Form 990-PF

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 17

| ntern | al Revenue Service | <u>L</u> . | <u> </u> | Go to www. | irs gov/Form990PF for ins | tructions and t | he latest info | rmation. | 11/ | Open to Public Inspectio |
|-----------|---|--------------|---------------------------|-----------------|--|--|----------------|--|----------------------------------|---|
| Ford | alendar year 2019 | or tax year | r beginning | | | , and e | nding | | | |
| Nan | al Revenue Service salendar year 2019 ne of foundation | | | | | | | A Employer | dentificatio | n number |
| ع | <u>UC TUA JĀ</u> | MES R | SMITE | | LY FOUNDATIO | N | | 56-6 | 577 <u>9</u> 08 | 8 |
| | ber and street (or P O t | | f mail is not deli | vered to street | address) | | Room/suite | B Telephone | | |
| <u>P</u> | .O. BOX 8 | 938 | | | · · · · · · · · · · · · · · · · · · · | | | (540 | <u>) 774</u> | -7762 <u> </u> |
| | or town, state or pr | | untry, and ZIF L O 1 4 | or foreign p | postal code | | | C If exemption | application is | pending, chack here |
| С | heck all that apply | | Initial return | 1 | Initial return of a | former public o | harity | D 1. Foreign | organization | ns, check here |
| | | | Final return | | Amended return | | | | - | |
| | | | Address ch | ange | Name change | | | 2. Foreign of check her | rganizations m e and attach o | neeting the 85% test, computation |
| 1 C | heck type of organia Section 4947(a)(1 | | | | xempt private foundation Other taxable private found | tation | 04 | 1 ' | | tatus was terminated 1)(A), check here |
| Fa | ir market value of al | | | | ting method. X Cash | Accr | ual | 1 | , ,, | |
| | om Part II, col. (c), | | ona or you. | | Other (specify) | | | 1 | | a 60-month termination 1)(B), check here |
| \ | | | 3.975. | | mn (d), must be on cash ba | sis) | | 111001 3000 | (0), (0), | ,)(b); chock hore |
| _ | Analysis of R (The total of am | evenue an | nd Expenses | (d) may not | (a) Revenue and expenses per books | - (b) Net in | | (c) Adju | | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 Contributions, | | | - | 3,543,511, | | | N/A | Α | (ddSiri ddSid Grify) |
| | | | on is not required to | | | DW C | | | | |
| | 3 Interest on saving | as and tempo | | | | | | | | |
| | 4 Dividends and | _ | om securities | | 11/8,567. | 11 | 8,567. | | | STATEMENT 1 |
| | 5a Gross rents | | | | , | | • | | | |
| | b Net rental income | a or (loss) | | | | | | | | |
| | 6a Net gain or (loss) | from sale of | assets not on lii | ne 10 | 2,481,182. | Ì | | | | |
| nue | b Gross sales price assets on line 6a | | 11,602 | ,728. | | | | | | |
| evenu | 7 Capital gain net i | ncome (from | Part IV, line 2) | | | 2,48 | 1,182. | 1 | | |
| ď | 8 Net short-term | capital ga | ın | | | | | | | |
| j | 9 Income modifi | | | | | ļ | | | | |
| | 10a Gross sales less and allowances | returns | | | | | | | | |
| | b Less Cost of goo | ods sold | | | | ļ | | | | |
| | c Gross profit of | (loss) | | | 22.061 | 1 2 2 | 0.61 | | | ama marana (|
| | 11 Other income | | | | <33,961.> | | ,961.> | | | STATEMENT 2 |
| \dashv | 12 Total Add line | | • | | 6,109,299. | 2,56 | 5,788. 0. | | | |
| | 13 Compensation of | | | etc | 0. | | <u> </u> | | | <u> </u> |
| | 14 Other employe15 Pension plans | | • | | | | | | | |
| S | 15 Pension plans 16a Legal fees | , employee | Dellellis | | - | | | | | <u> </u> |
| nse | | 20 | ST | мт 3 | 250. | | 0. | | | 125 |
| Expens | c Other professi | | | MT 4 | 39,672. | | 9,672. | | | 0 |
| Ü | 17 Interest | | | | 35,805. | | 5,805. | | | 0 |
| ative | 18 Taxes | | SI | MT 5 | 41,094. | | 2,529. | | | 0 |
| str | 19 Depreciation a | nd depletio | n | | | | _ | | _ | |
| dministr | 20 Occupancy | | | | | | | | | |
| Adı | 21 Travel, confere | ences, and | meetings | | | | | | | |
| and | 22 Printing and p | ublications | | | | | | | | |
| | 23 Other expense | s | SI | MT 6 | 24,577. | 2 | <u>4,457.</u> | | | 0 |
| Operating | 24 Total operation | | | | | | | | | |
|)pei | expenses Ad | | | | 141,398. | 10 | 2,463. | | | 125 102,783 |
| | 23 COMMIDUMONS, | gifts, grant | ts paid | | 102,783. | | | | | 102,783 |
| | 26 Total Expense | E and disp | ursements. | | 044 101 | 1.0 | 2 462 | ĺ | | 100 000 |
| - | | 11U &V ~ ~ | | | 244,181. | 10 | 2,463 <u>.</u> | | | 102,908 |
| | 27 Subtract line 2 | | | | E 06E 110 | | | | | |
| | a Excess of AVP | C T K | ses and disburs | ements | 5,865,118. | 2 16 | 3,325. | | | |
| | b Net investmen | | | | | 2,40 | 2,343. | N/Z | Δ | |
| | c Adjusted net i | | | | e, see instructions. | <u> </u> | | 111/2 | | Form 990-PF (201 |

| For | m 99 | 00-PF (2019) SUC TUA JAMES R SMITH FA | MILY FOUNDATIO |)N 56- | 6577908 Page 2 |
|------------|------------|--|-------------------|----------------|---------------------------|
| P | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | f year |
| <u> </u> | <u> </u> | column should be for and-or-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 72,437. | 186,361. | 186,362. |
| | 2 | Savings and temporary cash investments | | | |
| | l . | Accounts receivable | | | |
| | ľ | Less, allowance for doubtful accounts | | | |
| | ۱, | Pledges receivable | | | - |
| | • | | | | |
| | _ | Less allowance for doubtful accounts | | | |
| | | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| S | 8 | Inventories for sale or use | | | |
| ssets | 9 | Prepaid expenses and deferred charges | | | |
| Ÿ | 10a | Investments - U S and state government obligations | | | |
| | Ь | Investments - corporate stock STMT 7 | 3,853,280. | 8,612,192. | 8,931,763. |
| | l | Investments - corporate bonds | | | |
| | ŀ | Investments - land, buildings, and equipment basis | | - | |
| | ` ' | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | · |
| | l | 2mm 0 | 186,201. | 1,166,481. | 1,190,850. |
| | 13 | _ | 100,201. | 1,100,401. | |
| | 14 | Land, buildings, and equipment basis | | | - |
| | | Less accumulated depreciation | | | |
| | l | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers - see the | | 0.055.004 | 40 000 000 |
| | <u> </u> | instructions. Also, see page 1, item I) | 4,111,918. | 9,965,034. | 10,308,975. |
| | 17 | Accounts payable and accrued expenses | 12,002. | | |
| | 18 | Grants payable | | | |
| ç | 19 | Deferred revenue | | | |
| abilities | 20 | Loans from officers directors, trustees, and other disqualified persons | | | |
| ᅙ | 21 | Mortgages and other notes payable | | | |
| ت | 22 | Other liabilities (describe) | | | |
| | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 12,002. | 0. | |
| | _ | Foundations that follow FASB ASC 958, check here | | | |
| | | and complete lines 24, 25, 29, and 30. | | | |
| ces | 24 | Net assets without donor restrictions | | | |
| ā | 25 | 1 | | | |
| Fund Balan | 23 | Net assets with donor restrictions | | | |
| pu | | Foundations that do not follow FASB ASC 958, check here | | | , |
| Ŀ | <u>ا</u> ۔ | and complete lines 26 through 30 | 4,099,916. | 4,099,916. | |
| ō | 26 | Capital stock, trust principal, or current funds | 4,099,910. | 0. | |
| ets | 27 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | , |
| Ass | 28 | Retained earnings, accumulated income, endowment, or other funds | 0. | 5,865,118. | |
| Net Assets | 29 | Total net assets or fund balances | 4,099,916. | 9,965,034. | |
| Z | | | | | · |
| | 30 | Total liabilities and net assets/fund balances | 4,111,918. | 9,965,034. | |
| P | art | Analysis of Changes in Net Assets or Fund Ba | lances | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 29 | | |
| | | at agree with end-of-year figure reported on prior year's return) | | 1 | 4,099,916. |
| | • | amount from Part I, line 27a | | 2 | 5,865,118. |
| | | r increases not included in line 2 (itemize) | | 3 | 0. |
| | | | | | 9,965,034. |
| | | lines 1, 2, and 3 | | 4 | 9,965,034. |
| | | eases not included in line 2 (itemize) | luma (h) lum 00 | 5 | 9,965,034. |
| 6 | rotal | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | iumn (b), line 29 | | |
| | | | | | Form 990-PF (2019) |

| | I'UA JAMES R SMI' | | | JAT. | TON | | 5 | 6-65/ | 7908 | Page 3 |
|---|---|--|---------------------------------------|---------------|-------------------|------------------|-----------------------|-----------------------------|---------------------|---------------------|
| | d Losses for Tax on In | | | T (b) F | low ac | aured 1 | | | | |
| (a) List and describe the 2-story brick warel | kind(s) of property sold (for exar nouse, or common stock, 200 shs | mple, real esta - MI C Co.) | te, | 'G'. | - Purch - Dona | iase i | (c) Date (mo., d) | acquired ay, yr) | (d) Dai (mo , d | te sold ay, yr) |
| 1a WILMINGTON TRUST | | | | ۳ | - Dulla | | VARI | | VARI | |
| b WILMINGTON TRUST | | | | | | | VARI | | VARI | |
| c FROM K1 - RSF PA | ARTNERS VII LP | | | | | 7 | JARI | OUS | VARI | ous |
| d CAPITAL GAINS DI | VIDENDS | | | | | | | | | |
| _e | | | | L., | | | | - | L | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | | ain or (loss s (f) minus | | _ |
| a 3,679,676. | | | 3,604,57 | | | | | | | <u>,102.</u> |
| b 7,880,040. | | | <u>5,516,97</u> | 2. | | | | | 2,363 | |
| c 414. d 42,598. | | <u> </u> | | | | | | | 12 | <u>414.</u> ,598. |
| | | <u> </u> | - | \dashv | | | | | 42 | , 590. |
| Complete only for assets showing of | nain in column (h) and owned by t | he foundation | on 12/31/69. | | | (1) | Gains (C | ol. (h) gain | minus | |
| | (j) Adjusted basis | | ccess of col. (I) | | | | (k), but r | not less tha | n -0-) or | |
| (i) FMV as of 12/31/69 | as of 12/31/69 | `over | col. (j), if any | | | | Losses | (from col | (n)) | |
| a | | | | | | | | | 75 | ,102. |
| <u>b</u> | | | | | | | | | 2,363 | |
| C | | | | \rightarrow | | | | | 42 | 414. |
| <u>d</u> | | | | -+ | | | | | 42 | <u>,598.</u> |
| <u>e</u> | | L | | ╗┼ | 1 | | | | | |
| 2 Capital gain net income or (net capital | al loss) $\begin{cases} If gain, also enter \\ If (loss), enter -0 \end{cases}$ | ' in Part I, line - in Part I, line | 7 | 1 | 2 | | | | 2,481 | ,182. |
| 3 Net short-term capital gain or (loss) | • | | • | 7 | | | | | | <u> </u> |
| If gain, also enter in Part I, line 8, col | | u (o) | | J | | | | | | |
| If (loss), enter -0- in Part I, line 8 | | 5 | | | 3 | | | N/A | · | |
| | ler Section 4940(e) for | | | | | ent incoi | ne | | | |
| (For optional use by domestic private fo | undations subject to the section 4 | 940(a) tax on | net investment in | come ; |) | | | | | |
| If section 4940(d)(2) applies, leave this | part blank | | | | | | | | | |
| Was the foundation liable for the section | 1 4942 tax on the distributable am | ount of any ve | ar in the base peri | od? | | | | | Yes | X No |
| If "Yes," the foundation doesn't qualify u | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| 1 Enter the appropriate amount in eac | h column for each year, see the in | structions bef | ore making any er | ntries | | | | | | |
| (a) Base period years | (b) | | Nick out a cf co | (c) | 4-bla . | | | Distri | (d) bution ratio | |
| Calendar year (or tax year beginning | | | Net value of no | | | | | (col (b) div | rided by col | |
| 2018 | <u></u> | 5,659. 9,153. | | 4, | 423 | 5,917. 5,084. | + | | | 26132 84143 |
| <u>2017</u> 2016 | | 7,166. | | | | 3,034. $3,244.$ | + | | | 93598 |
| 2015 | | 9,037. | | | | 9,696. | | | | 52108 |
| 2014 | | 5,247. | | | | 3,883. | | | | 12030 |
| | | | - | | | | | | | |
| 2 Total of line 1, column (d) | | | | | | | 2 | | <u> </u> | <u> 78011</u> |
| 3 Average distribution ratio for the 5-y | • | on line 2 by 5 (|), or by the numbe | er of ye | ears | | 1 | | 0.1 | |
| the foundation has been in existence | if less than 5 years | | | | | | 3 | | . 2: | 55602 |
| | . (0040 (- 0 4) (| - | | | | | 1.1 | | 7 712 | 100 |
| 4 Enter the net value of noncharitable- | use assets for 2019 from Part X, I | ine 5 | | | | | 4 | | 7,713 | ,400. |
| 5 Multiply line 4 by line 3 | | | | | | | 5 | | 1,971 | .583. |
| With the Foundation | | | | | | | | | | , , , , , |
| 6 Enter 1% of net investment income (| 1% of Part I, line 27b) | | | | | | 6 | | 24 | ,633. |
| , | . , | | | | | | | | | |
| 7 Add lines 5 and 6 | | | | | | | 7 | | <u>1,996</u> | <u>,216.</u> |
| | | | | | | | | | 4.5. | 0.0.5 |
| 8 Enter qualifying distributions from Pa | • | | | | | | 8 | | 102 | ,908. |
| If line 8 is equal to or greater than lin See the Part VI instructions | ne 7, check the box in Part VI, line | 1b, and comp | lete that part usin | g a 1º | tax ra | ite | | | | |
| 923521 12-17-19 | | | | | | | _ | | orm 990 - | PF (2019) |
| | | | | | | | | | | |

| Form 990-PF (2019) SUC TUA JAMES R SMITH FAMIL Part VI Excise Tax Based on Investment Income (Section | Y FOUNDATION 4940(a), 4940(b), 4940(e), or 49 | <u>56-6577</u> 348 - see ir | 908 Istruction | Page 4 |
|--|---|--------------------------------|-------------------|-----------------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here | | | | |
| | | | | İ |
| Date of ruling or determination letter (attach copy of letter b Domestic foundations that meet the section 4940(e) requirements in Part V, check he | | 1 | 49,2 | 267 |
| | and enter 178 | | = 7,4 | 207. |
| of Part I, line 27b | stor 49/ of Bart I line 12 cal (h) | | | 1 |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, er | | 2 | | 0. |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of | my, others, enter -0-) | 3 | 49,2 | |
| Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of | only others enter -0-) | 4 | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter - | | 5 | 49,2 | |
| 6 Credits/Payments | J - | | 17,4 | 307. |
| a 2019 estimated tax payments and 2018 overpayment credited to 2019 | 6a 19,284. | | | ţ |
| b Exempt foreign organizations - tax withheld at source | 6b 0. | | | - |
| c Tax paid with application for extension of time to file (Form 8868) | 6c 0. | | | į |
| d Backup withholding erroneously withheld | 6d 0. | | | 1 |
| 7 Total credits and payments Add lines 6a through 6d | | 7 | 19,2 | 284. |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 | is attached | 8 | | 329. |
| 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | • | 9 | 30,3 | |
| 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overp | naid | 10 | | |
| 11 Enter the amount of line 10 to be Credited to 2020 estimated tax | Refunded | 11 | | |
| Part VII-A Statements Regarding Activities | <u> </u> | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local | al legislation or did it participate or intervene | ın | Yes | s No |
| any political campaign? | | | 1a | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political | purposes? See the instructions for the defini | tion | 1b | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co | | | | |
| distributed by the foundation in connection with the activities. | | | | · - ' |
| c Did the foundation file Form 1120-POL for this year? | | | 1c | <u>x</u> |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed duri | ng the year: | | | |
| (1) On the foundation \blacktriangleright \$ (2) On foundation mai | nagers ► \$0. | | | 1 : |
| e Enter the reimbursement (if any) paid by the foundation during the year for political ex | xpenditure tax imposed on foundation | | | |
| managers ▶ \$ 0 • | | | 1 1 . | |
| 2 Has the foundation engaged in any activities that have not previously been reported to | the IRS? | | 2 | X |
| If "Yes," attach a detailed description of the activities | | | | 1 (|
| 3 Has the foundation made any changes, not previously reported to the IRS, in its gover | rning instrument, articles of incorporation, or | • | | , |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change | s (| | 3 | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the | ne year? | | 4a | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | N/A | 4b | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the | year? | | 5 | X |
| If "Yes," attach the statement required by General Instruction T | | | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satis | fied either | | | ' |
| By language in the governing instrument, or | | | | 1 |
| By state legislation that effectively amends the governing instrument so that no man | ndatory directions that conflict with the state | law | | . |
| remain in the governing instrument? | | | 6 77 | X |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," | complete Part II, col (c), and Part XV | | 7 X | ┼ |
| | | | | ı |
| 8a Enter the states to which the foundation reports or with which it is registered. See ins | tructions - | | | i |
| VA | the Atternou Consul (or describe) | | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to | the Attorney General (or designate) | į | 8b X | · · |
| of each state as required by General Instruction G? If "No," attach explanation | of costion 4040(i)(2) or 4040(i)(5) for all- | - | 8b X | + A |
| 9 Is the foundation claiming status as a private operating foundation within the meaning | | ludi | | x / / |
| year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes | | | 9 | $\frac{1}{x}$ |
| Die diff her sons produite substantial confirmations during the tax year. If fee attacha | achedula listing triali names and addiesses | | rm 990-PF | (2010) |

| orm | 990-PF (2019) SUC TUA JAMES R SMITH FAMILY FOUNDATION 56-6577 | 908 | | Page 5 |
|-----|--|----------------|------|----------|
| Рa | rt VII-A Statements Regarding Activities (continued) | | | |
| | | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | If "Yes," attach statement. See instructions | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ▶ MEEKS & COMPANY, PLC Telephone no ▶ (540) | 774 | -77 | 62 |
| | Located at ► 4423 PHEASANT RIDGE ROAD, SUITE 305, ROANOKE, VA ZIP+4 ►24 | 014 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | | \cdot |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| | foreign country | | | - } |
| Pa | rt 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. | | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly) | | | ! |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | i |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? $	extstyle 	ext$ | | | |
| | (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 | ļ | | 1 |
| | termination of government service, if terminating within 90 days.) | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | _ , |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | 1 |
| | before the first day of the tax year beginning in 2019? | 1c | | _X_ |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | 1 |
| | defined in section 4942(j)(3) or 4942(j)(5)): | | | • |
| a | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines | | | 1 |
| | 6d and 6e) for tax year(s) beginning before 2019? | | | ; |
| | If "Yes," list the years \blacktriangleright | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | , |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | 1 |
| | statement - see instructions.) N/A | 2b | | <u> </u> |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | i | | i |
| | • | | | , |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | | | |
| b | If "Yes," did it have excess business holdings in 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 Commissioner under section 4943(c)(7)) to dispose | | | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, | | | |
| | Schedule C, to determine if the foundation had excess business holdings in 2019) N/A | 3b | | <u></u> |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | <u>X</u> |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | -1 |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2019? | 4b | | <u> </u> |
| | Fo | rm 99 0 |)-PF | (2019) |

| Form 990-PF (2019) SUC TUA JAMES R SMITH FA | MILY FOUNDATION | ON | 56-65779 | 08 | Page 6 |
|---|--|----------------------------|--|-------------|----------|
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be R | equired _{(contin} | ued) | | |
| 5a During the year, did the foundation pay or incur any amount to | | - | | Yes | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (sectio | n 4945(e))? | Y | es X No | | |
| (2) Influence the outcome of any specific public election (see section 4955), of | or to carry on, directly or indire | ectly, | ſ | ľ | |
| any voter registration drive? | | | es X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | 37 | Y | es X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | in described in section | | | - 1 | |
| 4945(d)(4)(A)? See instructions | | Y | es 🗓 No | | } |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | , or educational purposes, or f | | | | |
| the prevention of cruelty to children or animals? | | Ye | es X No | | 1 (|
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | der the exceptions described i | n Regulations | _ | | . |
| section 53 4945 or in a current notice regarding disaster assistance? See instr | uctions , | | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance, check | here | | | | i |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | rom the tax because it maintai | ined | 1 | | 1 |
| expenditure responsibility for the grant? | I. | I/A 🔲 Y | es 🔲 No | İ | 1 1 |
| If "Yes," attach the statement required by Regulations section 53 4945-5(d). | | | | | 1 1 |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | | . |
| a personal benefit contract? | | Ye | es 🗶 No 📙 | | . |
| ${f b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a ${f g}$ | personal benefit contract? | | <u> </u> | 6b | X |
| If "Yes" to 6b, file Form 8870 | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax | shelter transaction? | Ye | es X No | | igspace |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | stable to the transaction? | | N/A | 7b | <u> </u> |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | S1,000,000 in remuneration or | | | 1 | |
| excess parachute payment(s) during the year? | | | s X No | | \perp |
| Part VIII Information About Officers, Directors, Trusto | ees, Foundation Mar | nagers, Highly | | | |
| Paid Employees, and Contractors | · · · · · · · · · · · · · · · · · · · | | | | |
| 1 List all officers, directors, trustees, and foundation managers and t | T | (c) Compensation | (d) Contributions to | () [| |
| (a) Namé and address | (b) Title, and average hours per week devoted | (If not paid, | (d) Contributions to employee benefit plans and deferred | (e) Expand | |
| | to position | `enter -0-) ' | compensation | allowa | ances |
| MEEKS & COMPANY, PLC | TRUSTEE | | | | |
| 4423 PHEASANT RIDGE ROAD, SUITE 305 | 1 00 | | | | _ |
| ROANOKE, VA 24014 | 1.00 | 0. | 0. | | 0. |
| | - | | | | |
| | 4 | | | | |
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| | | | <u> </u> | | |
| | | | | | |
| | 1 | | | | |
| | | J | | | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1) If none | nter "NONE " | 1 | | |
| 2 Compensation of five highest-paid employees (other trial those inc | (b) Title, and average | enter NONE. | (d) Contributions to | (e) Ex | nense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | account | , other |
| NONE | devoted to position | | compensation | allowa | inces |
| NONE | 4 | | | | |
| | | - | | | |
| | 1 | | | | |
| | | | | | |
| | 1 | | | | |
| | | | | | |
| | 1 | | | | |
| | - | | | | |
| | 1 | | | | |
| Total number of other employees paid over \$50,000 | L | <u> </u> | | | |

Form **990-PF** (2019)

| Form 990-PF (2019) SUC TUA JAMES R SMITH FAMILY FOUNDATION | <u> 56-6577</u> | 908 Page 7 |
|--|-----------------|-------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hi Paid Employees, and Contractors (continued) | ghly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| | of service | (c) Compensation |
| NONE | | |
| 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 ti | he | |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, etc | | Expenses |
| 1 N/A | | |
| · · · · · · · · · · · · · · · · · · · | | |
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| 2 | | |
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| 3 | | |
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| 4 | | |
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| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | | Amount |
| 1N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | - | |
| | | |
| | | |
| | | |
| | | 0. |
| Total. Add lines 1 through 3 | For | rm 990-PF (2019) |
| | FU | (2013) |

4940(e) reduction of tax in those years

Form 990-PF (2019)

Page 9

Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Years prior to 2018 2018 2019 Corpus 1 Distributable amount for 2019 from Part XI, 336,407. 2 Undistributed income, if any, as of the end of 2019 0. a Enter amount for 2018 only b Total for prior years. 0. 3 Excess distributions carryover, if any, to 2019 25,053. a From 2014 71,802. **b** From 2015 166,004. c From 2016 49,332. d From 2017 e From 2018 312,191 f Total of lines 3a through e 4 Qualifying distributions for 2019 from 102,908. Part XII, line 4. ► \$ 0. a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior 0. years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) 0. 102,908. d Applied to 2019 distributable amount 0. e Remaining amount distributed out of corpus Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount 233,499. 233,499. must be shown in column (a)) Enter the net total of each column as indicated below 78,692 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract 0. line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0. assessed d Subtract line 6c from line 6b Taxable 0. amount - see instructions e Undistributed income for 2018 Subtract line 0. 4a from line 2a Taxable amount - see instr. f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0. may be required - see instructions) 8 Excess distributions carryover from 2014 0. not applied on line 5 or line 7 Excess distributions carryover to 2020 78,692. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2015 29,360. h Excess from 2016 49,332. c Excess from 2017 d Excess from 2018

e Excess from 2019

| Form 990-PF (2019) SUC TUA Part XIV Private Operating F | JAMES R SM | | | 56-65° N/A | 77908 Page 10 |
|---|--------------------------------------|------------------------------|------------------------------|---------------------------------------|--------------------|
| | | | -A question 9) | N/A | / |
| 1 a If the foundation has received a ruling of | | | | | |
| foundation, and the ruling is effective fo | or 2019, enter the date of t | he ruling | ▶ ∟ | | |
| b Check box to indicate whether the found | d <u>ation is a private operatin</u> | ig foundation described i | | 4942(j)(3) or 49 | 42(<u>j)(</u> 5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2019 | (b) 2018 | (c) 2017 | (d)/2016 | (e) Total |
| 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) | — / | | | | <u> </u> |
| (3) Largest amount of support from | | | | | |
| an exempt organization | / | | | | |
| (4) Gross investment income Part XV Supplementary Info | remotion (Complete | to this part only i | f the foundation | had \$5,000 or mor | a in accete |
| Part XV Supplementary Info | | | i tile loulidation | nau \$5,000 or mor | c III assets |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| 1 Information Regarding Foundation | = | thes 00/ of the total cont | ributions recoved by the | foundation before the elec- | o of any tay |
| a List any managers of the foundation where year (but only if they have contributed in the contributed in | | | indutions received by the | ioditation before the close | Of any tax |
| | φοίος γι (ασο σχ | | | | |
| NONE b List any managers of the foundation where the foundation wher | an awa 109/ or more of th | a stock of a corporation | or an equally large ports | on of the ownership of a na | rtnerchin or |
| other entity) of which the foundation ha | is a 10% or greater interes | e stock of a corporation i | of all equally large portion | on or the ownership or a par | thership of |
| NONE | to a rove or ground mineres | • | | | |
| | 0 | Cabalanahin ata Di | | | |
| 2 Information Regarding Contribut Check here ► X if the foundation | | | - | not account uppolicated reque | sete for funde. If |
| the foundation makes gifts, grants, etc | | | | | 3(3 (0) 101(03 1) |
| | | | | | |
| a The name, address, and telephone num | ber or email address of th | e person to whom applic | ations should be address | eu. | |
| | | | | | |
| b The form in which applications should | be submitted and informat | tion and materials they s | nould include. | | |
| c Any submission deadlines | | <u> </u> | | | |
| | | | | | |
| d Any restrictions or limitations on award | ls, such as by geographica | al areas, charitable fields, | kinds of institutions, or e | other factors | |

56-6577908 SUC TUA JAMES R SMITH FAMILY FOUNDATION Page 11 Form 990-PF (2019) Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year NONE PC UNRESTRICTED GENERAL ASHLEY HALL SUPPORT 172 RUTLEDGE AVENUE 10,100. CHARLESTON, SC 29403 PC UNRESTRICTED GENERAL NONE COASTAL COMMUNITY FOUNDATION SUPPORT 635 RUTLEDGE AVENUE CHARLESTON, SC 29403 5,000. UNRESTRICTED GENERAL PC CHIEF PETTY OFFICER'S ASSOCIATION NONE SUPPORT 2000 BAINBRIDGE AVENUE 10,000. NORTH CHARLESTON, SC 29405 UNRESTRICTED GENERAL FRIENDS OF THE BLUE RIDGE NONE PC SUPPORT P.O. BOX 20986 5,390. ROANOKE, VA 24018 FIRST (SCOTS) PRESBYTERIAN CHURCH NONE PC UNRESTRICTED GENERAL SUPPORT 53 MEETING STREET 6,000. CHARLESTON, SC 29401 SEE CONTINUATION SHEET(S) 102,783. ➤ 3a Total **b** Approved for future payment NONE ٥. Total

| | I Incelated t | usiness income | Exclude | ed by section 512, 513, or 514 | |
|--|---|--|------------------|--------------------------------|--------------------------|
| nter gross amounts unless otherwise indicated | | (b) | (c) Exclu- | | (e) Related or exempt |
| | (a) Business | Amount | sion code | (d) Amount | function income |
| Program service revenue | code | | Code | | |
| a | | | + + | | |
| b | | | +-+ | | |
| c | _ | | | | |
| d | | | | | |
| e | _ | | | | |
| f | | | +-+ | | |
| g Fees and contracts from government agencies | | | + | | |
| Membership dues and assessments | <u> </u> | | ╁┷┼ | | |
| Interest on savings and temporary cash | | | 1 1 | | |
| investments | | | 111 | 110 567 | |
| Dividends and interest from securities | | | 14 | 118,567. | |
| Net rental income or (loss) from real estate | | | + | | |
| a Debt-financed property | | | + | | |
| b Not debt-financed property | | | + | | |
| Net rental income or (loss) from personal | | | | | |
| property | | | +_+ | | |
| Other investment income | | | 14 | <33,961.> | |
| Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 2,481,182. | |
| Net income or (loss) from special events | | | + | | |
| Gross profit or (loss) from sales of inventory | | | + | | |
| Other revenue: | | | | | |
| a | _ | | | | |
| b | _ | | | | |
| c | | | \bot | | |
| d | _ | | | | |
| e | _ | | | | |
| | | ^ | . 1 | 2,565,788. | |
| Subtotal Add columns (b), (d), and (e) | | 0 | · 1 — — | | |
| Total Add line 12, columns (b), (d), and (e) | | 0 | <u> </u> | 13 | 2,565,78 |
| Total Add line 12, columns (b), (d), and (e) | .) | | · | 13 | 2,565,78 |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. | | | | | 2,565,78 |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities | s to the Accom | plishment of Ex | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |
| ine No Explain below how each activity for which in | s to the Accom | plishment of Explored (e) of Part XVI- | cempt F | Purposes | |

| Form 99 |)-PF (2 | | | | H FAMILY FOU | | | | Pa | age 13 |
|---------------|----------|---|--------------------------|--------------------|----------------------------------|----------------------|---|-----------------|--|--------|
| Part | XVII | | | nsfers to a | nd Transactions a | ind Relation | nships With Noncharit | able | - | |
| | _ | Exempt Organ | | | | | | | 15.4 | |
| | | | | | ng with any other organizat | | section 501(c) | | Yes | No |
| | | . , . , | • | | g to political organizations | 7 | | | | |
| | | from the reporting found | dation to a noncharita | able exempt or | ganization of: | | | l | | 7.7 |
| • | Cash | | | | | | | 1a(1) | <u> </u> | X |
| | | assets | | | | | | 1a(2) | | Х |
| | | sactions | | | | | | | ' | v |
| . , | | of assets to a noncharita | | | | | | 1b(1) | <u> </u> | X |
| | | nases of assets from a no | · · | organization | | | | 1b(2) | ├ | X |
| ٠, | | d of facilities, equipment, | • | | | | | 1b(3) | ├─- | X |
| ٠, | | bursement arrangements | 5 | | | | | 1b(4) | | X |
| | | s or loan guarantees | amharchia ar fuadra | ucina colioitatio | anc. | | | 1b(5) 1b(6) | | X |
| | | rmance of services or me f facilities, equipment, ma | • | _ | | | | 1c | | X |
| | - | | - | | | lwave chow the | fair market value of the goods, o | | etc | |
| | | | | - | , , | = | ction or sharing arrangement, sh | | ,013, | |
| | |) the value of the goods, | | | | ,, | onon or onarmy arrangement, or | | | |
| (a) Line no | <u>`</u> | (b) Amount involved | | | e exempt organization | (d) Desc | ription of transfers, transactions, and s | haring arr | angemen | its |
| | \top | | <u> </u> | N/A | | | | | | |
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| 2a Ist | he four | ndation directly or indirec | ctly affiliated with, or | related to, one | or more tax-exempt organ | nizations describ | ed | | | |
| | | 501(c) (other than sectio | • | | | | | Yes | X | No |
| <u>b lf</u> " | es," co | implete the following sch | n <u>edule</u> | | ···· | | | | | |
| | | (a) Name of org | ganization | | (b) Type of organization | | (c) Description of relations | 1ιρ | | |
| | | <u> N/A</u> | | | | ļ | | | | |
| | | | | | <u></u> | 1 | | | | |
| | | <u> </u> | · · · | | | | | | | |
| | | · | | | | | | | | |
| | Under | penalties of perjury, I declare I | that I have | and Judino | accompanying schedules and s | statements, and to t | the best of my knowledge | | | |
| Sign | and be | lief. His hung rear ect and com | nplete Declaration of pr | eparer (other than | taxpayer) is based on all inform | ation of which prep | arer has any knowledge retu | the IRS o | e prepare | er e |
| Here | | Houston Cwith | | | 11/16/2020 | TRUS | | wn below Yes | | No |
| | Sign | ature of officer or trustee | e | | Date | Title | | | | |
| | | Print/Type preparer's na | | Preparer's s | ignature | Date | Check if PTIN | | | |
| | | MARGARET M | [. | | | | self- employed | | | |
| Paid | | MCGARREY | | | | | | 0856 | | |
| Prepa | | Firm's name ►WIL | MINGTON T | TRUST C | OMPANY | | Firm's EIN ► 51-00 |)550 | 23 | |
| Use (| Only | | | | | | | | | |
| | | Firm's address ► 11 | | | | | 222 | | | |
| | | ' WT | LMINGTON. | . DE 19 | 890-1200 | | Phone no 302-65 | s 1 – 8 | (60 | |

56-6577908

| Part XV Supplementary Informati | on | | | |
|---|--|----------------------|----------------------------------|---------------------------------------|
| 3 Grants and Contributions Paid During the | Year (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| GARDEN CITY ELEMENTARY | NONE | PC | UNRESTRICTED GENERAL | |
| 3718 GARDEN CITY BOULEVARD | | | SUPPORT | F.2.F. |
| ROANOKE, VA 24014 | | | | 535 |
| | | | | |
| LOWCOUNTRY FOOD BANK 2684 AZALEA DRIVE | NONE | PC | UNRESTRICTED GENERAL SUPPORT | |
| CHARLESTON, SC 29405 | | | | 370 |
| | | | | |
| LOWCOUNTRY ORPHAN RELIEF | NONE | PC | UNRESTRICTED GENERAL | |
| P.O. BOX 70185 | | | SUPPORT | |
| NORTH CHARLESTON, SC 29415 | | | | 2,000 |
| | | | | |
| MORNINGSIDE ELEMENTARY SCHOOL | NONE | PC | UNRESTRICTED GENERAL | |
| 1716 WILSON STREET, SE | | | SUPPORT | 2.4 |
| ROANOKE, VA 24013 | | <u> </u> | | 340 |
| | , | | | |
| RIVERDALE BAPTIST CHURCH | NONE | PC | UNRESTRICTED GENERAL SUPPORT | |
| 1624 EDGERTON AVENUE, SE ROANOKE, VA 24014 | | | BUTTORT | 16,258 |
| | | | | |
| SPECIAL OLYMPICS VIRGINIA | NONE | PC | UNRESTRICTED GENERAL | |
| 3212 SKIPWITH ROAD | | | SUPPORT | |
| RICHMOND, VA 23294 | | | | 540 |
| | | | | |
| ST. JUDE CHILDREN'S HOSPITAL | NONE | PC | UNRESTRICTED GENERAL | |
| 501 ST. JUDE PLACE | | | SUPPORT | 252 |
| MEMPHIS, TN 38105 | | | | 250 |
| | | | | |
| THE PRESERVATION SOCIETY | NONE | PC | UNRESTRICTED GENERAL SUPPORT | |
| P.O. BOX 521 CHARLESTON, SC 29402 | | | SOFFORT | 10,000 |
| | | <u>†</u> | | · · · · · · · · · · · · · · · · · · · |
| TRIDENT TECH COLLEGE | NONE | PC | UNRESTRICTED GENERAL | |
| P.O. BOX 61227 | | | SUPPORT | |
| CHARLESTON, SC 29419 | | | | 10,000 |
| | | | | |
| VIRGINIA PUBLIC ACCESS FUND | NONE | PC | UNRESTRICTED GENERAL | |
| P.O. BOX 1472 | | | SUPPORT | 1 000 |
| RICHMOND, VA 23218 | | <u> </u> | <u> </u> | 1,000 |
| Total from continuation sheets | | | | 00,233 |

| 3 Grants and Contributions Paid During the | Year (Continuation) | | | |
|--|---|------------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, | Foundation | Purpose of grant or contribution | |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| AND STATE | NONE | PC | UNRESTRICTED GENERAL | |
| VTC SHCOOL OF MEDICINE 2 RIVERSIDE CIRCLE | NONE | FC | SUPPORT | |
| ROANOKE, VA 24016 | 1000 | | | 10,00 |
| | | | | |
| WINSHAPE CAMP OF ROANOKE | NONE | PC | UNRESTRICTED GENERAL | |
| P.O. BOX 490007 | | | SUPPORT | 5,00 |
| MT. BERRY, GA 30149 | | | | 3,00 |
| WOODBERRY FOREST SCHOOL | NONE | PC | UNRESTRICTED GENERAL | |
| 402 WOODBERRY STATION | | | SUPPORT | |
| WOODBERRTY FOREST, VA 22989 | | | | 5,00 |
| | | | | |
| GOOD FRIENDS OF THE LOWCOUNTRY | NONE | PC | UNRESTRICTED GENERAL | |
| 164 MARKET STREET, SUITE 137 CHARLESTON, SC 29401 | | | SUPPORT | 5,00 |
| ommade for, to 17102 | | | | , |
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| | | | | |
| Total from continuation sheets | | | 1 | |

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

SUC TUA JAMES R SMITH FAMILY FOUNDATION

OMB No 1545 0047

2019

Name of the organization

Employer identification number

56-6577908

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 501(c)(3) exempt private foundation Form 990-PF 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** [X] 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 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 1/3% 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 990-PF, Part I line 2 to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

| SUC T | UA JAMES R SMITH FAMILY FOUNDATION | 50 | <u>5-6577908</u> |
|------------|---|----------------------------|---|
| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional | space is needed | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | JAMES & AUGUSTINE SMITH 4423 PHEASANT RIDGE ROAD, SUITE 305 ROANOKE, VA 24014 | \$ 3,543,511. | Person Payroll Noncash X (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Onncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions) |

Name of organization

Employer identification number

SUC TUA JAMES R SMITH FAMILY FOUNDATION

56-6577908

| rt II | Noncash Property (see instructions) Use duplicate copies of Part II if a | additional space is needed | |
|------------------------------|--|---|----------------------|
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 1 | VARIOUS CORPORATE STOCKS - SEE LIST ATTACHED | | |
| | | \$ 6,020,667. | 06/21/19 |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |

| | ganization 990, 990-EZ or 990-PF) (2019) | | Employer identification numb |
|---------------------------|---|--|---|
| | 3 | | |
| JC TU art III | from any one contributor. Complete columns (a | ons to organizations described in sec) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le | 56-6577908 Strion 501(c)(7), (8), or (10) that total more than \$1,000 for the year (Enter this info once) \$\\$\\$\$ |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - dri 1 | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, a | (e) Transfer of gift | Relationship of transferor to transferee |
| a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| Part I | (b) Furpose of gift | (c) Ose of grit | (a) Description of new girt is need |
| _ | | (e) Transfer of gift | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - 1 | | | |
| | | | |

| FORM 990-PF | DIVIDENDS | AND INTER | EST FRO | OM SECUR | ITIES S | STATEMENT 1 |
|---|-----------------|------------------------------|--------------------------|------------------------------|-----------------------------------|-------------------------------|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | R) | (A) EVENUE R BOOKS | (B) NET INVEST- MENT INCOME | |
| WILMINGTON TRUST COMPANY | 146,930. | 42,59 | 8. | 104,332. | 104,332 | |
| WILMINGTON TRUST COMPANY | 14,235. | | 0. | 14,235. | 14,235 | • |
| TO PART I, LINE 4 | 161,165. | 42,59 | 8. | 118,567. | 118,567. | |
| FORM 990-PF | | OTHER I | NCOME | | | STATEMENT 2 |
| DESCRIPTION | | | (A) REVENT PER BOO | | (B) ET INVEST- ENT INCOME | (C) ADJUSTED NET INCOME |
| FROM K1 - RSF PARTNI FROM K1 - RSF VALOR OTHER INVESTMENT INC | PARTNERS L | P | <35 | 1,456.> 5,528.> 6,023. | | |
| TOTAL TO FORM 990-P | F, PART I, | LINE 11 | <33 | 3,961.> | <33,961.> | |
| EODW 000 DE | | A CCOUNTY | NC PPP | 3 | | rma memerim 2 |
| FORM 990-PF | | ACCOUNTI | MG FEE: | | | STATEMENT 3 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | NET II | 3) NVEST- INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| ACCOUNTING FEES | | 250. | | 0. | | 125. |
| TO FORM 990-PF, PG | 1, LN 16B | 250. | | 0. | | 125. |
| | | | | | | |
| FORM 990-PF | ОТ | HER PROFES | SIONAL | FEES | \$ | STATEMENT 4 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | () NET II MENT I | | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| AGENCY FEES | | 39,672. | · ——— | 39,672. | | 0. |
| TO FORM 990-PF, PG | 1, LN 16C | 39,672. | | 39,672. | | 0. |
| | | | | | | |

| FORM 990-PF | TAXES | | STATEMENT 5 | |
|---|-------------------|---|-----------------|-------------------------------|
| DESCRIPTION | | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES |
| FEDERAL EXCISE TAX FOREIGN TAX WITHHELD | 38,565. 2,529. | | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 41,094. | 2,529. | | 0. |
| FORM 990-PF | OTHER E | YDFNCEC | C | |
| | | | | TATEMENT 6 |
| DESCRIPTION | (A) EXPENSES | (B) NET INVEST- MENT INCOME | (C) ADJUSTED | (D) |
| | (A) EXPENSES | (B) NET INVEST- MENT INCOME 0. 24,457. | (C) ADJUSTED | (D) CHARITABLE |

| FORM 990-PF | CORPORATE STOCK | | STATEMENT 7 |
|--|---------------------|----------------------|----------------------|
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| WILMINGTON TRUST COMPANY | | 8,612,192. | 8,931,763 |
| TOTAL TO FORM 990-PF, PART II | , LINE 10B | 8,612,192. | 8,931,763. |
| | | | |
| FORM 990-PF | OTHER INVESTMENTS | | STATEMENT 8 |
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| RSF PARTNERS VII LP RSF VALOR PARTNERS LP | COST COST | 510,996. 655,485. | 542,257 648,593 |
| TOTAL TO FORM 990-PF, PART II | 4.2 | 1,166,481. | 1,190,850 |