Form 990-PF

Return of Private Foundation

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

OMB No. 1545-0047

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	cale	ndar year 2022 or tax year beginning	12-01 ,	2022, and	ending	1:	1-30, 20 22
New	ARITOL	ndation Family Foundation			A Employe	r identification numbe	r
		NA.			87-3826	853	
Num	ber and	d street (or P.O. box number if mail is not delivered to street address)	- 1	Room/suite	B Telephon	e number (see instruction	ins)
27	26 G	allows Rd		207	(703) 60	06-0270	
City	or town	, state or province, country, and ZIP or foreign postal code	•			ion application is pendin	a check here
Vi	enna	, VA 22180			- ii exempt	ion application to pondin	g, 5.1.55K 1.5.5
G	Check	all that apply: X Initial return Initial return	of a former public	charity	D 1. Foreig	n organizations, check h	nere
		Final return Amended re	turn		2 Foreig	n organizations meeting	the 85% test
		Address change Name change	ge			here and attach comput	
Н	Check	type of organization: X Section 501(c)(3) exempt private f	foundation		F If private	foundation status was te	erminated under
	Section	n 4947(a)(1) nonexempt charitable trust	ble private founda	ition		07(b)(1)(A), check here	
I F	air ma	arket value of all assets at J Accounting method:	X Cash	Accrual	F If the four	ndation is in a 60-month	termination
€	end of	year (from Part II, col. (c),				ction 507(b)(1)(B), check	
	ine 16)) \$ 113,832 (Part I, column (d), must be	on cash basis.)				
Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue an	d			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Ne	t investment ncome	(c) Adjusted net	for charitable purposes
		the amounts in column (a) (see instructions).)	books	'		income	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	132,7	38			
	2	Check I if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	1,0	67	1,067	1,067	
	5a	Gross rents					
	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10					
	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	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	133,80		1,067	1,067	
"	13	Compensation of officers, directors, trustees, etc	3,2	62			3,262
enses	14 15	Other employee salaries and wages					
en	16a	Pension plans, employee benefits	41	F 0			450
Ä	b	Accounting fees (attach schedule) STM108	4,98	50			450 4,980
ē	c	Other professional fees (attach schedule)	4,30	50			4,980
ati	17	Interest					
str	18	Taxes (attach schedule) (see instructions) STM110 · · · ·	1:	25			125
Ē	19	Depreciation (attach schedule) and depletion	1	-			
ρ	20	Occupancy	5,6	10			5,610
and Administrative	21	Travel, conferences, and meetings	2,1				2,140
a	22	Printing and publications	,				,
ng	23	Other expenses (attach schedule) STM103	25,7	52			25,752
Operating	24	Total operating and administrative expenses.					
ber		Add lines 13 through 23	42,3	19	0		42,319
ō	25	Contributions, gifts, grants paid	8,18				8,429
_	26	Total expenses and disbursements. Add lines 24 and 25	50,50		0		50,748
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	83,2	97			
	b	Net investment income (if negative, enter -0-)			1,067		
	С	Adjusted net income (if negative, enter -0-)				1.067	

Pä	ırt II	Balance Sneets Attached schedules and amounts in the description column	Beginning of year		End o	year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Valu	ıe	(c) Fair Market Value
	1	Cash - non-interest-bearing		6	,470	6,470
	2	Savings and temporary cash investments				
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable				
	-	Less: allowance for doubtful accounts				
	5	Grants receivable				
	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 STM136				
⋖	10a	Investments - U.S. and state government obligations (attach schedule)		9	,000	9,000
	b	Investments - corporate stock (attach schedule) STM137		101	, 600	98,362
	С	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment: basis				
		Less: accumulated depreciation (attach schedule)				
	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 I)	o	117	,070	113,832
	17	Accounts payable and accrued expenses			,801	
	18	Grants payable			7.002	
S	19	Deferred revenue				
≝	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
Ë	22	Other liabilities (describe				
	23	Total liabilities (add lines 17 through 22)	0	22	,801	
	23	Foundations that follow FASB ASC 958, check here	0	22	, 801	
S		and complete lines 24, 25, 29, and 30.				
alances	24	Net assets without donor restrictions		0.4	200	
<u>a</u>	25			94	,269	
$\mathbf{\omega}$	25	Net assets with donor restrictions				
pu		Foundations that do not follow FASB ASC 958, check here				
Ξ		and complete lines 26 through 30.				
ō	26	Capital stock, trust principal, or current funds				
ţ	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
Assets or Fund	28	Retained earnings, accumulated income, endowment, or other funds				
Ž	29	Total net assets or fund balances (see instructions)	0	94	,269	
Net.	30	Total liabilities and net assets/fund balances (see				
	w£ 11	instructions)	0	117	,070	
	rt II		/······			
1		al net assets or fund balances at beginning of year - Part II, column (a), line 29				
		d-of-year figure reported on prior year's return)			1	
2		er amount from Part I, line 27a			2	83,297
3		ner increases not included in line 2 (itemize) STM115		3	10,972	
4		d lines 1, 2, and 3			4	94,269
5		creases not included in line 2 (itemize)			5	
6	Tot	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, colun		6	94,269	

		e kind(s) of property sold (for example, re house; or common stock, 200 shs. MLC		(b) How a P-Pur D-Dor	chase	(c) Date acquire (mo., day, yr.)	d	(d) Date sold (mo., day, yr.)	
1a <u>1</u>	NA .								
b									
С									
d									
е									
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis			(h) Gain or (loss) ((e) plus (f) minus (g))		
а									
b									
С									
d									
е									
	Complete only for assets show	ving gain in column (h) and owned b	y the foundation on	12/31/69.		(I) Gains	(Col. ((h) gain minus	
	(i) FMV as of 12/31/69			ess than -0-) or m col. (h))					
а									
b									
С									
d									
е			gain, also enter in P						
2	Capital gain net income or (ne	2							
3	Net short-term capital gain or	(loss) as defined in sections 1222(5)) and (6):						
	If gain, also enter in Part I, line	e 8, column (c). See instructions. If (I	oss), enter -0- in		}				
	. ,				. ,	3			
Part	V Excise Tax Based of	on Investment Income (Section	<u>n 4940(a), 4940(l</u>	b), or 49	48 - see	instructions)			
1a	Exempt operating foundations	described in section 4940(d)(2), che	eck here 📙 and er	nter "N/A"	on line 1]			
	Date of ruling or determination	n letter: (attach c	copy of letter if necess	sary-see in	struction	s)	1	15	
b	All other domestic foundations enter 4% (0.04) of Part I, line	s enter 1.39% (0.0139) of line 27b. E 12, col. (b)		•		J			
2	Tax under section 511 (domes	stic section 4947(a)(1) trusts and tax	able foundations onl	y; others,	enter -0-)	2	0	
3	Add lines 1 and 2						3	15	
4	Subtitle A (income) tax (domes	stic section 4947(a)(1) trusts and tax	able foundations on	ly; others,	enter -0-	.)	4	0	
5	Tax based on investment in	come. Subtract line 4 from line 3. If z	zero or less, enter -0				5	15	
6	Credits/Payments:								
а	2022 estimated tax payments	and 2021 overpayment credited to 2	2022		6a				
b	Exempt foreign organizations	- tax withheld at source		[6b				
С	Tax paid with application for ex	xtension of time to file (Form 8868)		[6c				
d	Backup withholding erroneously withheld								
7	Total credits and payments. A	dd lines 6a through 6d					7		
8	Enter any penalty for underpa	ayment of estimated tax. Check here	if For	m 2220 is	attache	d [8		
9	Tax due. If the total of lines 5	and 8 is more than line 7, enter amo	ount owed			[9	15	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid								
11	Enter the amount of line 10 to	be: Credited to 2023 estimated tax	K			Refunded .	11		
EEA								Form 990-PF (2022)	

Part	VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during 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		х
	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		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		х
	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	х	
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 XIV	7	х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	VA			
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	х	
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 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes,"			
	complete Part XIII	9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		х
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		х
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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address SmartLifeUSA.org			
14	The books are in care of Mike Nie, CPA Telephone no	6-0270	1	
	Located at 2726 Gallows Rd 207, Vienna, VA ZIP+4 22180			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			. [
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	- 16		х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			

Part	VI-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?	1a(1)		х
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	person?	1a(2)		х
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		х
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		х
	(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)?	1a(5)		х
	(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 termination of government service, if			
	terminating within 90 days.)	1a(6)		х
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	1b		
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2022?	1d		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for			
	tax year(s) beginning before 2022?	2a		х
	If "Yes," list the years 20, 20, 20, 20			
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 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.			
	20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	3a		х
b	If "Yes," did it have excess business holdings in 2022 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 2022.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable			
	purposes?	4a		х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning			
	in 2022?	4b		x

Part	VI-B	Statements Regarding Activities f	or Wh	ich Form 4	720 M	ay Be Red	quired	(continued)			
5a	During	the year, did the foundation pay or incur any amou	unt to:			_				Yes	No
	(1) C	arry on propaganda, or otherwise attempt to influen	ce legis	lation (section 4	1945(e))	?			5a(1)		х
	(2) In	fluence the outcome of any specific public election	(see sec	ction 4955); or t	o carry	on, directly or					
		directly, any voter registration drive?			-	-			5a(2)		х
	(3) Pr	rovide a grant to an individual for travel, study, or ot	ther simi	lar purposes?					5a(3)		х
		rovide a grant to an organization other than a charit							, ,		
)(A)? See instructions							5a(4)		х
	•	ovide for any purpose other than religious, charitat					s or for				
									5a(5)		х
b		answer is "Yes" to 5a(1)-(5), did any of the transact					ribed		52(5)		
~	•	julations section 53.4945 or in a current notice rega				•			5b		
С	_		_	er assistance, check here					0.5		
d		answer is "Yes" to question 5a(4), does the foundat									
u			···		III liie la	ix because it			5d		
									Su		
6-		," attach the statement required by Regulations sec					aanal				
6a		e foundation, during the year, receive any funds, di	-				sonai		C-		
h		t contract?							6a		X
b		e foundation, during the year, pay premiums, direct	ly or indi	irectly, on a per	sonal be	enefit contract	i? •		6b	Х	
_	If "Yes" to 6b, file Form 8870.										
7a									7a 7b		Х
	b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?										
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
Dowt		1 1 7 (7 0 7						· · · · · · · · · · · · · · · · · · ·	8	\Box	Х
Part	VII	Information About Officers, Directo	ors, iru	ustees, rou	indatio	on wanag	ers, n	ignly Paid Emp	oloyee	; S,	
		and Contractors									
1	List a	Il officers, directors, trustees, and foundation m						04-164-			
		(a) Name and address		e, and average rs per week		ompensation not paid,		Contributions to oyee benefit plans	(e) Expe	nse acc	count,
See 9	90 <u>0</u> 1	FOV	devot			nter -0-)	and de	ferred compensation	Other allowances		
Mike			Chief	Executive							
2726	Gall	ows Rd Vienna VA 22180		1.00		0		0			0
Chris	Nie		Chief	Financial							
4814	Chri	stie Jane Ln Fairfa VA 22030		1.00		0		0			0
Kevir	Nie		Chief	Operation	ı						
4814	Chri	stie Jane Ln Fairfa VA 22030		1.25		0		0			0
Olesi	a So	ukhoveev	Chief	Technolog							
152 F	Cendr:	ick Pl Gaithersburg MD 20878		1.00		0		0			0
2	Comp	ensation of five highest-paid employees (other E."	than th	ose included o	on line 1	l - see instru	ctions).	If none, enter			
(a	ı) Name	and address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	eek	(c) Compen	sation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe	nse acc allowan	
NONE											
Total n	umber	of other employees paid over \$50,000									0
									orm QQ	A DE /	2022

Part VII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	iipioyees,
3 Five hig	hest-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		
	others receiving over \$50,000 for professional services	
Part VIII-A	Summary of Direct Charitable Activities	
List the found	lation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Fyrance
organizations	and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A		
		0
2		
3		
4		
Part VIII-B	Summary of Program-Related Investments (see instructions)	•
Describe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NA		
		0
2		
All other prog	ram-related investments. See instructions.	
3		
-		
Total Add lines	1 through 3	

Part		ions,	
	see instructions.)		
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	74,112
b	Average of monthly cash balances	1b	4,758
С	Fair market value of all other assets (see instructions)	1c	19,972
d	Total (add lines 1a, b, and c)	1d	98,842
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	98,842
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see STM159		
	instructions)	4	1,483
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	97,359
6	Minimum investment return. Enter 5% (0.05) of line 5	6	4,868
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	าร	
	and certain foreign organizations, check here $\ \square$ and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	4,868
2a	Tax on investment income for 2022 from Part V, line 5 2a 15		
b	Income tax for 2022. (This does not include the tax from Part V.)		
С	Add lines 2a and 2b	2c	15
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,853
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,853
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII,		
	line 1	7	4,853
Part	XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	50,748
b	Program-related investments - total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b			
	Cash distribution test (attach the required schedule)	3b	

Part XII **Undistributed Income** (see instructions) Corpus Years prior to 2021 Distributable amount for 2022 from Part X, line 7 4,853 Undistributed income, if any, as of the end of 2022: a Enter amount for 2021 only , 20 **b** Total for prior years: 20 Excess distributions carryover, if any, to 2022: **a** From 2017 **b** From 2018 **c** From 2019 **d** From 2020 **e** From 2021 f Total of lines 3a through e Qualifying distributions for 2022 from Part XI, line 4: ► \$ 50,748 a Applied to 2021, 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 2022 distributable amount 4,853 Remaining amount distributed out of corpus 35,709 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 35,709 **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 e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instructions f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be 0 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 2017 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a 35,709 10 Analysis of line 9: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022 35,709

Part	Alli Private Operating Founda	ations (see insu	uctions and Par	t vi-A, question s	<u>')</u>	
1a	If the foundation has received a ruling or dete	rmination letter that i	t is a private operatin	ng		
	foundation, and the ruling is effective for 2022	, enter the date of th	e ruling			
b	Check box to indicate whether the foundation	is a private operating	g foundation describe	ed in section	4942(j)(3) or 4	1942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	Ĭ	Prior 3 years	, _{0/(/}	3 /(/
	income from Part I or the minimum	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total
	investment return from Part IX for each year listed	(u) LULL	(6) 2021	(6) 2020	(a) 2010	
b	85% (0.85) of line 2a					
ь	,					
С	Qualifying distributions from Part XI, line 4, for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities • • •					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"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 IX, 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					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part		n (Complete th	is part only if t	ho foundation h	ad \$5,000 or me	ro in accote at
ıaıı	any time during the year -			ile iouiluation il	αα ψ5,000 Or Inc	ne ili assets at
	<u>, , , , , , , , , , , , , , , , , , , </u>		15.)			
1	Information Regarding Foundation Manag					
а	List any managers of the foundation who have before the close of any tax year (but only if the					
	before the close of any tax year (but only if the	icy nave continuated	ποιο ιπαιτ φο,σσο). ((000 0000011 001 (4)(2)	·· <i>)</i>	
AV						
b	List any managers of the foundation who ow				portion of the	
	ownership of a partnership or other entity) of	which the foundation	n has a 10% or great	er interest.		
NA.						
2	Information Regarding Contribution, Gra	nt, Gift, Loan, Scho	larship, etc., Progra	ıms:		
	Check here if the foundation only makes		-		not accept	
	unsolicited requests for funds. If the foundation					
	complete items 2a, b, c, and d. See instruction		is, etc., to individuals	or organizations unde	er other conditions,	
	The name, address, and telephone number		ho porson to whom a	applications should be	addroscod:	
а	me name, address, and telephone number	or eman address of t	ne person to whom a	ippiications siluulu De	ผนนา ธออธิน.	
	OAPP					
b	The form in which applications should be sul	omitted and informati	on and materials the	y should include:		
С	Any submission deadlines:					
d	Any restrictions or limitations on awards, suc	h as by geographica	l areas, charitable fie	elds, kinds of institution	ns, or other	
	factors:					

Form 990-PF (2022) SMART Life Family Foundation

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the		d for Futu	ire Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Asso. of Russian Speaking Theater				
11706 Coldstream Dr.	- /-		Support public speaking	F00
Potomac MD 20854	N/A	NC	competition	500
Compassion International				
14602 Turara Ct.			Support church-driven and	
Haymarket VA 20169	NA.	PC	child-focused operations	100
Rockville Hot Yoga chartiy				
220 Perry Pkwy			Support mental health	
Gaithersburg MD 20877	NA	NC	operations	35
Toastmaster International				
9127 South Jamaica Street			Support public speaking	
Englewood CO 80112	NA.	PC	and leadership training	1,200
Delaware Chester Community School				
601 Smithbridge Rd			Support educational	
Glen Mills PA 19342	NA.	NC	operations	164
Chinese American Parents Asso -NoVA				
500 Roland ST SW			Support Chinese community	
Vienna VA 22180	NA	NC	educations in VA	1,765
Chinese American Parents Asso - MC				
12774 Wisteria Drive #115			Support Chinese community	
Germantown MD 20875	NA.	NC	education ops in MD	395
Iyilikhane Child Association				
Ahmet Galip Pasa Sok. No:2/2			Support Turkey orphanage	
Istanbul Fatih / Istanbul TU 00000	NA.	NC	operations	600
Total				
b Approved for future payment				
Total	<u> </u>			

Form 990-PF (2022) SMART Life Family Foundation

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During				
Recipient	If recipient is an individ show any relationship any foundation manage	to status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contribut	or recipient		
a Paid during the year				
SPCC Turkey Foundation				
PO Box 7247			Support Turkey-based	
Ann Arbor MI 48107	NA	PC	church	1,250
United States Yoga Federation				
PO Box 2133			Support yoga awareness	1 000
Boise ID 83701	NA	NC	and wellness operations	1,200
Hilton Head First Baptist Church				
100 S Forest Beach Dr.			Support biblical and	
Hilton Head Island SC 29928	NA.	NC	gospel missions in SC	750
McLean Bible Church				
8925 Leesburg Pike			Support biblical and	
Vienna VA 22182	NA	NC	gospel missions in	30
Lijing Peng, Li, Shin				
Various Address			Support student financial	
Fairfax VA 22030	NA	I	education	200
Total			3a	8,189
b Approved for future payment				
Total			3b	

Form 990-PF (2022) SMART Life Family Foundation Page 12 87-3826853 Part XV-A Analysis of Income-Producing Activities Enter gross amounts unless otherwise indicated. Excluded by section 512, 513, or 514 (e) Unrelated business income Related or exempt function income (b) (d) (a) (c) (See instructions.) Business code Exclusion code Amount Amount 1 Program service revenue: **g** Fees and contracts from government agencies . . . 2 Interest on savings and temporary cash investments . . 1,067 14 Net rental income or (loss) from real estate: Net rental income or (loss) from personal property . . . 7 8 Gain or (loss) from sales of assets other than inventory . 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory Other revenue: a 11 b Subtotal. Add columns (b), (d), and (e) 1,067 1,067 (See worksheet in line 13 instructions to verify calculations.) Relationship of Activities to the Accomplishment of Exempt Purposes Part XV-B Line No. Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Form **990-PF** (2022) EEA

Form 990-PF (2022) Part XVI Infe 22) SMART Life Family Foundation 87-3826853 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt **Organizations**

		-	tly or indirectly engag			-	_			ed				Yes	No
			an section 501(c)(3)	organizations	s) or in s	section 527, rela	ating to	politic	al						
	_	zations?													
		•	ng foundation to a no			-							4 - (4)		
	` '												1a(1)		<u>x</u>
	` '												1a(2)		Х
		transactions:	anabaritable avament	organization									4 h (4)		
			oncharitable exempt rom a noncharitable	•									1b(1) 1b(2)		X
	. ,		uipment, or other ass										1b(2)		X
	` '	•	ngements										1b(3)		x
			tees										1b(5)		X
		•	ces or membership o										1b(6)		X
			oment, mailing lists, o	_									1c		x
		-	above is "Yes," com			. ,									
			assets, or services g		-				-						
		_	r sharing arrangeme	-											
(a) Line		b) Amount involved	(c) Name of no						tion of transfe				ring arrar	gemen	ts
		,	. ,												
	descril	bed in section 501(o ," complete the follo						_	izations • • • • •				☐ Ye	s X	No
		(a) Name of organiz	ation	(b) ⁷	Type of o	rganization			(с) Descri	iption of	relations	hip		
	Under	nenalties of nerium I dec	lare that I have examined t	this return includi	ng accom	nanving schedules	and state	ments	and to the hest	of my kn	owledge:	and helief	it is true		
Sign			ion of preparer (other than							or my Kill	- mouge	and DUIIDI,	io ii uc,		
						GL:			OS	.	. [RS discuss		
Here		ike Nie, CPA ture of officer or trustee			Date	Chi	er E	xecu	tive Off	ıcer	<u> </u>	See instru	reparer shouctions. X	Yes	M No
_	L .g.,u	Print/Type preparer's na	ame	Preparer's					Date		Check	X if	PTIN	-	
Paid		7							U33				2165		
Prepa	reparer Mike Nie, CPA Firm's name Smart 1040 LLC			Mike Nie, CPA 02-24-2023											
Use C			: 1040 LLC Kendrick Pl 2							Firm's EIN					
	· · · · J	i iiiiis auuless 132	Mendrick PI Z	22 Gaithersburg MD 20878 P					LHOHE	Phone no. 703-606-0270					

87-3826853

Form 990_OfOv (2022) SMART Life Family Foundation List of Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the	year even if they were	not compensated.		
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Alexandra Soukhoveev Chief Ma		(if not paid, enter -0-)		
152 Kendrick Pl Gaithersburg MD 20878	1.25	0	0	0
	I .	1	I	i

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service
Name of the organization

Attach to Form 990 or Form 990-PF.

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

2022

SMART Life Family Foundation 87-3826853 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF x 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number

SMART Life Family Foundation

87-3826853

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Mike M Nie 4814 Christie Jane Ln Fairfax VA 22030	_ \$	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.)
(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
(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

Name of organization Employer identification number

SMART Life Family Foundation

87-3826853

Part II	Noncash Property (see instructions). Use duplicate cop	ies of Part II if additional space	is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	NA .		
(a) No. from 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. from 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 \$	

Schedule B (Form 990) (2022) Name of organization **Employer identification number** SMART Life Family Foundation 87-3826853 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I NΑ NA 1 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee NA NA (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held fŕom Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

EEA

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

12-01 , 2022, and ending 11

11-30 , 2022

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

2022

OMB No. 1545-0047

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN SMART Life Family Foundation 87-3826853 Name and title of officer or person subject to tax Mike Nie, CPA, Chief Executive Officer Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) Form 990-EZ check here . . . **b Total revenue**, if any (Form 990-EZ, line 9) Form 1120-POL check here . . 3a Form 990-PF check here . . . b Tax based on investment income (Form 990-PF, Part V, line 5) 15 Form 8868 check here 5a Form 990-T check here 6a Form 4720 check here Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5330 check here 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . 10a Form 8038-CP check here . . . Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the , (EIN) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize Smart 1040 LLC 20878 to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 📙 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 01-16-2023 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 521309 20878 I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 02-24-2023 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Federal Supporting Statements 2022 PG01 Name(s) as shown on return Tax ID Number SMART Life Family Foundation 87-3826853 Form 990PF - Part III - Line 3 Statement #115

Other Increases Schedule

Life insurance policy cash survalue

10,972

Total

10,972

Form 990PF - Part II - Line 10(a)

PG01

Statement #136

Investments: U.S. Government Obligation Schedule

Category	Book Value (BOY)	Book Value (EOY)	FMV (EOY)
I Bond		9,000	9,000
Totals	========	9,000	9,000

Form 990PF - Part II - Line 10(b) Investments: Corporate Stock Schedule PG01

Statement #137

<u>Category</u>	BOY	Book Value	EOY FMV
FIDELITY 500 INDEX FUND (FXAIX)		73,770	71,418
Berkshire Hathaway Class B		27,830	26,944
Totals		101,600	98,362

PG01

Form 990PF - Part IX - Line 4 Cash Deemed Held for Charitable Activities

Statement #159

1.5% of LIne 3

		1
	Federal Supporting Statements	2022 PG01
Name(s) as shown on return		Tax ID Number
SMART Life Family F	doundation double the state of	87-3826853

Form 990PF - Part I - Line 23 - Other Expenses Schedule

Statement #103~

	Revenue	Net	Adjusted	Charitable
Description	and expenses	investment	net income	purpose
Bank fee	125	0	0	125
Auto mileage	3,269	0	0	3,269
Business meals	391	0	0	391
Marketing expense	334	0	0	334
Software (Office/pdf/zoom/tax)	1,318	0	0	1,318
Cloud data storage	96	0	0	96
Website host	173	0	0	173
Office supplies	500	0	0	500
Life insurance premium	16,000	0	0	16,000
Utilities (internet cell phn)	3,546	0	0	3,546
Totals	25,752	0	0	25,752
			·	

PG01
Form 990PF - Part I - Line 16(a) - Legal Fees Schedule Statement #107~

 Revenue
 Net
 Adjusted
 Charitable

 Description
 and expenses
 investment
 net income
 purpose

 legal fee
 450
 0
 0
 450

 Totals
 450
 0
 0
 450

ı	1
Federal Supporting Statements	2022 PG01
Name(s) as shown on return	Tax ID Number
SMART Life Family Foundation	87-3826853
Form 990PF - Part I - Line 16(b) - Accounting Fees Schedule	Statement #108~

	Revenue	Net	Adjusted	Charitable
Description	and expenses	investment	net income	purpose
Fam Foundatn set up fee	4,950	0	0	4,950
Accountant consult fee	30	0	0	30
Totals	4,980	0	0	4,980

PG01

Form 990PF - Part I - Line 18 - Taxes Schedule

Statement #110~

	Revenue	Net	Adjusted	Charitable
Description	and expenses	investment	net income	purpose
VA state registration fee	125	0	0	125
Totals	125	0	0	125

	Federal Supporting Statements	
	(This page is e-filed with the return. Include it if paper-filing.)	2022 PG01
Name(s) as shown on return		Your Social Security Number
SMART Life Fami	ly Foundation	87-3826853

Form 990PF - Part XIV - Line 2
Application Submission Information

Grant Program

NΑ

Applicant Name

NA

Address

NA

Vienna VA 22180

Telephone

000-000-0000

Email Address

NA@gmail.com

Form & Content

NA

Submission Deadline

NA

Restrictions on Award

NΑ

Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

SMART Life Family Foundation

87–3826853

MART Life Family Foundation 1	853
	duction