990-PF

Return of Private Foundation

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

OMB No. 1545-0052 2017

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990PF for instructions and the latest information. Open to Public Inspection For calendar year 2017 or tax year beginning 06-01 , 2017, and ending 05-31 , 2018 A Employer identification number Name of foundation 82-3361888 THE SMITH MARTINI FOUNDATION Room/suite B Telephone number (see instructions) Number and street (or P.O. box number if mail is not delivered to street address) 1914 TOXAWAY DRIVE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here LAKE TOXAWAY, NC 28747 Initial return of a former public charity D 1. Foreign organizations, check here · · · G Check all that apply: Initial return Final return Amended return 2. Foreign organizations meeting the 85% test, Address change Name change check here and attach computation . . . H Check type of organization: X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Accrual Fair market value of all assets at J Accounting method: X Cash If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here · · · end of year (from Part II, col. (c), (Part I, column (d) must be on cash basis.) line 16) ▶ \$ 949,966 Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment for charitable (c) Adjusted net amounts in columns (b), (c), and (d) may not necessarily equal expenses per books purposes income the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 1,000,167 Check ▶ if the foundation is not required to attach Sch. B • • 2 Interest on savings and temporary cash investments 3 4 4,992 4,992 4,992 5a Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 10a Gross sales less returns and allowances . . Less: Cost of goods sold C 11 12 4,992 4.992 1,005,159 13 Compensation of officers, directors, trustees, etc Operating and Administrative Expenses 14 15 10,336 16a Legal fees (attach schedule) STM107 10,336 b Other professional fees (attach schedule) 17 Interest 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 21 22 23 24 Total operating and administrative expenses. 10,336 0 10,336 25 42,150 42,150 26 Total expenses and disbursements. Add lines 24 and 25 52,486 0 52,486 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements 952,673 a 4,992 Net investment income (if negative, enter -0-)

Adjusted net income (if negative, enter -0-)

4.992

THE SMITH MARTINI FOUNDATION

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	Ena c	n year
3.5		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		6,208	6,208
	2	Savings and temporary cash investments			
	3	Accounts receivable			
	"		Landon Son to continuo e a con-	ali, et ali, a i succi all'additione e disse se	
		Less: allowance for doubtful accounts			
	4	Pledges receivable		i	4
		Less: allowance for doubtful accounts			
	5	Grants receivable · · · · · · · · · · · · · · · · · · ·			
	6	Receivables due from officers, directors, trustees, and other			
	i	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	'	Less: allowance for doubtful accounts	ing factor of the control of the con	i, popularina, rima din seni ini ini seni	1
G	١.				
Assets	8	Inventories for sale or use			
ŝ	9	Prepaid expenses and deferred charges			-
Q	10a	Investments - U.S. and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule) · · · · STM137		742,492	742,492
	c	Investments - corporate bonds (attach schedule) · · · · STM138		201,266	201,266
	11	Investments - land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule)	1	The state of the s	1
	12	Investments - mortgage loans · · · · · · · · · · · · · · · · · · ·			
	l				
	13	Investments - other (attach schedule) · · · · · · · · · · · · · · · · · · ·			
	14	Land, buildings, and equipment: basis		فللسامقة للشاروان الماراتان	·
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)		949,966	949,966
	17	Accounts payable and accrued expenses			<u>.</u>
	18	Grants payable			Ĭ
S	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·] .
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			Ţ.
豆					1 .
<u>=</u>	21	Mortgages and other notes payable (attach schedule)			7
_	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0_	0	
		Foundations that follow SFAS 117, check here · · · · · ▶ X			to the second
ances		and complete lines 24 through 26, and lines 30 and 31.			
2	24	Unrestricted		949,966	
_	25	Temporarily restricted			
ä	26	Permanently restricted			
ם	26 27	Foundations that do not follow SFAS 117, check here			<u>.</u> :
Ŧ	l	and complete lines 27 through 31.	1		÷
č	27	Capital stock, trust principal, or current funds			
S	27			 -	†
ě	28	Paid-in or capital surplus, or land, bldg., and equipment fund			-
ÿ	29	Retained earnings, accumulated income, endowment, or other funds			1.
Net Assets	30	Total net assets or fund balances (see instructions)	0	949,966	-
ž	31	Total liabilities and net assets/fund balances (see			
	L	instructions)	0	949,966	
Pa	art II	Analysis of Changes in Net Assets or Fund Balance	ces		<u>.,</u>
		net assets or fund balances at beginning of year - Part II, column (a), line			
	end-c	of-year figure reported on prior year's return)		<u>1</u>	
2	Enter	amount from Part I, line 27a		2	952,673
		rincreases not included in line 2 (itemize)		3	
		ines 1, 2, and 3			952,673
		eases not included in line 2 (itemize) STM116		5	2,707
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	duma (h) lina 30		949,966
		net assets of tuno parances at end of year (line 4 minus line 5) - Part II, co	numin (D), inte 30 · · ·		Form 990-PF (2017)
FFA					, 01111 200-1-1 (4017)

82-3361888

(a) List and describe the 2-story brick warehous	kind(s) of property sold (for example, se; or common stock, 200 shs. MLC C	real estate, o.)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b					
С					
d					
8			<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o plus expen			ain or (loss) s (f) minus (g))
a					
<u>b</u>					
d d					
e e					
Complete only for assets showing	gain in column (h) and owned by:	the foundation on 1	2/31/69.		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col. (of col. (i)	col. (k), but no	iol. (h) gain minus ot less than -0-) or (from col. (h))
a			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
b				-	
C					
d					
е					
2 Capital gain net income or (net cap	nital loss) • • •	o enter in Part I, line nter -0- in Part I, line	7	2	
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, 0			}		
Part I, line 8				3	
Part V Qualification Under For optional use by domestic private f	er Section 4940(e) for Re				
section 4940(d)(2) applies, leave this Vas the foundation liable for the section "Yes," the foundation doesn't qualify	on 4942 tax on the distributable ar under section 4940(e). Do not cor	nplete this part.			Yes No
1 Enter the appropriate amount in ea	ach column for each year; see the	instructions before	making any entri	es.	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of	(c) noncharitable-use a		(d) stribution ratio) divided by col. (c))
2016					
2015			-		
2014					
2013					
2012					
2 Total of line 1, column (d)				2	
3 Average distribution ratio for the 5 the number of years the foundation	•			3	
4 Enter the net value of noncharitable	le-use assets for 2017 from Part)	(, line 5 · · · ·		4	
5 Multiply line 4 by line 3 · · · · ·				5	0
6 Enter 1% of net investment income					
7 Add lines 5 and 6 · · · · · · ·				7	0
8 Enter qualifying distributions from If line 8 is equal to or greater than		ne 1b. and complete			

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

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10

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?

4b

Form 990-PF (2017) THE SMITH MARTINI FOUNDATION 82-3361888 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of **Expenses** organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 1. SAFE INC 501 C3 -\$14150 2. BREVARD COLLEGE 501 C3 -\$10000 42,150 -\$18000 3. HOUSTON LIVESTOCK 501 C3 2 Summary of Program-Related Investments (see instructions) Part IX-B Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount 1 2 All other program-related investments. See instructions. 3

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Total. Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: Average monthly fair market value of securities 1a 0 1b Average of monthly cash balances 0 1¢ Fair market value of all other assets (see instructions) 0 Total (add lines 1a, b, and c) 1d 0 Reduction claimed for blockage or other factors reported on lines 1a and 2 2 3 3 0 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 5 O 0 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ▶ |X| and do not complete this part.) 1 1 Tax on investment income for 2017 from Part VI, line 5 2a 2a Income tax for 2017. (This does not include the tax from Part VI.) 2b 2c C 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 4 5 6 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 7 Part XII **Qualifying Distributions (see instructions)** Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 52,486 1b b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b b 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 52,486 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. 5 5 Enter 1% of Part I, line 27b. See instructions Adjusted qualifying distributions. Subtract line 5 from line 4 52,486 6 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions) Years prior to 2016 Distributable amount for 2017 from Part XI, Undistributed income, if any, as of the end of 2017: b Total for prior years: 3 Excess distributions carryover, if any, to 2017: a From 2012 b From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e 4 Qualifying distributions for 2017 from Part XII, line 4: ▶ S 52,486 a Applied to 2016, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2017 distributable amount e Remaining amount distributed out of corpus · · · 52,486 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).) 6 Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . 52,486 b Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable amount - see instructions e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instructions f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 52,486 10 Analysis of line 9: a Excess from 2013 · · · · · b Excess from 2014 · · · · · c Excess from 2015 d Excess from 2016

e Excess from 2017

52,486

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contributions Paid During the	Year or Approved	d for Future P	ayment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	Teupterit		
a Paid during the year				
SAFE INC				
515 N. BROAD STREET			TO HELP ABUSED	
BREVARD, NC 28712	501C3		KIDS AND WOMEN	14,150
•				
BREVARD COLLEGE				
1 BREVAARD COLLEGE DRIVE				
BREVARD, NC 28712	501C3		SCHOLARSHIPS	10,000
Didina, no roll	33233			,
HOUSTON LIVESTOCK SHOW & RODEO			*COLLEGE	
POP BOX 20070			SCHOLARSHIPS	
	E0103		*DISABILED VETS	18,000
HOUSTON, TX 77225	501C3		*DISABILED VETS	18,000
	ĺ			
Total			▶ 3a	42,150
b Approved for future payment				
	1	1		
			1	
	1	1		
	1	1		
	1	1		
	1	1		
	1	1		
Total				

Ente	er gross	amounts unless otherwise indicated.	Unrelate	d business income	Excluded by s	ection 512, 513, or 514	(e)
4	Drogram	service revenue:	(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
٠		VIDENDS AND INT.	code	4,992	14		
	p <u>DIA</u>	IDENUS AND INI.		4,332	14		
	č —						
	ď —						
	<u> </u>		ļ 				
	; —				<u> </u>		
	. <u>Fees</u>	and contracts from government agencies					
2		ship dues and assessments					
				 			
		Is and interest from securities	•		·		
		al income or (loss) from real estate:	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
5		financed property		i i i portuncia i esiste ficardi esistico della	the <u>consent to</u> co	<u> </u>	
		ebt-financed property			-		
		al income or (loss) from personal property				·- -	
		vestment income	•		-		
		(loss) from sales of assets other than inventory	1				
		me or (loss) from special events					-
		rofit or (loss) from sales of inventory	•				
11	Other re	venue: a	ļ				
	b		<u> </u>	ļ			
	c						
	d						
	e	20					
12	Subtotal		• [[4,992		<u> </u>	
	ine No.	-B) Relationship of Activities to the Explain below how each activity for which ind accomplishment of the foundation's exempt	come is report	ed in column (e) of P	art XVI-A contr	ibuted importantly to th	
	•						
							_
			-				
					· · · · · · · · · · · · · · · · · · ·		
			_				
_							
_							
							····
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BREVARD NC 28712-4832

Form 99			<u>HE SMITH MARTINI</u>						<u>33618</u>			ige 1.
Part)	لضبنبنسيس		Regarding Transfer	rs to and Transaction	ons and Relat	ionships V	Vith No	ncha	ritable	Exem	pt	
		Organizatio								1.	Tv	N.
			ctly or indirectly engage in	-	-		cribed			1.	Yes	No
			han section 501(c)(3) org	janizations) or in section	1 527, relating to p	political					·	
	ganizatio		tion formulation to a manual	h	#: £ .						·	
			ting foundation to a noncl							1a(1)	1	l v
										1a(1)		X
• •	•									14(2)	-	
		sactions:	eneberiteble overet ere	anization						1b(1)		X
	-		noncharitable exempt orga from a noncharitable exe							1b(2)	1	X
•	•		uipment, or other assets	•						1b(3)	_	X
			ngements · · · · ·							1b(4)	+	X
			itees							1b(5)	1	X
	-		ces or membership or fur							1b(6)	+	Х
• •	•		pment, mailing lists, other	=						1c		X
	-		e above is "Yes," complet									
			assets, or services giver							ł		
			or sharing arrangement, s									
		mount involved		itable exempt organization		ription of trans					ngemer	nts
(a) Line ii	0. (0) ^	IIIOUIII IIIVOIVEO	(c) Name of noncolar	table exempt organization	(4) 5030	inputition during			, 4			
	1											
			<u> </u>									
	-		<u> </u>									
	-											
	-											
										-		
	+											
				·								
		-										
				·····								
	1											
	-											
de	escribed	in section 501	or indirectly affiliated with (c) (other than section 50 lowing schedule.			organizations	• • • •	•••		Ye	es X] No
	(8	a) Name of organ	nization	(b) Type of organi	zation		(c) Des	cription	of relation	onship		
				<u></u>								
					-							
	111111111	nalita a di anciera I	dealess that I have asserted th	in anti-material and a community	dae sebadulas and et	tomoste and to	the hert of	mekno	władna an	d hellef it	is true	-
O:	Correct, a	inalises of perjury, i ind complete. Deck	declare that I have examined the aration of preparer (other than to	is return, including accompany expayer) is based on all inform	lation of which prepare	er has any know	edge.	nny Kilo	wooda an	o Denoi, II	13 0 00,	
Sign				ſ	.				May the I	RS discus	s this re	um
Here	<u> </u>			Data	<u> TREASUF</u>	RER			See instr	reparer si uctions.	Yes	X X
	Signa	ature of officer or tr		Date Proposed eigenstum	Title	Date	 1	<u> </u>		PTIN		_
Paid		Print/Type prepar		Preparer's signature			.	Check	∐ if		2012	
_	0565	JAMES E S				01-02-20			ployed	P0021	.3612	
Prepa		Firm's name	SYMINGTON & 3				Firm's EIN					
Use (Only	Firm's address	9 WEST MORGAN	STREET			Phone no		_004_	2546		

828-884-3546

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

2017

Employer identification number

THE S	SMITH MARTINI FOU	DATION	82-3361888
Organ	ization type (check one):		
Filers	of:	Section:	
Form 9	990 or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 9	990-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Check	if your organization is cover	ed by the General Rule or a Special Rule.	
Note: (- ·	or (10) organization can check boxes for both the General Rule and a Special I	Rule. See
Gener	al Rule		
	•	form 990, 990-EZ, or 990-PF that received, during the year, contributions totali erty) from any one contributor. Complete Parts I and II. See instructions for det tions.	
Specia	al Rules		
	For an organization descr regulations under section 13, 16a, or 16b, and that of	bed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supports 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ eceived from any one contributor, during the year, total contributions of the great nount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Pa	;), Part II, line ter of (1)
	contributor, during the yea	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the first received	ientific,
	contributor, during the year contributions totaled more during the year for an exc General Rule applies to the	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for reconstributions exclusively for religious, charitable, etc., purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were usively religious, charitable, etc., purpose. Don't complete any of the parts unless is organization because it received nonexclusively religious, charitable, etc., couring the year	received s the ntributions
	-	covered by the General Rule and/or the Special Rules doesn't file Schedule B	
	•	swer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990; that it doesn't meet the filing requirements of Schedule B (Form 990, 990-E2	
Louin \$	220-66, Mail I, IING 2, 10 CGN	ny mat it acesti timeet me minig requirements of achieums is (norm sact sac-cz	1 or opp. 1 %

Name of organization
THE SMITH MARTINI FOUNDATION

Employer identification number 82-3361888

Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE HARRELL 2015 MANAGEMENT TRUST 1914 TOXAWAY DRIVE LAKE TOXAWAY, NC 28747	\$1,000,167	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

THE SMITH MARTINI FOUNDATION

Employer identification number 82-3361888

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions) CORPORRATE STOCK; CORPORATE BONDS; CASH 1__ 1,000,167 06-10-2017 (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions) (a) No. (c) (d) (b) **FMV** (or estimate) from Date received Description of noncash property given Part I (See instructions) \$ (a) No. (c) (d) (b) from FMV (or estimate) Date received Description of noncash property given Part I (See instructions) (c) (a) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions) Part I (c) (a) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions)

· · · · · · · · · · · · · · · · · · ·		
	Federal Supporting Statements	2017 PG01
Name(s) as shown on return THE SMITH MART:	INI FOUNDATION	FEIN 82-3361888
	FORM 990PF - PART III - LINE 5 OTHER DECREASES SCHEDULE	STATEMENT #116
INVESTMENTS VALUE I	DECREASE	2,707
TOTAL	======	<u>2,707</u>
	FORM 990PF - PART II - LINE 10(B) INVESTMENTS: CORPORATE STOCK SCHEDUL	PG01 STATEMENT #137 E
CATEGORY		K VALUE EOY FMV
CORPOATE STOCKS		742,492 742,492
TOTALS		742,492742,492
		PG01
	FORM 990PF - PART II - LINE 10(C) INVESTMENTS: CORPORATE BOND SCHEDUL	STATEMENT #138 E
CATEGORY	BOY BOO	K VALUE EOY FMV
CORPORATE BONDS		201,266 201,266
TOTALS		201,266 201,266

Name(s) as shown on return THE SMITH MARTINI FOUNDATION					
					Your Social Security Number 82-3361888
	FORM 990PF - PART I		- LINE 16(A) - LEGAL FEES SCHEDULE	audan:	STATEMENT #107~
ESCRIPTION	REVENUE AND EXPENSES	net Investment	ADJUSTED NET INCOME	CHARITABLE PURPOSE	
LEGAL FEES TOTALS	10,336	0	0	10,336	