0. one, e	. 00 . 00 . 00 . 00 enter
EARC 842 (AT 1 1712 10020 1710 1712 (a)	(a) Name and address  DLE P. SMITH  HINES HILL RD., HUDSON, OHIO 44236  LE O'TOOLE SMITH  2 SAYBROOK, HUDSON, OH 44236  N SARROUGH  VINCENT DRIVE, SEVEN HILLS, OH 44313  MAS C. SMITH  2 SAYBROOK, HUDSON, OH 44236  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT VICE PRESIDENT SECRETARY ADVISOR (other than those hours per week	(c) Compensation (If not paid, enter -0-)  0.00  0.00  0.00  0.00	(d) Contribution employee benefit and deferred compe	s to plans nsation	ns). If no	0. 0. 0. one, e	. 00 . 00 . 00 . 00 enter
CARC 842 (AT) 1712 JOHN 1020 THOM	(a) Name and address  DLE P. SMITH  HINES HILL RD., HUDSON, OHIO 44236  LE O'TOOLE SMITH  2 SAYBROOK, HUDSON, OH 44236  N SARROUGH  VINCENT DRIVE, SEVEN HILLS, OH 44313  MAS C. SMITH  2 SAYBROOK, HUDSON, OH 44236  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT VICE PRESIDENT SECRETARY ADVISOR (other than those hours per week	(c) Compensation (If not paid, enter -0-)  0.00  0.00  0.00  0.00	(d) Contribution employee benefit and deferred compe	s to plans nsation	ns). If no	0. 0. 0. one, e	. 00 . 00 . 00 . 00 enter
EARC 842 (AT 1 1712 10020 1710 1712 (a)	(a) Name and address  DLE P. SMITH  HINES HILL RD., HUDSON, OHIO 44236  LE O'TOOLE SMITH  2 SAYBROOK, HUDSON, OH 44236  N SARROUGH  VINCENT DRIVE, SEVEN HILLS, OH 44313  MAS C. SMITH  2 SAYBROOK, HUDSON, OH 44236  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT VICE PRESIDENT SECRETARY ADVISOR (other than those hours per week	(c) Compensation (If not paid, enter -0-)  0.00  0.00  0.00  0.00	(d) Contribution employee benefit and deferred compe	s to plans nsation	ns). If no	0. 0. 0. one, e	. 00 . 00 . 00 . 00 enter
EARC 842 (AT 1 1712 10020 1710 1712 (a)	(a) Name and address  DLE P. SMITH  HINES HILL RD., HUDSON, OHIO 44236  LE O'TOOLE SMITH  2 SAYBROOK, HUDSON, OH 44236  N SARROUGH  VINCENT DRIVE, SEVEN HILLS, OH 44313  MAS C. SMITH  2 SAYBROOK, HUDSON, OH 44236  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT VICE PRESIDENT SECRETARY ADVISOR (other than those hours per week	(c) Compensation (If not paid, enter -0-)  0.00  0.00  0.00  0.00	(d) Contribution employee benefit and deferred compe	s to plans nsation	ns). If no	0. 0. 0. one, e	. 00 . 00 . 00 . 00 enter
EARC 842 (AT 1 1712 10020 1710 1712 (a)	(a) Name and address  DLE P. SMITH  HINES HILL RD., HUDSON, OHIO 44236  LE O'TOOLE SMITH  2 SAYBROOK, HUDSON, OH 44236  N SARROUGH  VINCENT DRIVE, SEVEN HILLS, OH 44313  MAS C. SMITH  2 SAYBROOK, HUDSON, OH 44236  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT VICE PRESIDENT SECRETARY ADVISOR (other than those hours per week	(c) Compensation (If not paid, enter -0-)  0.00  0.00  0.00  0.00	(d) Contribution employee benefit and deferred compe	s to plans nsation	ns). If no	0. 0. 0. one, e	. 00 . 00 . 00 . 00 enter
EARC 842 (AT 1 1712 10020 1710 1712 (a)	(a) Name and address  DLE P. SMITH  HINES HILL RD., HUDSON, OHIO 44236  LE O'TOOLE SMITH  2 SAYBROOK, HUDSON, OH 44236  N SARROUGH  VINCENT DRIVE, SEVEN HILLS, OH 44313  MAS C. SMITH  2 SAYBROOK, HUDSON, OH 44236  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT VICE PRESIDENT SECRETARY ADVISOR (other than those hours per week	(c) Compensation (If not paid, enter -0-)  0.00  0.00  0.00  0.00	(d) Contribution employee benefit and deferred compe	s to plans nsation	ns). If no	0. 0. 0. one, e	. 00 . 00 . 00 . 00 enter
EARC 842 (AT 1 1712 10020 1710 1712 (a)	(a) Name and address  DLE P. SMITH  HINES HILL RD., HUDSON, OHIO 44236  LE O'TOOLE SMITH  2 SAYBROOK, HUDSON, OH 44236  N SARROUGH  VINCENT DRIVE, SEVEN HILLS, OH 44313  MAS C. SMITH  2 SAYBROOK, HUDSON, OH 44236  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT VICE PRESIDENT SECRETARY ADVISOR (other than those hours per week	(c) Compensation (If not paid, enter -0-)  0.00  0.00  0.00  0.00	(d) Contribution employee benefit and deferred compe	s to plans nsation	ns). If no	0. 0. 0. one, e	. 00 . 00 . 00 . 00 enter
EARC 842 (AT 1 1712 10020 1710 1712 (a)	(a) Name and address  DLE P. SMITH  HINES HILL RD., HUDSON, OHIO 44236  LE O'TOOLE SMITH  2 SAYBROOK, HUDSON, OH 44236  N SARROUGH  VINCENT DRIVE, SEVEN HILLS, OH 44313  MAS C. SMITH  2 SAYBROOK, HUDSON, OH 44236  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT VICE PRESIDENT SECRETARY ADVISOR (other than those hours per week	(c) Compensation (If not paid, enter -0-)  0.00  0.00  0.00  0.00	(d) Contribution employee benefit and deferred compe	s to plans nsation	ns). If no	0. 0. 0. one, e	. 00 . 00 . 00 . 00 enter
EARC 842 (AT 1 712 JOHN 020 FHON 712 2	(a) Name and address  DLE P. SMITH  HINES HILL RD., HUDSON, OHIO 44236  LE O'TOOLE SMITH  2 SAYBROOK, HUDSON, OH 44236  N SARROUGH  VINCENT DRIVE, SEVEN HILLS, OH 44313  MAS C. SMITH  2 SAYBROOK, HUDSON, OH 44236  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT VICE PRESIDENT SECRETARY ADVISOR (other than those hours per week	(c) Compensation (If not paid, enter -0-)  0.00  0.00  0.00  0.00	(d) Contribution employee benefit and deferred compe	s to plans nsation	ns). If no	0. 0. 0. one, e	. 00 . 00 . 00 . 00 enter
CARC 842 (AT) 1712 1001 10020 1710 1712 (a)	(a) Name and address  OLE P. SMITH HINES HILL RD., HUDSON, OHIO 44236  IE O'TOOLE SMITH 2 SAYBROOK, HUDSON, OH 44236 N SARROUGH VINCENT DRIVE, SEVEN HILLS, OH 44313  MAS C. SMITH 2 SAYBROOK, HUDSON, OH 44236  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT VICE PRESIDENT SECRETARY ADVISOR (other than those hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  0.00  0.00  0.00  0.00  ce included on line (c) Compensation	(d) Contribution employee benefit and deferred compe	s to plans nsation	ns). If no	0. 0. 0. one, e	. 00 . 00 . 00 . 00 enter
CARC 842 (AT) 1712 1001 10020 1710 1712 (a)	(a) Name and address  DLE P. SMITH  HINES HILL RD., HUDSON, OHIO 44236  LE O'TOOLE SMITH  2 SAYBROOK, HUDSON, OH 44236  N SARROUGH  VINCENT DRIVE, SEVEN HILLS, OH 44313  MAS C. SMITH  2 SAYBROOK, HUDSON, OH 44236  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT VICE PRESIDENT SECRETARY ADVISOR (other than those hours per week devoted to position	(c) Compensation (if not paid, enter -0-)  0.00  0.00  0.00  0.00  ce included on line (c) Compensation	(d) Contribution employee benefit and deferred compe	s to plans nsation	ns). If no	O. O. O. one, e	. 00 . 00 . 00 enter

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five	nighest-paid independent contractors for professional services. See instructions. If none, enter "NONI	<u> </u>
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
	· · · · · · · · · · · · · · · · · · ·	
	<del></del>	
Total number	er of others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	<del></del>
	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	
	s and other beneficianes served, conferences convened, research papers produced, etc `	Expenses
1 NONE		
2		
		i
		<del></del>
3		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	<del></del>
	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		ı
•	ogram-related investments. See instructions	
3		
Total Add I	ines 1 through 3	<del></del>
· otal · Add	mes i diredgiro i i i i i i i i i i i i i i i i i i	

Pa	Minimum Investment Return (All domestic foundations must complete this part Fossee instructions.)	oreign foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc purposes	, ,	
a	Average monthly fair market value of securities	. 1a	85,892.00
b		1 1	-4,181.85
С	Fair market value of all other assets (see instructions)	. 1c	
d			81,710.15
e			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	. 2	
3	Subtract line 2 from line 1d		81,710.15
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, se	e	
	instructions)		1,225.65
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line		80,484.50
6	Minimum investment return. Enter 5% of line 5		4,024.23
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f		
	and certain foreign organizations, check here ▶ and do not complete this part )		
1	Minimum investment return from Part X, line 6	. 1	4,024.23
2 a	Tax on investment income for 2019 from Part VI, line 5	13	1/32-11-3
b			
C		2c	45.43
3	Distributable amount before adjustments Subtract line 2c from line 1	·	3,978.80
4	Recoveries of amounts treated as qualifying distributions	· <del></del>	3,310.00
5	Add lines 3 and 4	•	3,978.80
	Deduction from distributable amount (see instructions)	· · <del></del>	3,370.00
6 7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XII	· <del></del>	
′			3,978.80
	line 1	<del></del>	3,970.00
Pai	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1.	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	10,000.00
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	7.	
а	Suitability test (prior IRS approval required)	. 3a	
b			
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line		10,000.00
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incom-		
	Enter 1% of Part I, line 27b See instructions		
6	Adjusted qualifying distributions. Subtract line 5 from line 4	. 6	10,000.00
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when		
	qualifies for the section 4940(e) reduction of tax in those years		

Part XIII U	ndistributed Income (see inst	ructions)		ř-	Page 9
1 Distributable	amount for 2019 from Part XI,	(a) Comus	(b) Years prior to 2018	(c) 2018	(d) - ∴ 2019
line 7				的特殊的特殊的	3,978.80
2 Undistributed i	ncome, if any, as of the end of 2019	The state of the s	A TOTAL TOTA		
	t for 2018 only	TOTAL SECURE SECURE SECURE		1 1 PPM-1 = Third = Thomas ARTE   1   2007 the sur do " He	
	rears 20,20,20		STEAMER STEAMERS - TOT ADDIES TRACKED	AFFALTA BETTALTHANDS OF THE	A THE PARTY OF THE
	butions carryover, if any, to 2019		A CONTRACTOR OF THE PROPERTY O		
	2,613.05				AND THE STATE OF T
	5,154.23		44   14   54   14   14   14   15   15		
	3,936.46				
	3,562.10				
	7,240.01	22,505.85	SANT MANAGEMENT OF THE STANDARD COMMENTS OF TH	MANAGEMENT PROPERTY AND ACCOUNTS AND ACCOUNT	richia de la companya
	3a through e	22,303.83		183 E. D. E. 1920-544-1726-2684-464-77 F. J. (1920)	OF A TOP A SECRET OF SHEET AND AN AREA OF THE SECRET OF TH
line 4 ▶ \$	stributions for 2019 from Part XII,		A CANADA		
	18, but not more than line 2a				A STATE OF THE PROPERTY OF THE
		THE SAME CARP TO SEE PART CAPPED TO SEE SAME CAPPED	P PM NY X NR 14 WAYN 45 KHOSE RAGGERS 22.10 PM	Haridakere et	AT ANALYST HELT AND SOCIETY OF THE STREET
	indistributed income of prior years uired - see instructions)				
	·	3.173.2.13		The state of the s	
	e instructions)				
	119 distributable amount	12. 12. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14		ATT THE PROPERTY OF THE PERSON	
• •	mount distributed out of corpus	6,021.20	and the continued of th		
	butions carryover applied to 2019 it appears in column (d), the same				
	be shown in column (a) )				
	net total of each column as				TANK TO SECURE THE SEC
indicated be					
a Corpus Add	lines 3f, 4c, and 4e Subtract line 5	28,527.05			
. b Prior years'	undistributed income Subtract				
line 4b from l	ine 2b	1-32 - 321-341-17-41-17-41-28-28-28-28-28-28-28-28-28-28-28-28-28-	, "	EN OUR OF COOR INCOME. TO I SECURE	1,000 mars of the late of the
	nount of prior years' undistributed which a notice of deficiency has		-		
	or on which the section 4942(a)		* .		
tax has been	previously assessed	##   \$778781.75		STAP THE STAR SERVICE STAP STAP STAP	
	e 6c from line 6b Taxable				
	Instructions	Secol Carlo Transfer and the contract of the c	Secretarian del Management (1989) il cal	remager of distant most confi	and the state of t
4a from lu	ne 2a Taxable amount - see				
instructions		PROGRAMME AND CONTROL OF SOME	A STATE OF THE PARTY OF THE PAR	WATER AND THE PARTY TO A TAKE TO A T	entally were like that
	I income for 2019 Subtract lines				
	om line 1. This amount must be				3,978.80
	2020	A Juneau Cumu. Wilmer Flederstalizational Strategics.	Character area cases and the same	A AND THE CONTRACT OF THE STATE	
	ated as distributions out of corpus	,			
•	equirements imposed by section or 4942(g)(3) (Election may be				
	instructions)				
	butions carryover from 2014 not				
	e 5 or line 7 (see instructions)	2,613.05	Topical and the second of the second	Autonophinata a robbolulin datababbabbab databili. Arobba Arobbabbabbab Arobbabbabbab Arobbabbabbabbabbabbabbabbabbabbabbabbabba	iin madadin cikuli filkaiini chababaitha shiri Salan isa shiri balan shiri
	tributions carryover to 2020.				AND THE PROPERTY OF THE PROPER
	s 7 and 8 from line 6a	25,914.00	de liberte Tantana et a raix estat estatuara.		
10 Analysis of lir	ne 9				
a Excess from	2015 5,154.23				
b Excess from	2016 3,936.46				TANKAN MANAGAMAN PERMANAN PERM
c Excess from					
d Excess from		## 7537 4 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			dans in the state of the state
e Excess from	2019 6,021.20			OF SHEET PARTY SHO	Form <b>990-PF</b> (2019)

	990-PF (2019)	<del></del>						Page 1 C
		erating Foundation						
, 1 a	If the foundation has	•		•	-			
	foundation, and the rulin	~	_		<u>,                                    </u>	<del>-  </del>		
	Check box to indicate		is a private operating		in section	4942(j)	(3) or	4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	<del></del>		(e) ·	Γotal
	justed net income from Part  I or the minimum investment	(4)2013	(b) 2018	(c) 2017	(d) 2	016		
	return from Part X for each							
	year listed							
b	85% of line 2a							
С	Qualifying distributions from Part							
	XII, line 4, for each year listed	<u> </u>						
d	Amounts included in line 2c not used directly for active conduct of exempt activities							
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line							
•	2d from line 2c	ļ	ļ		<del>                                     </del>			
3	Complete 3a, b, or c for the alternative test relied upon							
а	"Assets" alternative test - enter							
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section</li></ul>							·
	4942(j)(3)(B)(i)			<del></del>			· · · · · · · · · · · · · · · · · · ·	
b	"Endowment" alternative test-							
	enter 2/3 of minimum invest- ment return shown in Part X,							
	line 6 for each year listed	<u> </u>		ļ	<del></del>			
C	"Support" alternative test - enter							
	(1) Total support other than gross investment income							
	(interest, dividends, rents,			}				
	payments on secunties loans (section 512(a)(5)),							
	or royalties)							
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942							
	(3) Largest amount of sup- port from an exempt							·
	organization.				<u> </u>			
_	(4) Gross investment income.						<del> </del>	
₽ <u>a</u>		ntary Information (		only if the found	lation had	55,000 or	more in	assets at
	<u></u>	uring the year - see						
	Information Regarding List any managers of	the foundation who	have contributed mor				ed by the	foundation
	before the close of any	tax year (but only if the	ney have contributed r	more than \$5,000) (	See section 5	07(d)(2))		
<u> 101</u>								
b	List any managers of ownership of a partner					an equally	large por	tion of the
иои	IE							
	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:				
	Check here ▶ If t	he foundation only	makes contributions	to preselected cha	rıtable organ	nizations ar	nd does r	not accep
	unsolicited requests for							
	complete items 2a, b,	· _					_	
а	The name, address, a	nd telephone number	or email address of the	ne person to whom ap	plications sho	uld be addr	essed	
N/P								
b	The form in which app	lications should be su	bmitted and information	on and materials they	should inclu	de		
N/F	<u> </u>							
С	Any submission deadli	nes						_
N/ <i>F</i>	Any restrictions or li			anhinal array 1	talala - 6-11			
d	Any restrictions or li factors	mitations on awards	, such as by geogr	apnicai areas, charif	table fields,	KINOS OF I	istitutions,	or otner
N/F	<u> </u>					-	Form 990	)-PF (2019)
9E149	0 1 000						. 5 550	(2013)

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or status of recipient Amount Name and address (home or business) a Paid during the year IBH ADDICTION RECOVERY CENTER N/A CHAR CHARITABLE 2,000.00 3445 SOUTH MAIN STREET AKRON, OHIO 44319 DAWN FARM N/A CHAR CHARITABLE 2,000.00 6633 STONY CREEK ROAD YPSILANTI, MICHIGAN 48197 CHAR KOINONIA PARTNERS N/A CHARITABLE 2,000.00 1324 GA-49 AMERICUS, GEORGIA 31719 THE EDNA HOUSE N/A CHAR CHARITABLE 2,000.00 2007 WEST 65TH STREET CLEVELAND, OHIO 44102 CHAR CHARITABLE RECOVERY RESOURCES N/A 2,000.00 4269 PEARL ROAD CLEVELAND, OHIO 44109 ▶ 3a 10,000.00 b Approved for future payment

Total

Part X	VI-A Analysis of Income-Prod	ucing Act	ivities				
	oss amounts unless otherwise indicated	Unrela	ated business income	Excluded b	y section 512, 513, or 514	4 (e)	
•	, ram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)	
_						1	
_							
е _							
f _							
<b>g</b> Fe	es and contracts from government agencies						
2 Meml	bership dues and assessments		<u> </u>				
3 Interes	st on savings and temporary cash investments						
4 Divide	ends and interest from securities			14	2,330.17	<del></del>	
5 Net re	ental income or (loss) from real estate		·	ļ			
a De	ebt-financed property			<u> </u>		<del></del>	
b No	ot debt-financed property			<del> </del>			
6 Net re	ental income or (loss) from personal property			ļ.—			
7 Other	investment income						
8 Gain d	or (loss) from sales of assets other than inventory		<u>-</u>	14			
	ncome or (loss) from special events		<del></del>		<del></del>		
	s profit or (loss) from sales of inventory			-		<del></del>	
	revenue a CAPITAL GAINS DISTRIBU	TIONS		14	27.54		
				<del> </del>			
				<del>                                     </del>			
e	otal Add columns (b), (d), and (e)			<del>                                     </del>	2,271.38		
	Add line 12, columns (b), (d), and (e)			L		2,271.38	
	ksheet in line 13 instructions to verify calci					2,211.30	
Part X			complishment of Ex	cempt Puri	oses		
Line No.							
	Expidin bolow how odon doner						
•	accomplishment of the foundation	on's exemp	t purposes (other than t	by providing	tunas for such purposes	s) (See instructions )	
			<del></del>		<del></del>	<del></del> - <del>-</del>	
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			·				
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Part XVII

	·	Organizations					- <del></del>			
1		e organization direct	•	• •	_	•			Yes	No
		zations?	alan scolon	001(0)(0) 019411121	20010) 01 111	55500011 527, 101	ating to political	1- 1	- 1	,
_	-	fers from the reportin	a foundation to	a noncharitable av	mnt organizati	ion of		'	1	
a		ish	-					المنما	1	v
										<u>X</u>
	` '	her assets						1a(2)	<del>-</del>	<u>X</u>
b		transactions								
		les of assets to a no						1 — —		<u>X</u>
		rchases of assets fro		-				1 — 1		<u>X</u>
		ental of facilities, equi							$\dashv$	<u>X</u>
		imbursement arrange							-	<u>X</u>
		ans or Ioan guarantee								<u>X</u>
		rformance of service		_						X
		ig of facilities, equipm	_							X
d		answer to any of th								
		of the goods, other		•	-					
	value	in any transaction or	sharing arrang	gement, show in co	lumn (d) the v	value of the goods	, other assets, or s	ervices	rece	ıved
(a) L	ine no	(b) Amount involved	(c) Name of n	oncharitable exempt orga	nization (	d) Description of transfe	ers, transactions, and sha	nng arrang	gemen	ts
				······································						
			<del></del>							
							- <del></del>			
2a		foundation directly obed in section 501(c)	•	· ·	•	•		7	X	No
h		s." complete the follow	•		30000011 027				لخنا	140
	11 103	(a) Name of organization		(b) Type of or	ganization		) Description of relations	hip		
		<u> </u>					,			
						<del></del>				
		· · · · · · · · · · · · · · · · · · ·								
						<del></del>				
	Unde	r penalties of penury, I decla	re that I have examin	ned this return, including ac	companying schedule	es and statements, and to	the best of my knowledge	e and beli	ef. it is	s true.
	corre	ct, and complete Declaration of					,		,	
gić	1   <b>.</b> .	1 Carle P	1 21	1./11-7-3	2/2	President	May the IRS			
ler	e   🔀	word 1.	Smun_	Data Para	Title	Ivenuenc	with the pre	parer sho		<b>-</b>
	Sig	nature of officer or trustee		Date	ritie		See mstruction	s X)	es	No
		Brint/Tune proposed ===		Dranger's signature		Thate		TIN		
aic	1	Print/Type preparer's nat	L Whidha	Pregarer's signature	we the	10-29		TIN <i>Pco</i> う	31	217
		***	<del></del>				Self-cliiployed			<u> </u>
	parer				LTD		Firm's EIN ► 34 -	11779	90	
Jse	Only	Firm's address ► 12	267 WEST 91	TH STREET, SU	ITE 400					
		CI	EVELAND, C	OH 44113-106	4			<u>-861-</u>		
							For	990-l	PF 🕾	20191

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

# SMITH-PROCHASKA CHARITABLE FOUNDATION **SUPPORTING SCHEDULE - 2019 FORM 990-PF**

Page 2, Part II, Line 10b - Investment Balances (End of Year)

Investment Description	No. of Shares	<u>Col (b)</u> Book Value	<u>Col (c)</u> Fair Market Value	Unrealized Gain / (Loss)
Fidelity 500 Index Fund (FXAIX)	231.43	\$21,500	\$25,925	\$4,425
Wells Fargo Core Bond FD INSTL (MBFIX)	3,091.59	\$39,641	\$40,809	\$1,168
Ishares Core S&P Small-Cap E (IJR)	64.00	\$4,916	\$5,366	\$451
Ishares Trust Core MSCI EAFE ETF (IEFA)	199.00	\$11,539	\$12,983	\$1,443
Ishares Inc Core MSCI Emerging MKTS (IEMG)	94.00	\$4,415	\$5,053	\$639
Totals		\$ 82,011	\$ 90,137	\$ 8,126
Page 2. Part III. Line 3 - Other increase to Net Assets or Fund Balances				

Realized gain (loss) on investment sales

86.33

86.33

### E.I. NO. 34-1577260

# SMITH-PROCHASKA CHARITABLE FOUNDATION SUPPORTING SCHEDULE - 2019 FORM 990-PF

## Page 1, Part I, Line 11 - Other Income

Capital Gain Distributions from Fidelity Investment Account

\$27.54

## Page 1, Part I, Line 16b - Accounting Fees

Accounting fees paid for the preparation of prior year tax returns

\$1,680.00

## Page 1, Part I, Line 18 - Taxes

Federal tax owed with the filing of 2018 Form 990-PF Foreign taxes paid

\$165.46 \$42.87

reign taxes pare

\$208.33

## Page 1, Part I, Line 23 - Other Expenses

Total

**State Filing Fees** 

\$50.00