## 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 2023 or tax year beginning	12-01 ,	2023, and	ending	1:	1-30, <b>20</b> 23
New	ARITOL	ndation Family Foundation			A Employe	r identification numbe	r
		NA.			87-3826	5853	
Num	ber and	d street (or P.O. box number if mail is not delivered to street address)	F	Room/suite	<b>B</b> Telephon	e number (see instruction	ons)
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					.g,
G	Check	all that apply: Initial return Initial return	of a former public	charity	<b>D</b> 1. Foreig	n organizations, check h	nere
		Final return Amended ret	turn		2 Foreign	n organizations meeting	the 85% test
		Address change Name chang	e			here and attach comput	
Н	Check	type of organization: X Section 501(c)(3) exempt private for	oundation		F If private	foundation status was te	erminated under
	Section	4947(a)(1) nonexempt charitable trust	le private foundat	tion		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)	- / \ \ / /	pe on cash basis.	)			
Pa	ırt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	4			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	èxpenses per	<b>(b)</b> Ne	t investment ncome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books		noomo	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	39,4	50			
	2	Check if the foundation is not required to attach Sch. B .					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	8(	63	863	863	
	5a	Gross rents					
	b	Net rental income or (loss)					
Φ	6a	Net gain or (loss) from sale of assets not on line 10	(1,48	39)			
Σ	b	Gross sales price for all assets on line 6a 22,000					
Revenue	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)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	38,82	24	863	863	
	13	Compensation of officers, directors, trustees, etc	99	90			990
enses	14	Other employee salaries and wages					
ē	15	Pension plans, employee benefits					
EX D	16a	Legal fees (attach schedule)					2.52
ē	b	Accounting fees (attach schedule) STM108	20	60			260
٤į	17	Other professional fees (attach schedule)					
strä	18	Taxes (attach schedule) (see instructions) STM110 · · · ·		) E			0.5
ij	19	Depreciation (attach schedule) and depletion		95			95
Ę	20	Occupancy					
Ĭ	21	Travel, conferences, and meetings	9,42	22			
and Administrative	22	Printing and publications		23			
<u>5</u>		Other expenses (attach schedule) STM103	14,20				14,264
Operating	24	Total operating and administrative expenses.	14,2	-			14,204
ērs		Add lines 13 through 23	25,0	54	0		15,609
o	25	Contributions, gifts, grants paid	20,23		<u> </u>		15,609
	26	Total expenses and disbursements. Add lines 24 and 25.	45,29		0		15,609
_	27	Subtract line 26 from line 12:	33,2.				23,003
	a	Excess of revenue over expenses and disbursements .	(6,40	66)			
	b	Net investment income (if negative, enter -0-)	(3/2		863		
	С	Adjusted net income (if negative, enter -0-)				863	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End of	f year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	e	(c) Fair Market Value
	1	Cash - non-interest-bearing	6,470	6,	020	6,020
	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				
Assets	8	Inventories for sale or use				
SS	9	Prepaid expenses and deferred charges STM136				
٩	10a	Investments - U.S. and state government obligations (attach schedule)	9,000	9,	792	9,792
	b	Investments - corporate stock (attach schedule) STM137	101,600	75,	586	93,061
	С	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment: basis				
		Less: accumulated depreciation (attach schedule)				
	12	Investments - mortgage loans				<del> </del>
	13	Investments - other (attach schedule)	10,972	19,	163	19,163
	14	Land, buildings, and equipment: basis				
		Less: accumulated depreciation (attach schedule)			$\longrightarrow$	
	15	Other assets (describe)				
	16	Total assets (to be completed by all filers - see the				
	47	instructions. Also, see page 1, item I)	128,042	110,		128,036
	17	Accounts payable and accrued expenses	22,801	11,	786	
Ś	18	Grants payable			$\dashv$	
itie	19 20	Loans from officers, directors, trustees, and other disqualified persons			$\dashv$	
Liabilitie	21	Mortgages and other notes payable (attach schedule)			-	
Ë	22	Other liabilities (describe			$\dashv$	
	23	Total liabilities (add lines 17 through 22)	22,801	11,	706	
_	20	Foundations that follow FASB ASC 958, check here and	22,801		786	
es		complete lines 24, 25, 29, and 30				
alances	24	Net assets without donor restrictions	105,241	98,	775	
	25	Net assets with donor restrictions	103,241		"	
B		Foundations that do not follow FASB ASC 958, check				
or Fund		here and complete lines 26 through 30				
Ē	26	Capital stock, trust principal, or current funds				
ō	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
šets	28	Retained earnings, accumulated income, endowment, or other funds • •				
ASS	29 Total net assets or fund balances (see instructions) 105,241 9		105,241	98,	775	
Net /						
ž		instructions)	128,042	110,	561	
Pa	rt III		, , , , , ,			
		al net assets or fund balances at beginning of year - Part II, column (a), line 29	(must agree with			
	enc	l-of-year figure reported on prior year's return)			1	105,241
2	Ent	er amount from Part I, line 27a		[	2	(6,466)
3	Oth	er increases not included in line 2 (itemize)			3	
4	Add	d lines 1, 2, and 3	<del></del>		4	98,775
5		creases not included in line 2 (itemize)		[	5	
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, colun	nn (b), line 29	[	6	98,775

ı aıı	oupital Gallis alla	LUSSES IUI TAX UII IIIVESIII							
		kind(s) of property sold (for example, real suse; or common stock, 200 shs. MLC Co		(b) How acqu P-Purchas D-Donatio	e		e acquired day, yr.)		(d) Date sold (mo., day, yr.)
1a F	IDELITY 500 INDEX FUN	ND (FXAIX)			1	L2-27-	2021	07	7-31-2023
b									
С									
d									
е									
	(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)		other basis ense of sale					r (loss) minus (g))
а	22,000			23,	489				(1,489)
b									
С									
d									
е									
	Complete only for assets showing	ng gain in column (h) and owned by	the foundation on	12/31/69.			(I) Gains (C	Col. (h	n) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col. (j			C	ol. (k), but r	not les	s than -0-) <b>or</b> col. (h))
а									(1,489)
b									
С									
d									
е									
2	Capital gain net income or (net o	ranital loss)	ain, also enter in P		}				
•	Note that the set of t	,	oss), enter -0- in Pa	art I, line /	´	2			(1,489)
3	, , ,	oss) as defined in sections 1222(5) a	` '						
	•	3, column (c). See instructions. If (los	•		}	3			
Part		Investment Income (Section			500		tions)		
1a		escribed in section 4940(d)(2), chec	<del></del>	• •			7		
ıa		etter: (attach co	_				.	1	12
b		enter 1.39% (0.0139) of line 27b. Exe					▶⊨		12
, ,	4% (0.04) of Part I, line 12, col. (	,		·					
2	,	c section 4947(a)(1) trusts and taxab						2	0
3								3	12
4		c section 4947(a)(1) trusts and taxal					-	4	0
5	, , ,	ome. Subtract line 4 from line 3. If ze		•	,		_	5	12
6	Credits/Payments:								12
а	•	nd 2022 overpayment credited to 20	23	6a			23		
b	Exempt foreign organizations - t								
С		ension of time to file (Form 8868)							
d	Backup withholding erroneously								
7	,	l lines 6a through 6d						7	23
8		ment of estimated tax. Check here	_	m 2220 is atta				8	
9		nd 8 is more than line 7, enter <b>amou</b>	nt owed					9	
10		than the total of lines 5 and 8, enter		aid			🗀	10	11
11	• •	e: Credited to 2024 estimated tax	•		F	Refunde	d . 🗀	11	11
EEA							<u> </u>	F	Form <b>990-PF</b> (2023)

	90-PF (2023) SMART Life Family Foundation 87-3826853 VI-A Statements Regarding Activities		F	Page 4
			V	NI.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	10	Yes	No
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1a		Х
b	instructions for the definition	1b		.,
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials	10		X
	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:	10		^
u	(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.	_		- 22
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		x
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> 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 2023 or the tax year beginning in 2023? 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. 703-606	-0270	)	
	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			· L
	and enter the amount of tax-exempt interest received or accrued during the year		1	
16	At any time during calendar year 2023, 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			

#### Statements Regarding Activities for Which Form 4720 May Be Required Part VI-B File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes No 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) (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified 1a(2) X (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? 1a(3) X 1a(4) (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or 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) X 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 Organizations relying on a current notice regarding disaster assistance, check here С Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that 1d Х 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)): At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? If "Yes," list the years 2a Х 20 , 20 , 20 , 20 , 20 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 If "Yes," did it have excess business holdings in 2023 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 2023.) 3b Did the foundation invest during the year any amount in a manner that would jeopardize its charitable 4a X 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 x

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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	ınt to:			_					Yes	No
	(1) Ca	arry on propaganda, or otherwise attempt to influen	ce legisl	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 c	on, directly or			1	, ,		
					-	-			.	5a(2)		х
	( <b>3</b> ) Pr	ovide a grant to an individual for travel, study, or ot	her simi	lar purposes?						5a(3)		х
		ovide a grant to an organization other than a charit							İ	\		
		)(A)? See instructions		•					.	5a(4)		х
	`	ovide for any purpose other than religious, charitab	ole. scier	ntific. literary. or	educati	onal purpose	s. or for		ı	,		
	` '		-				•		.	5a(5)		х
b		answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transact	tions fail	to qualify unde	r the exc	centions desc	ribed		İ	55(5)		
	-	ulations section 53.4945 or in a current notice rega							.	5b		
С	_	izations relying on a current notice regarding disast	_						'nΙ	0.5		
d	-	answer is "Yes" to question 5a(4), does the foundati							ᄓ			
u				····	iii tiie ta.	A Decause II				5d		
		," attach the statement required by Regulations sec								5u		
C-		, , ,		` ,			a a a a l					
6a		e foundation, during the year, receive any funds, dir	•	•		•	sonai			C-		
L		t contract?							•	6a		Х
b		e foundation, during the year, pay premiums, direct	ly or indi	irectly, on a per	sonal be	enefit contract	í? <b>.</b>		.	6b	Х	
_		" to 6b, file Form 8870.								_		
7a		time during the tax year, was the foundation a part	•				_		ŀ	7a		Х
b		" did the foundation receive any proceeds or have	•							7b		
8		foundation subject to the section 4960 tax on paym	ent(s) of	f more than \$1,	000,000	in remunera	tion or					
D4 \		1 1 3 ( ) 3 3							•	8		X
Part '	VII	Information About Officers, Directo	rs, iru	ustees, Fou	indatio	on Manag	ers, H	ignly Paid E	mpı	loyee	es, ar	na
		Contractors										
1	List a	Ill officers, directors, trustees, and found										
		(a) Name and address		e, and average rs per week				Contributions to oyee benefit plans		(e) Expense account other allowances		
See 9	90 <u>0</u> 1	FOV	devote	ed to position		ter -0-)	and def	erred compensation	n	Oli lei a	iiowanic	JC3
Mike	Nie,	CPA	Chief	Executive								
2726	Gallo	ows Rd Vienna VA 22180		2.00		510			0			0
Chris	Nie		Chief	Financial								
4814	Chris	stie Jane Ln Fairfa VA 22030		1.00		480			0			0
Kevin	Nie		Chief	Operation								
4814	Chris	stie Jane Ln Fairfa VA 22030		1.00		0			0			0
Olesi	a Soi	ıkhoveev	Chief	Technolog								
152 K	endr:	ick Pl Gaithersburg MD 20878		1.00		0			0			0
2	Com	pensation of five highest-paid employees	(other	than those	include	ed on line 1	- see	instructions).	If no	one, e	enter	
	"NON	IE."										
				(b) Title, and a	verege			(d) Contributions				
(a)	Name	and address of each employee paid more than \$50,000		hours per w	eek	(c) Compen	sation	employee benefi		Exper other a	nse acc Illowan	
				devoted to po	sition			compensation				
NONE												
									$\neg$			
									$\top$			
				1					$\top$			
Total n	umhe	r of other employees paid over \$50,000 .							+			
EEA	MITIDE	1 of other employees paid over 400,000 .		<u> </u>		<u> </u>		<u> </u>	 F^	rm <b>99</b> 0	1_PF /	2023)
ECA.									rυ	ハー・・・ ラブリ	v-r r (4	_U_J)

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		ndation Managers, Highly Paid E	mployees, and
3 Five high	ghest-paid independent contractors for professional servi	ces. 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	Contractors (continued)  3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NC (a) Name and address of each person paid more than \$50,000 (b) Type of service  ONE  Otal number of others receiving over \$50,000 for professional services		
Part VIII-A	Summary of Direct Charitable Activities		
			Expenses
1N/A			
			0
2			
3			
4			
		<u> </u>	
	wo largest program-related investments made by the foundation during the tax year	ar on lines 1 and 2.	Amount
1 NA			
			0
_			
	ram-related investments. See instructions.		
3			

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Total. Add lines 1 through 3 ......

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundat	ions, s	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	96,872
b	Average of monthly cash balances	1b	3,282
С	Fair market value of all other assets (see instructions)	1c	24,464
d	Total (add lines 1a, b, and c)	1d	124,618
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	124,618
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	1,869
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	122,749
6	Minimum investment return. Enter 5% (0.05) of line 5	6	6,137
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	S	
	and certain foreign organizations, check here 🔲 and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	6,137
2a	Tax on investment income for 2022 from Part V, line 5 2a 12		
b	Income tax for 2022. (This does not include the tax from Part V.) 2b		
С	Add lines 2a and 2b	2c	12
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,125
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	6,125
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	6,125
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	15,609
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	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	15,609

EEA

Form **990-PF** (2023)

Part XII **Undistributed Income** (see instructions) Corpus Years prior to 2022 Distributable amount for 2023 from Part X, line 7 1 6,125 Undistributed income, if any, as of the end of 2023: a Enter amount for 2022 only ...... , 20 **b** Total for prior years: 20 Excess distributions carryover, if any, to 2023: **a** From 2018 . . . . . . . . . . **b** From 2019 . . . . . . . . . . **c** From 2020 . . . . . . . . . . . . **d** From 2021 . . . . . . . . . . e From 2022 . . . . . . . . . . . . 35,709 f Total of lines 3a through e . . . . . . . . . . . . . 35,709 Qualifying distributions for 2023 from Part XI, line 4: \$ 15,609 **a** Applied to 2022, 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 2023 distributable amount 6,125 Remaining amount distributed out of corpus 9,484 Excess distributions carryover applied to 2023 (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 45,193 **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 2022. Subtract line 4a from line 2a. Taxable amount - see instructions f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024 . . . . . . . . . . 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 2018 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a 45,193 10 Analysis of line 9: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 35,709 e Excess from 2023 9,484

Part	XIII Private Operating Founda	<b>ations</b> (see inst	ructions and Par	rt VI-A, question 9	))	
1a	If the foundation has received a ruling or dete	rmination letter that	it is a private operati	ng		
	foundation, and the ruling is effective for 2023	. enter the date of th	ne rulina			
b	Check box to indicate whether the foundation	•	O		4942(j)(3)	or 4942(j)(5)
2a	Enter the lesser of the adjusted net				1 1 1 1 4042()(0)	01 +3+2()(3)
Zu	income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part IX for	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
	each year listed					
b	85% (0.85) of line 2a					
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				the foundation h	ad \$5,000 or mo	re in assets at
	any time during the year -	see instruction	ns.)			
1	Information Regarding Foundation Manag	gers:				
а	List any managers of the foundation who have		than 2% of the total	contributions received	by the foundation	
	before the close of any tax year (but only if the	ney have contributed	I more than \$5,000).	(See section 507(d)(2)	).)	
NA.						
b b	List any managers of the foundation who own	a 10% or more of the	e stock of a corporati	ion (or an equally large	nortion of the	
b	ownership of a partnership or other entity) of		•	\	portion of the	
NT 70			g g			
<u>NA</u> 2	Information Regarding Contribution, Gran	nt, Gift, Loan, Scho	larship, etc., Progra	ams:		
	Check here ☐ if the foundation only makes	contributions to pres	selected charitable o	raanizations and does	not accent	
	unsolicited requests for funds. If the foundati	•		•	•	
	complete items 2a, b, c, and d. See instruction		no, cto., to marvidual	o or organizations and	or ourior corruitions,	
а	The name, address, and telephone number of		the person to whom :	applications should be	addressed:	
u	The hame, address, and telephone humber t	or citiali addices or	ine person to whom a	applications should be	addicascu.	
٥٥	OAPP					
b	The form in which applications should be sub	mitted and informat	ion and materials the	ev should include:		
D	The form in which applications should be sut	milited and initionillat	ion and materials lift	oy onoula molade.		
	Any submission deadlines:					
С	Any submission deadlines:					
d	Any restrictions or limitations on awards, suc	h as hy geographics	al areas, charitable fi	elds kinds of institution	ns or other	
u	factors:	aras by geographica	a arcas, criantable III	oras, miras or montation	io, or ource	
	<del></del>					

EEA Form **990-PF** (2023)

3 Grants and Contributions Paid During the		d for Futu	ire Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	7 1110 4111
a Paid during the year				
Catalyst Youth Network Oakland CA				
1721 Broadway Suite 201			Support youth development	
Oakland CA 94612	None	PC	operations	125
CHINESE AMERICAN PARENT Asso BC				
8734 Marburg Manor Dr.			Support Asian Americans	
Lutherville Timonium MD 21093	None	PC	community operations	700
Chinse American Parents Asso HC				
3009 Carlee Run Ct			Support Asian American	
Ellicott City MD 21042	None	PC	community	725
Chinse American Parents Asso MC				
12774 Wisteria Dr. #115		L	Support Asian Americans	
Germantown MD 20875	None	PC	Community Operations	500
Chinse American Parents Asso. NoVA				
500 Roland ST SW		L	Support Asian Americans	
Vienna VA 22180	None	PC	Community Operations	2,325
Chinse American Parents Asso - RTMD				
468 Darlington Rd			Support Asian American	105
Media PA 19063	None	PC	community operations	125
Church of the Redeemer				
3868 Kilkenny Ln			Support church gospel	
Daphne AL 36526	None	PC	efforts	80
Delaware Chester Community School				
22 Cherry Cir			Support youth edu and	
Glen Mills PA 19342	None	PC	public speaking training	525
Total			3a	
<b>b</b> Approved for future payment				
Total			3b	

3 Grants and Contributions Paid During t		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				
Fairfax Church				
11451 Braddock Road			Support church gospel	
Fairfax VA 22030	None	PC	efforts	200
Families Friends of LA Incarcerated				
PO Box 56877			Support Incarcerated	0.40
New Orleans LA 70156	None	PC	Children Return Home	240
Food for Hungry				
PO Box 7014 Albert Lea			Support Food Aid	105
Albert Lea MN 56007	None	PC	Operations	125
Devereux Glenholme School				
81 Sabbaday Lane			Support youth educational	105
Washington CT 06793	None	PC	operations	125
Harper Ferry Park Association				
P.O. Box 197			Support historical site	600
Harpers Ferry WV 25425	None	PC	reconstruction and repair	600
Mercer Island School Foundation				
PO Box 1243		L	Support youth educational	
Mercer Island WA 98040	None	PC	operations	125
North America Chinese Univ Alliance				
1415 S Montezuma Way			Support Chinese American	
West Covina CA 91791	None	PC	community operations	250
University of Pennsylvania Rowing				
11 Kelly Drive			Support youth sport	
Philadelphia PA 19130	None	PC	training operations	250
Total			3a	
<b>b</b> Approved for future payment				
Total				

3 Grants and Contributions Paid During t		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				
Purple Heart				
413-B Backlick Road,			Support Veteran wellness	
Springfield VA 22151	None	PC	operation	125
Quince Orchard High School Music				
15800 Quince Orchard Road			Support high school music	
Gaithersburg MD 20878	None	PC	department	100
Rhode Island School of Design				
20 Washington Place			Support higher education	
Providence RI 02903	None	PC	operations	125
Ridgefield Music Parents				
700 North Salem Rd,			Support high school music	
Ridgefield CT 06877	None	PC	education	125
Rockville Yoga				
220 Perry Pkwy			Support local Yoga	
Gaithersburg MD 20877	None	NC	charity events	70
Sandos foundation A.C. (Mexico)				
Blvd. Paseo De La Marina S/n, Marin		L	Support marine life	
Cabo San Lucas B.C.S. MX 23450	None	PC	rescue water saving	2,000
Shirley J Granddaughter Funeral				
8066 Powerbrook Lane			Support youth early death	
Springfield VA 22153	None	NC	medical research	100
Smart Education Corp				
6723 Curran St.			Support local young	
Mc Lean VA 22101	None	NC	artist charity event	240
Total				
<b>b</b> Approved for future payment				
Total			3b	

3 Grants and Contributions Paid During the		d for Futu	ire Payment	
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager	status of recipient	contribution	Amount
, , , , , , , , , , , , , , , , , , , ,	or substantial contributor			
a Paid during the year				
Saint Luke's Hospital (Mexico)			Support hospital from mod	
Calle Aguajitos Fracc. C Lote-12, C Cabo San Lucas BCS MX 23400	None	₽C	Support hospital free med service to MX children	2,200
Cabo San Lucas BCS MA 23400	None	PC	service to Mx children	2,200
State College Area Rowing (SCAR)				
703 S. Fraser St			Support high school	
State College PA 16801	None	PC	rowing training	125
Youth STEAM Outreach				
1100 JONQUIL CIR			Support high schooler	
Great Falls VA 22066	None	PC	STEM training	175
STEM to the Sky				
4705 Howard Lane			Support youth STEM	
College Park MD 20740	None	PC	training	125
TEDx Cherry Creek High School				
6170 S NEWARK WAY			Support high school TEDx	
Englewood CO 80111	None	PC	Talk	350
Toastmaster 2023 Smeldley Fund				
9127 S Jamaica St #400			Support Toastmasters	
Englewood CO 80112	None	PC	Public Speaking	500
Iyilikhane Asso for Children Turkey				
Karagümrük, Sulukule TOKI Konutlari			Support Turkey earthquake	
Ahmet Galip Pasa Sokag Fatih TU 34091	None	PC	disaster rescue relief	2,042
University of Maryland College Park				
4603 Calvert Rd			Support higher education	
College Park MD 20740	None	PC	operations	100
Total			3a	
<b>b</b> Approved for future payment				
Total	<u> </u>			

3 Grants and Contributions Paid During the		d for Futւ	ure 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				
United States Yoga Federation				
P.O. Box 2133			Support USA Yoga sport	
Boise ID 83701	None	PC	operations	1,800
The Family Foundation of Virginia				
707 E Franklin St			Support biblical family	
Richmond VA 23219	None	PC	charity operations	714
Washington and Lee University				
204 West Washington Street			Support W&L University	
Lexington VA 24450	None	PC	campus kitchen operations	1,500
Xiujuan Yu Funeral Fund				
122 W Garvey Ave			Support gun violence	
Monterey Park CA 91754	None	NC	prevention	200
Smart Finance Summer Camp				
500 Roland ST SW			Support youth financial	
Vienna VA 22180	None	NC	literacy charity event	500
Total				20,236
b Approved for future payment				20,230
Total	<del></del>			

Ente	ter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	(e) Related or exempt		
1	Progran	n service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions.)
	a N/A						
	b						
	_						
	f						
	g Fees	s and contracts from government agencies					
2	Membe	rship dues and assessments					
3	Interest	on savings and temporary cash investments					
4	Dividen	ds and interest from securities			14	863	
5	Net rent	tal income or (loss) from real estate:					
		t-financed property					
	<b>b</b> Not o	debt-financed property					
6		tal income or (loss) from personal property					
7	Other in	vestment income					
8	Gain or	(loss) from sales of assets other than inventory •					
9		ome or (loss) from special events					
10		profit or (loss) from sales of inventory					
11	Other re	evenue: a					
	b						
	С						
	d						
	е						
		al. Add columns (b), (d), and (e)				863	
		Add line 12, columns (b), (d), and (e)				. 13	863
	rt XV-B	et in line 13 instructions to verify calculations.)  Relationship of Activities to the Activities to t	ccomplishme	ant of Evennt	Durnosas		
	ne No.	· · · · · · · · · · · · · · · · · · ·	<u>-</u>				
	ile ivo.	Explain below how each activity for which income of the foundation's exempt purposes (other than by	y providing funds	for such purposes	). (See instruction	orianily to the acco	mpiisnment
			,	· · · · ·	•	,	

Form **990-PF** (2023) EEA

#### Form 990-PF (2023) Part XVI Infe 23) SMART Life Family Foundation 87-3826853 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt **Organizations**

1	Did the	e organization direc	tly or indirectly eng	age in	any of the f	following with	any oth	er orga	ınizat	ion describe	d				Yes	No
	in sec	tion 501(c) (other th	an section 501(c)(3	3) orga	nizations) c	or in section 5	27, rela	ting to p	oolitic	al						
	organi	zations?														
а	Transf	ers from the reporti	ng foundation to a r	noncha	aritable exe	mpt organiza	tion of:									
		ash												1a(1)		х
	(2) Ot	her assets												1a(2)		х
b	Other	transactions:														
		ales of assets to a n	•											1b(1)		X
		irchases of assets f												1b(2)		Х
		ental of facilities, eq												1b(3)		Х
		eimbursement arran	-											1b(4)		Х
		ans or loan guarant												1b(5)		Х
		erformance of service			_									1b(6)		Х
		g of facilities, equip	_											1c		Х
		answer to any of the				-				-						
		of the goods, other		-	-	-										
		in any transaction o					lue of the	e goods	s, oth	er assets, or	r servic	ces rec	eived.			
(a) Line	no. (	b) Amount involved	(c) Name of n	nonchar	itable exemp	t organization		( <b>d</b> ) De	escrip	tion of transfer	rs, trans	actions	, and sha	ring arran	gemen	is
	_															
	_															
							-									
							-									
	descri	I foundation directly of bed in section 501(o complete the follo,",	c) (other than section					•	-	izations • • • • •				Ye	s X	No
		(a) Name of organiz	ation		<b>(b)</b> Typ	e of organization	on			(c)	) Descri	ption of	relations	hip		
	·															
٥.	Under correct	penalties of perjury, I dec , and complete. Declarati	clare that I have examined ion of preparer (other tha	d this ret an taxpay	urn, including a er) is based o	accompanying so n all information o	hedules a of which pr	nd statem eparer ha	nents, a as any	and to the best on knowledge.	of my kno	owledge	and belief,	it is true,		
Sign					ı					•		1	May the I	RS discuss	this retu	ırn
Here		ike Nie, CPA					CEO						with the p	reparer shouctions.	own belo	w? No
	Signa	ture of officer or trustee				Date	Title					,			103	
Paid		Print/Type preparer's na	ame		Preparer's sig	gnature				Date		Check	<b>X</b> if	PTIN		
	ror	Mike Nie, C	PA .							02-23-20	024	self-em	ployed	P0248	8165	
Prepa		Firm's name <b>Smart</b>	1040 LLC								Firm's I	EIN				
Use C	nly	Firm's address 152	Kendrick Pl	22		Gaithers	burg	MD 20	0878	3	Phone	no. <b>7</b> (	3-606	-0270		

87-3826853

# Form 990\_OfOv (2023) SMART Life Family Foundation List of Officers, Directors, Trustees, and Key Employees

List all officers, directors, trustees, and key employees for the	year even ir 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	1.00	0	0	0
132 Rendrick II Carthersburg III 20070	1.00			•

#### Schedule B (Form 990)

**Schedule of Contributors** 

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990, 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

**Employer identification number** 

87-3826853

OMB No. 1545-0047

SMART Life Family Foundation 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	\$39,110 	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 Occupate 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 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 Oncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

SMART Life Family Foundation

87-3826853

Part II	Noncash Property (see instructions). Use duplicate copies of	of Part II if additional space	e is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_1_	None	\$ <u>0</u>	
(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
		\$	

Name of organization

SMART Life Family Foundation

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

No. m	(la) Danier and affilia	(2) 1122 24	£!£4	(d) Decembring of how wife in health
m rt l	(b) Purpose of gift	(c) Use of	т діπ	(d) Description of how gift is held
L	NA NA	_ NA		NA
		(e) Transfer	of gift	
	Transferee's name, address, and			tionship of transferor to transferee
	NA NA		NA	
lo. m	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held
t I				
				_
		(a) Tuo u afa u	of gift	
		(e) Transfer	or girt	
	Transferee's name, address, and			tionship of transferor to transferee
	Transferee's name, address, and			tionship of transferor to transferee
	Transferee's name, address, and			tionship of transferor to transferee
	Transferee's name, address, and			tionship of transferor to transferee
lo. n	Transferee's name, address, and  (b) Purpose of gift		Relat	(d) Description of how gift is held
lo. m t l		ZIP + 4	Relat	
lo. n t l		ZIP + 4	Relat	
lo. n t l		ZIP + 4	Relat	
lo. m t l		ZIP + 4	of gift	
lo. m t l		(c) Use	of gift of gift	
lo. m tl	(b) Purpose of gift	(c) Use	of gift of gift	(d) Description of how gift is held
lo. m tl	(b) Purpose of gift	(c) Use	of gift of gift	(d) Description of how gift is held
<u> </u>	(b) Purpose of gift	(c) Use	of gift of gift	(d) Description of how gift is held
<u> </u>	(b) Purpose of gift	(c) Use	of gift  of gift  Re	(d) Description of how gift is held
<u> </u>	(b) Purpose of gift  Transferee's name, address, a	(c) Use (e) Transfer	of gift  of gift  Re	(d) Description of how gift is held
lo. m tl	(b) Purpose of gift  Transferee's name, address, a	(c) Use (e) Transfer	of gift  of gift  Re	(d) Description of how gift is held
<u> </u>	(b) Purpose of gift  Transferee's name, address, a	(c) Use (e) Transfer	of gift  of gift  Re	(d) Description of how gift is held
<u>-</u>	(b) Purpose of gift  Transferee's name, address, a	(c) Use (e) Transfer	of gift  of gift  Re	(d) Description of how gift is held

## Form **4720**

Department of the Treasury

Internal Revenue Service

## Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

Go to www.irs.gov/Form4720 for instructions and the latest information.

2023

OMB No. 1545-0047

12-01 11-30 . 20 23 , 2023, and ending For calendar year 2023 or other tax year beginning EIN or SSN Name of organization, entity, or person subject to tax SMART Life Family Foundation 87-3826853 Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) Amended Return Check box for type of annual return: 2726 Gallows Rd STE 207 City or town, state or province, country, and ZIP or foreign postal code Form 990 Form 990-EZ Form 990-PF Other Vienna VA 22180 Form 5227 Yes No A Is the organization a foreign private foundation within the meaning of section 4948(b)? Х Show conversion rate to U.S. dollars. See instructions .......... B Entity (other than the organization) or person subject to tax: Are you required to file Form 4720 with respect to Х If "Yes," attach a list showing the name and EIN for each organization with respect to which you will file Form 4720 for the current tax year. Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), Part I 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a)) 1 Tax on undistributed income - Schedule B, line 4 ............... 2 2 Tax on excess business holdings - Schedule C, line 7 3 3 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (f) 4 4 5 5 6 6 7 7 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e) . . . . . . . . . 8 ጸ Tax on premiums paid on personal benefit contracts .......... 9 9 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h) . . 10 10 Tax on taxable distributions - Schedule K, Part I, column (f) 11 11 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement . 12 12 Tax on failure to meet the requirements of section 501(r)(3)-Schedule M, Part II, line 2 . . . . 13 13 Tax on excess executive compensation - Schedule N 14 14 Tax on net investment income of private colleges and universities - Schedule O ..... 15 Taxes on a Manager, Self-Dealer, Disqualified Person, Donor, Donor Advisor, or Related Person Part II (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a)) Employer identification number Name and address of related organization; city or town, state or province, country, ZIP or foreign postal code 1 Tax on self-dealing - Schedule A, Part II, column (d); and Part III, column (d) 2 2 Tax on investments that jeopardize charitable purposes - Schedule D, Part II, column (d) ... 3 Tax on taxable expenditures - Schedule E, Part II, column (d) ....... 4 4 Tax on political expenditures - Schedule F, Part II, column (d) ........ 5 5 Tax on disqualifying lobbying expenditures - Schedule H, Part II, column (d) 6 6 Tax on excess benefit transactions - Schedule I, Part II, column (d); and Part III, column (d) . 7 7 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, column (d) 8 8 Tax on taxable distributions - Schedule K, Part II, column (d) 9 9 Tax on prohibited benefits - Schedule L, Part II, column (d); and Part III, column (d) 10 10 **Total -** Add lines 1 through 9 Part III **Tax Payments** 1 Total payments including amount paid with Form 8868 (see instructions) 2 2 Tax due. If line 1 is larger than line 2, enter amount owed (see instructions) ...... 3 Overpayment. If line 1 is smaller than line 2, enter the difference. This is your refund ....

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under section 4942 (add lines 1 and 2)

orm 4720	(2023) <b>SMART</b> 1			undation		- 15	<b>-</b> (0 /	1011		87-3826853	Page 2
Part I	Acts of Solf			<u>: A - Initial Ta</u> x Computati		n Self-	Dealing (Sect	ion 4941)			
(a) Act number	(b) Date of act	(c) Corre	ection made?		<u> </u>		(d) Desci	iption of act			
1		Yes	No								
2											
3											
4											
5											
` F	Question number from orm 990-PF, Part VI-B, r Form 5227, Part VIII, applicable to the act		(f) Am	ount involved in ac	t		(g) Initial tax on self- (10% of col. (f)		. ,	Tax on foundation manag (if applicable) ser of \$20,000 or 5% of o	
Part II	Summary	of Tax	Liability	of Self-Deale	ers and	Prora	ition of Paymo	ents			
	(a) Names of s				(b) Act	no. from col. (a)	(c) Tax from	Part I, col. (g), ed amount		(d) Self-dealer's total (add amounts in co (see instruction	l. (c))
Part III	Summary o	f Tax L	iability of	Foundation	Mana	gers a	nd Proration	of Paymen	ts		
	(a) Names of found	lation mana	agers liable fo	r tax	\ · · /	no. from col. (a)		Part I, col. (h), ted amount		(d) Manager's total t (add amounts in (see instruct	col. (c))
		0011	EDIII E S	Initial Tar	on He	diatell	uitad laaassa	(Cooties 40	142)		
<b>1</b> Un	distributed income						uted Income		142) 1		
	distributed incom								2		

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3

4

Total undistributed income at end of current tax year beginning in 2023 and subject to tax

Tax - Enter 30% of line 3 here and on Part I, line 1 .......

## SMART Life Family Foundation 87-SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

			<del></del>	mineral ranco.		<del></del>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		.ge (000.	011 10	.0,		
	ss Holdings are taxable excess ho				orise a	ttach a ser	narate so	chedule fo	or each ente	rnrise R	efer to the		
-	s for each line item	•			J1100, G	iliaon a cop	ourate et	onodalo id	or each crite	, prioc. 1 t			
Name and	address of busines	ss enterpri	se										
Employe	r identification nu	ımber											
Form of e	enterprise (corpo	ration, pa	artnership	, trust, joint vent	ure, s	ole propri	etorshi	p, etc.)					
						(profi	(a) ting stock ts interest icial intere	t or	( <b>I</b> Va	o) lue	(c) Nonvoting stock (capital interest)		
<b>1</b> Found	dation holdings i	n busines	ss enterpr	ise	1			%			%		
2 Perm	Permitted holdings in business enterprise							%			%		
	o i												
Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement)													
Taxable excess holdings in business enterprise- line 3 minus line 4													
7 Total	<ul> <li>Tax - Enter 10% of line 5</li> <li>Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2</li></ul>												
					7							Y	es No
	ne organization d	-				-				 . takan			
Allaci	h a statement ex		•	es on Investm	• • •							1944)	
Part I				mputation	01110	mar oo	<del>opara.</del>	120 0110	arrabio i	u. poc	<u> </u>	. 1011)	
(a) Investment number	(b) Date of investment		orrection nade?	<b>(d)</b> Descriţ	ption of investment			(e) Amount of investment		(f) Initial tax on foundation (10% of col. (e))		(g) Initial t foundation (if applie (lesser of or 10% of	managers cable) - \$10,000
1 2													
3													
4													
5 Total - C	olumn (f).Enter l	here and	on Part I	line 3									
	olumn (g). Enter												
Part II				ty of Foundat			. ,		ion of Pa	yment	s		
(a) Names of foundation managers liable for tax					no. fr	ovestment om Part I, ol. (a)			m Part I, col. ( rated amount	g),	(add a	er's total tax li amounts in co ee instructior	ol. (c))
													•

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Form 47	20 (2023) <b>SMART</b>	Life Family									87-382	6853	Page 4
		SCHEDULE E -	· Initia	I Ta	xes on	Taxable	<b>Expendit</b>	ures (	Section	า 4945	)		
Part I	Expenditure	es and Computa	ation c	of Ta	ax								
(a) Item number	(b) Amount	(c) Date paid or incurred	( <b>d</b> ) C		tion made′ No	?		(d) Na	me and ad	ldress of	recipient		
1													
2													
3													
4													
5													
	(f) Description of exp	penditure and purposes	for which	ı made	e	(g	) Question num Form 990-PF, F or Form 5227, appplicable of expenditur	Part VI-B, Part VIII, to the	` '	tial tax im on founda 0% of col	ation	(i) Initial tax ir foundation (if appl (lesser of or 5% of	managers icable) - \$10,000
Total -	Column (h). Enter h	ere and on Part I	line 4										
	Column (i). Enter to										+		
Part II		of Tax Liability					<u> </u>						
<u>r are n</u>		ation managers liable fo		<u></u>	(b) i	tem no. from	(c) Tax		t I, col. (i),		(d) Ma (add	nager's total to amounts in co see instruction	ol. (c))
												<b>(</b>	,
											-		
		SCHEDULE F				Politic	al Expend	itures	(Sectio	n 495	<u>l</u> 5)		
Part I	Expenditure	s and Computa	ation o	of Ta	ax								
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Co	nade? I		(e) Descri	otion of political	expenditu	ıre	on o	I tax impose organization foundation of col. (b))	on m (if app (lesser	ax imposed anagers olicable) of \$5,000 of col. (b))
1				_									
2													
3			-	-									
<u>4</u> 5				+									
	Column (f). Enter he	l are and on Part I I	ine 5										
	Column (g). Enter to			here									
Part II	(0)	ax Liability of Org					` , ,		s and P	roratio	on of Pay	ments	
	(a) Names of org	ganization managers or anagers liable for tax			( <b>b</b> ) It	em no. from t I, col. (a)	(c)Ta	ax from Pa	art I, col. (g	g),	( <b>d</b> ) Ma	nager's total to dd amounts in (see instruction	col. (c))
											-		
											-		
											-		
					ı		İ				I		

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Form 4720 (		fe Fami	ly Fou	ındation					26853	Page <b>5</b>
	SC	HEDULE	G - Ta	ax on Exce	ess Lobbying	g Expenditures	(Section 4911	)	i	
	ess of grass roots ex , Part II-A, column (b		_			•	•	1		
	ess of lobbying exper				•			2		
3 Exce	ess lobbying expendi	tures - ent	er the la	arger of line	1 or line 2 .			3		
4 Tax	- Enter 25% of line 3							4		
<b>5</b> 41					alifying Lobb	ying Expenditu	ires (Section 4	1912)		
Part I	Expenditures a	ind Com	putatio	on of Tax			1		1	
(a) Item number	(b) Amount	<b>(c)</b> Date p or incu		(d) Description of lobbying expenditures  (e) Tax imposed on organization (5% of col. (b))					<b>(f)</b> Tax important organization (if application (5% of contant)	managers able) -
1										
2										
3										
4										
5										
Total - Column (e). Enter here and on Part I, line 7										
	lumn (f). Enter total (	or prorate	d amou	nt) here and	l in Part II, colu	mn (c), below .				
Part II	Summary of	Гах Liabi	lity of	Organizati	ion Manager	s and Proration	of Payments	S		
Part II Summary of Tax Liability of Organization Managers and Proration of Payment  (a) Names of organization managers liable for tax  (b) Item no. from Part I, col. (f), or prorated amount									lanager's total ta add amounts in c (see instruction	ol. (c))
	SCHE	DULF I -	Initial	Taxes on	Excess Ren	efit Transaction	s (Section 49	58)		
Part I	Excess Benefit						(	<u> </u>		
(a) Transaction	(b) Date of transaction	(c) Correcti	on made?		<u></u>	(d) Description	of transaction			
number	1	Yes	No							
1	-									
2										
3										
4										
5										
	(e) Amount of excess be	enefit		<b>(f)</b> Ini	(f) Initial tax on disqualified persons (25% of col. (e))  (g) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (e)				))	
FFΔ									Form <b>47</b>	<b>20</b> (2023)

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Part II	Sumr	mary of Tax I	iability of Dis	squalified	Persons a	nd Pro	oration of Payments	, , , , , , , , , , , , , , , , , , ,
		nes of disqualified per		<u> </u>	(b) Trans. no. from Part I, col. (a)		(c) Tax from Part I, col. (f), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)
Part III	Sumn	nary of Tax Lia	bility of 501(c)	(3), (c)(4) 8	(c)(29) Orga	anizatio	on Managers and Pro	ration of Payments
		f 501(c)(3), (c)(4) & (c) managers liable fo	(29) organization	(-), (-)(-)	(b) Trans. no. from Part I, col. (a)		(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
							Shelter Transactio	
Part I	Prohi	ibited Tax Sh			ST) and Ta	x Imp	osed on the Tax-Ex	empt Entity (see instructions)
(a) Transaction number	(b) T	ransaction date	(c) Type of trans: 1 - Listed 2 - Subsequently lis 3 - Confidential 4 - Contractual prot	sted			(d) Description of trans	saction
1								
2								
3								
4								
5								
reason to kn	now this tra	entity know or have nsaction was a PTS y to the transaction'	ST CONT	et income attrib to the PTS		(g) 75	5% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
Total - Co	lumn (h	L ) Enter here ar	nd on Part I. line	9				

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Part II	Part II Tax Imposed on Entity Managers (Section 4965) Continued								
	(a) Name of entity manager		(b) Transaction number from Part I, col. (a)		(c) Tax - enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))			
	SCHEDULE K - 1	Taxes on Taxable Distribut Advised Funds (Sec				aintaining Donor			
Part I	Taxable Distri	butions and Tax Computa		. <u> </u>	ce the metadations.				
(a) Item number	(b) !		(c) Description of distribution						
1									
2									
3									
4									
(d) Date of distribution		(e) Amount of distribution			(f) Tax imposed on organization (20% of col. (e))	(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)			
Total - Column (f). Enter here and on Part I, line 10					( )				
	Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below  Part II Summary of Tax Liability of Fund Managers and Proration of Payments								
Part II Summary of Tax Liability of Fund Mana  (a) Name of fund managers liable for tax		(b) Item no. from Part I, col. (a)	n no. (c) Tax from Part I, col. (g) art I, or prorated amount		(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)				

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# SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967). See the instructions.

(a) Item (b) Date of (c) Description of benefit						
number prohibited benefit (c) Description of benefit	(c) Description of benefit					
1						
2						
3						
4						
5						
(d) Amount of prohibited benefit (125% of col. (d)) (lesser of 10% of co	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)					
Deat II Common of Toy Liebility of Donoro Donor Advisors Deleted Donoro and Donortion	- of Douments					
Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration	Donor's, donor advisor's, or					
(a) Names of donors, donor advisors, or from Part I (c) Tax from Part I, col. (e) relate	related person's total tax liability (add amounts in col. (c)) (see instructions)					
Part III Summary of Tax Liability of Fund Managers and Proration of Payments						
	nd manager's total tax liability					
	(add amounts in col. (c)) (see instructions)					

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# Form 4720 (2023) SMART Life Family Foundation 87-3826853 Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.)

Part I	Failures to	Meet Section 50	1(r)(3)						
a) Item number	(b) Name	of hospital facility	(	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA		(e) Tax year hospital facility last adopted an implementation strategy		
1									
2									
3									
4									
5									
Part I									
				rganization that failed					
				1(r)(3)				1	
2 1				art I, line 12				2	
	SCHEDU	ILE N - Tax on Ex	cess Executiv	re Compensation (	Section 4960	). (See instru	ctions	.)	
a) Item number	(d)	(b) Name of covered employee			1 ' '	ss parachute ment	Ad	<b>(e)</b> Total. Add column (c) and (d)	
1									
2									
3									
4									
5									
6		4.45							
	add column (e) ite								
				13			<u> </u>	1000)	
	SCHEDULE O	- Excise Tax on N	<u>et investment</u>	Income of Private	Colleges ar			ection 4968)	
		(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administ expenses a to income in in cols. (c)	llocable cluded	(f) Net investment income (See instructions.)	
1	Filing Organization								
2	Related Organization								
3	Related Organization								
4	Related Organization								
5	Total from attac	hment, if necessary							
6	Total								
7	Excise Tax on N	let Investment Incom	e. Enter 1.4% o	f the amount in 6(f) he	ere and on Part	I, line 14	<u></u>		
EEA								Form <b>4720</b> (2023)	

Form 4720 (202	23) SMART Li	fe Family Four	dation			87-3826	853 Page 10		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
Sign									
Here	Signature of officer or trustee				Title		Date		
	Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person						Date		
	May the IRS discuss this return with the preparer shown below? (see instructions)								
Paid	Print/Type preparer's	s name	Preparer's signature	Date		Check X if	PTIN		
Preparer	Mike Nie, C	CPA		02-	23-2024	self-employed	P02488165		
Use Only	Firm's name Smart 1040 LLC					n's EIN <b>8</b>	88-1729308		
OGC OTHY	Firm's address 152 Kendrick Pl 22				Pho	one no.			
	Gaithersburg MD 20878					7	703-606-0270		

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