SYMINGTON & ASSOCIATES 9 WEST MORGAN STREET Brevard, NC 28712-4832

THE SMITH MARTINI FOUNDATION PO BOX 346 BREVARD, NC 28712

# **FOR TAX YEAR 2018** THE SMITH MARTINI FOUNDATION SYMINGTON & ASSOCIATES 9 WEST MORGAN STREET Brevard, NC 28712-4832 (828) 884 - 3546

# Form **990-PF**

### **Return of Private Foundation**

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

OMB No. 1545-0052 2018

Open to Public Inspection

05-31 ,2019

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.

06-01 , 2018, and ending

For	calend	ar year 2018 or tax year beginning	06-01 , 201	8, and endir	ıg	05-3	31 ,2019
Na	me of fo	pundation			A Employer i	dentification number	
		IITH MARTINI FOUNDATION	Continue Land Land Continue and		82-3361	888	
Nu	mber ar	nd street (or P.O. box number if mail is not delivered to street address)		Room/suite	B Telephone	number (see instructions)	1
		346					
		vn, state or province, country, and ZIP or foreign postal code			C If exemption	on application is pending, o	check here
		RD, NC 28712			50 30 SONE CONT.	31	
			of a former public ch	narity	D 1. Foreign	organizations, check here	e <b>▶</b>
		Final return Amended return	urn		2 Foreign	organizations meeting the	85% test
		X Address change Name change	e			nere and attach computation	
H C	heck t	ype of organization: X Section 501(c)(3) exempt priva	ate foundation		E # brivate fo	oundation status was term	inated under ,
	Section	on 4947(a)(1) nonexempt charitable trust  Other ta	axable private found	dation	section 50	7(b)(1)(A), check here .	▶
I F	air mai	rket value of all assets at J Accounting method:	X Cash	Accrual	F If the foun	dation is in a 60-month ter	mination ,—,
е	nd of y	rear (from Part II, col. (c), Other (specify)			**********	tion 507(b)(1)(B), check he	
li	ne 16)	▶ \$ 838,267 (Part I, column (d) must be	on cash basis.)				
Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
in a contract		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Ne	t investment	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books			INCOME	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ► X if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments		56	756	756	
	4	Dividends and interest from securities	20,2	264	20,264	20,264	
	5a	Gross rents					
	b	Net rental income or (loss)					
ø	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
eve	7	Capital gain net income (from Part IV, line 2)					
ď	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)	20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -				
	11	Other income (attach schedule)			1122		
	12	Total. Add lines 1 through 11	21,	020	21,020	21,020	
	13	Compensation of officers, directors, trustees, etc					
ses	14	Other employee salaries and wages					
penses	15	Pension plans, employee benefits					
ďx	16a	Legal fees (attach schedule) STM107	12,	094			12,094
e Ex	b	Accounting fees (attach schedule)					
ıţi	c	Other professional fees (attach schedule)					
tra	17	Interest					
n: S	18	Taxes (attach schedule) (see instructions)					
Ē	19	Depreciation (attach schedule) and depletion					
Ad	20	Occupancy				- 100	
pu	21	Travel, conferences, and meetings					
g	22	Printing and publications					
ting	23	Other expenses (attach schedule)					
ara	24	Total operating and administrative expenses.		004			10.004
Operating and Administrative		Add lines 13 through 23	12,	500000000000000000000000000000000000000	C	4	12,094
U	25	Contributions, gifts, grants paid	73,		,		73,400
-	26	Total expenses and disbursements. Add lines 24 and 25	85,	494	(	4	85,494
	27	Subtract line 26 from line 12:	(64,	4743			
	a	Excess of revenue over expenses and disbursements	(04,	-/-/	21,020	-	
	b	Net investment income (if negative, enter -0-)			ZI,UZ(	21,020	
	C	Adjusted net income (if negative, enter -0-)	p			21,020	1

D.	ırt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
i Fid	18.833	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	99,710	99,710
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts	CANCE TO SO		
	5	Grants receivable	I Serbicada Selvina A esperante		
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts			
ssets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges		<i>*</i>	
4	10a	Investments - U.S. and state government obligations (attach schedule)	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2 2 2
	b	Investments - corporate stock (attach schedule) STM137	742,492	592,175	592,175
	С	Investments - corporate bonds (attach schedule) STM138	201,266	146,382	146,382
	11	Investments - land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule)	A	X	
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis			
		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 l)	949,966	838,267	838,267
	17	Accounts payable and accrued expenses			
S	18	Grants payable			
tie	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable (attach schedule)			-
	22	Other liabilities (describe		0	-
	23	Total liabilities (add lines 17 through 22)	0	0	-
		Foundations that follow SFAS 117, check here ▶ X and complete lines 24 through 26, and lines 30 and 31.			
ances	24		949,966	838,267	
an	24	Unrestricted	545,500	838,207	
Ba	25 26	Temporarily restricted		1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -	
פר	26	Foundations that do not follow SFAS 117, sheck here			
Ē		and complete lines 27 through 31.			
Net Assets or Fund Ba	27	Capital stock, trust principal, or current funds			
ts	28	Paid-in or capital surplus, or land, bidg,, and equipment fund			1
sse	29	Retained earnings, accumulated income, endowment, or other funds			
Ä	30	Total net assets or fund balances (see instructions)	949,966	838,267	
Š	31	Total liabilities and net assets/fund balances (see			
: Str. 100.		instructions)	949,966	838,267	
P	art II				
Torrer.		net assets or fund balances at beginning of year - Part II, column (a), line			
.55		of-year figure reported on prior year's return)	5 10-1 (18)	1	949,966
2	Ente	(64,474)			
		2 22 3 4 4 5 4 5 4 5 4 5 5 5 5 5 5 5 5 5 5 5	570 W COO W COO W COO W COO W ADA W ADA W		
		ines 1, 2, and 3			885,492
5	Decr	eases not included in line 2 (itemize)   STM116		5	47,225
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, of	column (b), line 30	6	838,267

(a) List and describe 2-story brick warel	e the kind(s) of property sold (for example house; or common stock, 200 shs. MLC	e, real estate, Co.)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
а					
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale		n or (loss) (f) minus (g))
a					
b					
С					
d		100		<b>&amp;</b>	
e			*		
Complete only for assets show	ing gain in column (h) and owned by	the foundation on	12/31/69.	(I) Coinc (Co	ol (b) gois misus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) (j), if any	col. (k), but not	ol. (h) gain minus less than -0-) <b>or</b> rom col. (h))
a				· · ·	
b					
С					
d					
е					
Capital gain net income or (net	Capital loss)	so enter in Part I, Iii infer -0- in Part I, Iii	00000000000 🐲	2	
Net short-term capital gain or (I	loss) as defined in sections 1222(5)	30000		-	
	8, column (c). See instructions. If (lo		2		
	• • • • • • • • • • • • • • • • • • • •	1354, Exiler -0-111	}	3	
	nder Section 4940(e) for Re	duced Toy or			
	ection 4942 tax on the distributable a diffy under section 4940(e). Do not co		in the base period	?	Yes
Enter the appropriate amount in	n each column for each year; see the	e instructions befor	e making any entri	es.	
(a) Base period years Calendar year (or tax year beginning	30 1 - WW WWW	s Net value of	(c) f noncharitable-use a		(d) ribution ratio divided by col. (c))
2017					-
2016					
2015					
2014	<u> </u>				
2013					
Total of line 1, column (d)				2	
Average distribution ratio for the	e 5-year base period - divide the total	al on line 2 by 5.0,	or by		
the number of years the founda	ation has been in existence if less that	an 5 years		3	
Enter the net value of nonchari	table-use assets for 2018 from Part	X, line 5		4	
Multiply line 4 by line 3	*******			5	
Enter 1% of net investment inc	ome (1% of Part I, line 27b)			6	
Add lines 5 and 6				7	
Enter qualifying distributions from					
If line 8 is equal to or greater the Part VI instructions.	an line 7, check the box in Part VI, li	ne 1b, and comple	te that part using a	1% tax rate. See the	

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	nstructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here   X and enter "N/A" on line 1.	
	Date of ruling or determination letter: 01-19-2018 (attach copy of letter if necessary-see instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	N/A
	here  and enter 1% of Part I, line 27b	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	
	Part I, line 12, col. (b).	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2	
3	Add lines 1 and 2	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	0
6	Credits/Payments:	
a	2018 estimated tax payments and 2017 overpayment credited to 2018 6a	
b	Exempt foreign organizations - tax withheld at source	
С	Tax paid with application for extension of time to file (Form 8868) 6c	
d	Backup withholding erroneously withheld	
7	Total credits and payments. Add lines 6a through 6d	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
11 D-	Enter the amount of line 10 to be: Credited to 2019 estimated tax   Refunded   11	* 100kmma-400kmm
0.7	TVII-A Statements Regarding Activities  During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes No
1a		. 1a X
	participate or intervene in any political campaign?  Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	. Ia Zi
b		. 1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	. 10 21
	published or distributed by the foundation in connection with the activities.	
С	Did the foundation file Form 1120-POL for this year?	. 1c X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	
u	(1) On the foundation.   \$\( \) \( \	
е	Enter the reimbursement (if any) paid by the foundation staring the year for political expenditure tax imposed	
	on foundation managers. ▶ \$	
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.	
3	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 X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. 4a X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	
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) satisfied either:	
	By language in the governing instrument, or	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	
	conflict with the state law remain in the governing instrument?	. 6 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
8a	Enter the states to which the foundation reports or with which it is registered. See instructions▶	
		_
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) of each state as required by General Instruction G? If "No," attach explanation	. 8b X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See instructions for Part XIV)? If "Yes,"	
	complete Part XIV	. 9 X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10   X
	names and addresses	10   X

Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	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 ▶ BOB HARRELL Telephone no. ▶ 281-8	89-0	477	
	Located at ▶ 1914 TOXAWAY DRIVE, LAKE TOXAWAY, NC ZIP+4 ▶ 28747	8		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			<b></b>
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
- 4	over a bank, securities, or other financial account in a foreign country?	16	Anno esta e la pago esso acciona.	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	407	1 -	
	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):a			
	disqualified person?			
	(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			
	(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			
100	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	41		
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
С	were not corrected before the first day of the tax year beginning in 2018?	1c	1000000000	Χ
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		- 22
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
2	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
и	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years ▶ , , ,			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 statement - see instructions.)	2b	,,,,,,,,,,,	Х
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2018 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 Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	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 2018?	4b		X

	990-PF (2018) THE SMITH MARTINI FOU						32-3361		F	age 6
Pa	t VII-B Statements Regarding Activities	for Which For	n 4720	May Be	Requir	ed (co	ntinued)			
5a	During the year, did the foundation pay or incur any amount	unt to:							Yes	No
	(1) Carry on propaganda, or otherwise attempt to influen	nce legislation (section	n 4945(e	e))?	[	Yes	X No			
	(2) Influence the outcome of any specific public election	(see section 4955);	or to car	ry on,	_	_				
	directly or indirectly, any voter registration drive?					Yes	X No			
	(3) Provide a grant to an individual for travel, study, or or	ther similar purposes	?		[	Yes	X No			
	(4) Provide a grant to an organization other than a charit	table, etc., organizat	on descr	ribed in						
	section 4945(d)(4)(A)? See instructions					Yes	X No			
	(5) Provide for any purpose other than religious, charital	ble, scientific, literary	, or educ	cational	inter-					
	purposes, or for the prevention of cruelty to children				[	Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transaction					<u></u>				
	in Regulations section 53.4945 or in a current notice rega							5b		
	Organizations relying on a current notice regarding disas	-								
С	If the answer is "Yes" to question 5a(4), does the founda									
	because it maintained expenditure responsibility for the control of the control o				- ‱Г	Yes	No			
	If "Yes," attach the statement required by Regulations se	AND THE PERSON NAMED IN TH								
6a	Did the foundation, during the year, receive any funds, di		nav nre	miums						
ou	on a personal benefit contract?	1650	20 12 10		. T	Yes	X No			
b	Did the foundation, during the year, pay premiums, direct			400000000000000000000000000000000000000	. · · L		22 140	6b		Х
	If "Yes" to 6b, file Form 8870.	lly of indirectly, on a	personal	i benent con	saut:		***	00		- ZX
70		thi to a probibited to	abaltamit		Г	Vac	X No			
7a	At any time during the tax year, was the foundation a par		2000000000	900000000000000000000000000000000000000	995. ·	162	ZX NO	7b		
b	If "Yes," did the foundation receive any proceeds or have	Contract Con	2000	900000	etion .		000 6 000 6	70		
8	Is the foundation subject to the section 4960 tax on payn		0.000000000	200000	Г		V N			
000	remuneration or excess parachute payment(s) during the						X No		l	
l d	t VIII Information About Officers, Direc	tors, trustees,	round	ation ivia	inager	s, High	ily Pald	⊏mp	oyee	es,
	and Contractors					<ul> <li>€ 127528323</li> </ul>				
	List all officers, directors, trustees, and foundation n	nanagers: and their (b) Title, and ave:age				Contribution	ons to	( ) =		
	(a) Name and address	hours per week devoted to position	(If n	ot paid, iter -0-)	emplo	yee bene			ense a allowa	ccount, nces
вов	HARRELL	REASURER								
191	1 TOXAWAY DRIVE, NC 28747	8.00		0			0			0
50 mm		RESIDENT								
191	1 TOXAWAY, LAKE TOXAWAY, NC 28747	8.00		0			0			0
-		ICE PRESIDENT								
	B BROKEN HITCH ROAD, CA 92056	1,00		0			0			0
		ICE PRESIDENT							7	
	D BANKS STREET, HOUSTON, TX 77006	3.00		0			0			0
2	Compensation of five highest-paid employees (other		nd on lin		truction	s) If nor				
-	"NONE."	than those include	on iiii	e i - 3ee iii	struction	13). 11 1101	ie, enter			
-	NONE.			Π		(d) Contr	ibutions to			
	(a) Name and address of each employee paid more than \$50,00	(b) Title, and hours per		(c) Compe	neation	employe	ee benefit			ccount,
	(4)	devoted to p		(c) Compe	isation		d deferred ensation	other	allowa	nces
NON	7					50.50-055-04 <b>-</b> 005				
NON	•									
-										
1 <del>01111111111</del>										
	number of other employees paid over \$50,000						the street of th	1		0
EEA								Form 9	90-PF	(2018)

# Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional se	ervices. See instructions. If none enter "NONF."	
(a) Name and address of each person paid more than \$50,		(c) Compensation
NONE		
		1
Make a total control of the control		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
Summary of Direct Chantable Activities	,	X I X
List the foundation's four largest direct charitable activities during the tax year. I organizations and other beneficiaries served, conferences convened, research		Expenses
1 1. CINDY PLATT BOYS AND GIRLS CLUB \$30,00	00	
2. SHARING HOUSE \$16,40	00	
3. LAKE TOXAWAY CHARITIES \$25,00		71,40
2 4. SALVATION ARMY \$ 1,00		
5. FLORIDA STATE UNIVERSITY \$ 1,00	00	
2	<u></u>	2,00
3	(	
4	<del>*************************************</del>	
<u> </u>		
Part IX-B Summary of Program-Related Investme	ents (see instructions)	
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		
Total. Add lines 1 through 3		
EEA		Form 990-PF (2018

	see instructions.)	1 lound	rations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	ounda	tions
	and certain foreign organizations, check here ▶ X and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2018 from Part VI, line 5 2a		
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
Pa	rt XII Qualifying Distributions (see instructions)		
		100000000000000000000000000000000000000	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	4-	05 404
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	85,494
b	Program-related investments - total from Part IX-B	1b	
2	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	2	
		2-	
a	Suitability test (prior IRS approval required)  Cash distribution test (attach the required schedule)	3a	
b	Qualifying distributions. Add lines 1s through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	3b	05 404
4		4	85,494
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	
c	Enter 1% of Part I, line 27b. See instructions  Adjusted qualifying distributions. Subtract line 5 from line 4	5	05 404
6		6	85,494
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the qualifies for the section 4940(e) reduction of tax in those years.	e round	auon
	qualifies and section (Reservice) reduction of tax in those years.		

Pai	t XIII Undistributed Income (see instru	uctions)			
		(a)	(b)	(c)	(d)
		Corpus	Years prior to 2017	2017	2018
1	Distributable amount for 2018 from Part XI,				
	line 7				
2	Undistributed income, if any, as of the end of 2018:				
a h	Enter amount for 2017 only				
3	Excess distributions carryover, if any, to 2018:				
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a through e			444	
4	Qualifying distributions for 2018 from Part XII,				
	line 4: ▶ \$ 85,494				
а	Applied to 2017, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election				
	required - see instructions)				
d	Applied to 2018 distributable amount	85,494			
е 5	Excess distributions carryover applied to 2018	65,45			
5	(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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .	85,494	1		
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
a	tax has been previously assessed				
u					
е	amount - see instructions				
	4a from line 2a. Taxable amount - see				
	instructions				
f	Undistributed income for 2018. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2019				
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)				
8	Excess distributions carryover from 2013 not				
0	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2019.  Subtract lines 7 and 8 from line 6a	05 40	a		
10	Analysis of line 9:	85,49	7		
а	Excess from 2014				
b	Excess from 2015				
С	Excess from 2016				
d	Excess from 2017				
е	Excess from 2018 85,49	4			

Pan	XIV Private Operating Foun	dations (see inst	ructions and Part	VII-A, question 9)	AVONE THE STATE OF	
1a	If the foundation has received a ruling or d	letermination letter tha	t it is a private operatin	g		A
	foundation, and the ruling is effective for 2	018, enter the date of	the ruling		01-19-201	8
b	Check box to indicate whether the foundation	tion is a private operat	ing foundation describe	ed in section X 4942	(j)(3) or 4942(j)(5)	
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	investment return from Part X for each year listed	21,020	4,992	(6) 2010	(d) 2010	26,012
b	85% of line 2a	17,867	4,243			
D	00% of line 2a	17,007	4,243			22,110
С	Qualifying distributions from Part XII, line 4 for each year listed	85,494	52,486			137,980
d	Amounts included in line 2c not used directly for active conduct of exempt activities .	12,094	10,336			22,430
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	73,400	42,150			115,550
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test - enter:					
	(1) Value of all assets	5				
	(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					
С	"Support" alternative test - enter:					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section	5				
	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)	8. As				
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income	7000				HIRANICO MANOR III II I
Part		ion (Complete t	nic part only if th	a foundation has	d \$5 000 or more in	n acceta at
Lar				e iouiluation hai	a \$5,000 or more ii	ii asseis ai
	any time during the year	***************************************	ns.)			
1	Information Regarding Foundation Ma	inagers:				
a	List any managers of the foundation who	have contributed more	e than 2% of the total c	ontributions received b	y the foundation	
	before the close of any tax year (but only	muley nave contribut	ed more than \$5,000). (	See section 507(d)(2).	)	
	THE HARRELL 2015 MANAGEMEN	T TRUST				
b	List any managers of the foundation who	่ own 10% or more of t	he stock of a corporation	on (or an equally large	portion of the	
	ownership of a partnership or other entity				• Personal Control of the Control of	
	a a a a a a a a a a a a a a a a a a a					
	NONE					
2	Information Regarding Contribution, (	Grant Gift Loan Sch	polarchin etc. Progra	ıma:		
-	***************************************		225.7			
	Check here ▶ X if the foundation only	makes contributions t	o preselected charitabl	e organizations and do	es not accept	
	unsolicited requests for funds. If the foun		ants, etc., to individuals	or organizations unde	r other conditions,	
100.0	complete items 2a, b, c, and d. See instru			and a state of the		
а	The name, address, and telephone numb	per or email address of	f the person to whom a	pplications should be a	ddressed:	
b	The form in which applications should be	submitted and information	ation and materials the	y should include:		
				(4)		
С	Any submission deadlines:					
_						
d	Any restrictions or limitations on awards,	such as by geographi	ical areas, charitable fie	elds, kinds of institution	s, or other	
	factors:					

Part XV Supplementary Information (continued)

Name and address (home or business)  Name and address (home or business)  Paid during the year  ZINDY PLATT BOYS AND GIRLS CLUB  LIGALINORE ROAD BREVARD, NC 28712  SHARING HOUSE  164 DUCKWORTH AVE  SHEVARD, NC 28712  SOLC3  SHARING HOUSE  165 ASSISTANCE  166 AU  CRISIS  ASSISTANCE  167	Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Total  **A SAFE PLACE TO STAND GIRLS CLUB CLUB CLUB CLUB CLUB CLUB CLUB CLUB		any foundation manager			Amount
TOTAL  *A SAFE PLACE TO LEARN 30,000  *CISIS ASSISTANCE 16,400  **A SAFE PLACE TO LEARN 30,000  *CISIS ASSISTANCE 16,400  **HELPING AND SERVING THE NEEDY TO HELP MEET HUMAN NEEDS 1,000  **COLLEGE SCHOLARSHIPS 1,000  **COLLEGE SCHOLARSHIPS 1,000  **COLLEGE SCHOLARSHIPS 1,000  **COLLEGE SCHOLARSHIPS 1,000  **TOTAL TOTAL		or substantial contributor	recipient		
#A SAFE PLACE TO LEARN 30,000 SREVARD, NC 28712 SO1C3 ASSISTANCE 16,400 SREVARD, NC 28747 SO1C3 SREVARD, NC 28712 SO1CS SREVARD, NC 287					
BREVARD, NC 28712  SHARING HOUSE 164 DUCKWORTH AVE BREVARD, NC 28712  SOLC3  **CRISIS ASSISTANCE  16,40  **HELPING AND SERVING THE NEEDY IN TRANSLIVANIA  25,00  SALVATION ARMY 126 N CALDWELL STREET BREVARD, NC 28712  SOLCS  **TO HELP MEET HUMAN NEEDS  1,00  **COLLEGE SCHOLARSHIPS  1,00  Total  **Total					
SHARING HOUSE  164 DUCKWORTH AVE  162 DUCKWORTH AVE  164 DUCKWORTH AVE  165 PLOCATION OF THE PRESENCE OF THE P				*A SAFE PLACE TO	
### CRISIS ##################################	BREVARD, NC 28712	501C3		LEARN	30,00
SREVARD, NC 28712  LAKE TOXAWAY CHARITIES P.O. BOX 163 LAKE TOXAWAY, NC 28747  SALVATION ARMY L26 N CALDWELL STREET SREVARD, NC 28712  SOLOS  LORIDA STATE UNIVERSITY/AID PROGE 282 CHAMPIONS WAY TALLAHASSEE, FL 32306  Total  Total  Total	SHARING HOUSE		1/1		
ARE TOXAWAY CHARITIES  P.O. BOX 163  ARE TOXAWAY, NC 28747  SALVATION ARMY 126 N CALDWELL STREET  REEVARD, NC 28712  FLORIDA STATE UNIVERSITY/AID PROG 282 CHAMPIONS WAY CALLAHASSEE, FL 32306  Total  Total  *HELPING AND SERVING THE NEEDY IN TRANSYLVANIA 25,000  *IN TRANSYLVANIA 25,000  *TO HELP MEET HUMAN NEEDS 1,000  *COLLEGE SCHOLARSHIPS 1,000		17		*CRISIS	
F.O. BOX 163 LAKE TOXAWAY, NC 28747  SALVATION ARMY L26 N CALDWELL STREET BREVARD, NC 28712  SILORIDA STATE UNIVERSITY/AID PROGEROL STALLAHASSEE, FL 32306  Total  Total  Total	BREVARD, NC 28712	501C3	E L	ASSISTANCE	16,40
Total	LAKE TOXAWAY CHARITIES	4s	= Q	300000	
SALVATION ARMY 1.26 N CALDWELL STREET 3REVARD, NC 28712  FLORIDA STATE UNIVERSITY/AID PROG 2.82 CHAMPIONS WAY 2.51 CALLAHASSEE, FL 32306  Total		N N		SERVING THE NEEDY	
Total  *TO HELP MEET  *TO HELP MEET  *HUMAN NEEDS  *TO HELP MEET  *HUMAN NEEDS  1,000  *COLLEGE  *SCHOLARSHIPS  1,000  *TO HELP MEET  *HUMAN NEEDS  1,000  *TO HELP MEET  *HUMAN NEEDS  1,000  *COLLEGE  *SCHOLARSHIPS  1,000  *TO HELP MEET  *HUMAN NEEDS  1,000  *COLLEGE  *SCHOLARSHIPS  1,000  *TO HELP MEET  *HUMAN NEEDS  1,000  *HUMAN NEEDS  1,000  *HUMAN NEEDS  1,000  *HUMAN NEEDS  1,000	LAKE TOXAWAY, NC 28747	501C3		IN TRANSYLVANIA	25,00
FLORIDA STATE UNIVERSITY/AID PROGES SCHOLARSHIPS 1,000  **COLLEGE SCHOLARSHIPS 1,000  **Total	SALVATION ARMY				
FLORIDA STATE UNIVERSITY/AID PROGES AND SCHOLARSHIPS  *COLLEGE SCHOLARSHIPS  1,000  *Total				*TO HELP MEET	
**COLLEGE SCHOLARSHIPS 1,000  **Total	BREVARD, NC 28712	501CS		HUMAN NEEDS	1,00
Total	FLORIDA STATE UNIVERSITY/AID PROG				
Total	282 CHAMPIONS WAY			*COLLEGE	
	FALLAHASSEE, FL 32306	501C3		SCHOLARSHIPS	1,00
	Total		The same of the same of the same of	<b>▶</b> 3a	73 40
				J	73,10

Р	art XVI	-A Analysis of Income-Producing	Activities		101-		
		amounts unless otherwise indicated.		d business income	Excluded by s	ection 512, 513, or 514	(e)
1	Program	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
	ADDITION ADDITIONS	ZIDENDS AND INT.	code	21,020	14		
	b			21/020	1		
	C						
	0						
	f						
	g Fees	and contracts from government agencies					
2	Member	ship dues and assessments				CONTRACTOR OF THE PROPERTY OF	
3	Interest	on savings and temporary cash investments .					
4		ds and interest from securities					
5		al income or (loss) from real estate:					
		-financed property					
		lebt-financed property					
		al income or (loss) from personal property		2			
		vestment income		<u> </u>			
8		(loss) from sales of assets other than inventory		***			
		me or (loss) from special events					
		rofit or (loss) from sales of inventory					
11		venue: a					
				. *****	<u> </u>		
	523	7					
	е						
12	_	. Add columns (b), (d), and (e)		21.020			
						13	21,020
		neet in line 13 instructions to verify calculations.					21,020
		-B Relationship of Activities to the		lishment of Exc	empt Purpo	ses	
	ios comport	Explain below how each activity for which inc					ne
L	ine No.	accomplishment of the foundation's exempt p	***************************************			28 C. S.	
	•					•	
W			***				
8			Þ				
		42	***	- 10 11 1000		- II- AND THE PARTY OF THE PARTY OF	
		A 4					
-							
14							
						CONTRACTOR OF THE PARTY OF THE	
				7/			
-							
-					11/1		
							***
-							
70.000 CO						200000000000000000000000000000000000000	11 Power Miles (41)
90							ACCOUNTS AND ADDRESS OF THE SECOND SE
-			7187				
88 <u>——</u>							
8			1				

# Federal Supporting Statements **2018** PG01 Name(s) as shown on return Tax ID Number THE SMITH MARTINI FOUNDATION 82-3361888 FORM 990PF - PART III - LINE 5 STATEMENT #116 OTHER DECREASES SCHEDULE INVESTMENTS VALUE DECREASE 47,225 TOTAL 47,225 PG01 FORM 990PF - PART II - LINE 10(B) STATEMENT #137 INVESTMENTS: CORPORATE STOCK SCHEDULE CATEGORY BOY BOOK VALUE EOY FMV 592,175 592,175 CORPOATE STOCKS 742,492 TOTALS 742,492 592,175 592,175 PG01 FORM 990PF - PART II - LINE 10(C) STATEMENT #138 INVESTMENTS: CORPORATE BOND SCHEDULE CATEGORY BOY BOOK VALUE EOY FMV CORPORATE BONDS 201,266 146,382 146,382 201,266 146,382 146,382 TOTALS

	Federal	Federal Supporting Statements	ments	2018 PG01
Name(s) as shown on return				Tax ID Number
THE SMITH MARTINI FOUNDATION				82-3361888
	FORM 990PF - PART I - LINE	LINE 16(A) - LEGAL FEES SCHEDULE	DULE	STATEMENT #107~
	REVENUE	ADJUSTED	CHARITABLE	
DESCRIPTION	AND EXPENSES INVESTMENT	NET INCOME	PURPOSE	
PROFESSIONAL FEES			650	
CONSULTING FEES			11,300	
OFFICE EXPENSES	144	0	144	
TOTALS	12,094	0	12,094	
		The second secon		

# 8879-EO

## IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 06-01-2018 , and ending 05-31-2019

Do not send to the IRS. Keep for your records.

2018

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form8879EO for the latest information.

Hame of exempt organization	Employer identification number
THE SMITH MARTINI FOUNDATION	82-3361888
Name and title of officer	
BOB HARRELL, TREASURER	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amour	at if any from the votume If you
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed w	
leave line <b>1b</b> , <b>2b</b> , <b>3b</b> , <b>4b</b> , or <b>5b</b> , whichever is applicable, blank (do not enter -0-). But, if you entered -0-the applicable line below. <b>Do not</b> complete more than one line in Part I.	on the return, then enter -o- on
the applicable line below. Bo not complete more than one line in Fart i.	
<b>1a</b> Form 990 check here ▶ ☐ <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ 🛛 b Tax based on investment income (Form 990-PF, Part V	line.5) 4b
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)	5b
Part II Declaration and Signature Authorization of Officer	W. *
Under penalties of perjury, I declare that I am an officer of the above organization and that I have exami	ined a copy of the
organization's 2018 electronic return and accompanying schedules and statements and to the best of n	y knowledge and belief, they
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown or	
organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return.	
to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receive the transmission, (b) the reason for any delay in processing the return or return, and (c) the date of any	
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawa	
financial institution account indicated in the tax preparation software for payment of the organization's fe	[25] [4] 20 [2] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2
return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact	
Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also au	
involved in the processing of the electronic payment of taxes to receive confidential information necessary	and the state of t
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signerestronic return and, if applicable, the organization's consent to electronic funds withdrawal.	nature for the organization's
Officer's PIN: check one box only	
I authorize to enter my PIN	as my signature
ERO firm name Enter five n	numbers, but
on the organization's tax year 2018 electronically filed return. If I have indicated within this return	
being filed with a state agency(ies) regulating examples as part of the IRS Fed/State program, I	
ERO to enter my PIN on the return's disclosure consent screen.	
X As an officer of the organization, I will enter my PIN as my signature on the organization's tax y	rear 2018 electronically filed return.
If I have indicated within this return that a copy of the return is being filed with a state agency(ie	es) regulating charities as part of
the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date > 10-11-2019
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five digit self-selected PIN.	XXXXXX 12002
	Do not enter all zeros
Locatify that the above numeric entry is my DIN which is a significant to a 2010 start in the Control of the Co	ations for the consensation
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed re indicated above. I confirm that I am submitting this return in accordance with the requirements of <b>Pub</b> . 4	
Information for Authorized IRS <i>e-file</i> Providers for Business Returns.	-100, Modernized e-rine (Mer)
ERO's signature   JAMES E SYMINGTON	Date > 10-11-2019
ERO Must Retain This Form - See Instruct	
Do Not Submit This Form to the IRS Unless Reques	sted To Do So