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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation



Department of the Treasury Note The foundation may be able to use a copy of this return to satisfy state reporting requ Internal Revenue Service For calendar year 2009, or tax year beginning , and ending Final return Check all that apply. Initial return Initial return of a former public charity Name change Amended return Address change A Employer identification number Use the IRS Name of foundation label. 20-0026033 Anastasia & K.R. Jenkins Foundation Otherwise, B Telephone number (see page 10 of the instructions) Number and street (or P O box number if mail is not delivered to street address) Room/suite print 1221 SW Horizon Drive 816-721-4291 or type. City or town, state, and ZIP code C If exemption application is pending, check here See Specific 64015 D 1. Foreign organizations, check here Instructions. MO Blue Springs H Check type of organization X Section 501(c)(3) exempt private foundation 2. Foreign organizations meeting the 85% test, Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation check here and attach computation E If private foundation status was terminated Fair market value of all assets at end J Accounting method X Cash Accrual under section 507(b)(1)(A), check here F If the foundation is in a 60-month termination of year (from Part II, col (c), Other (specify) (Part I. column (d) must be on cash basis under section 507(b)(1)(B), check here line 16) ▶ \$ 54.891 (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per ıncome income purposes the amounts in column (a) (see page 11 of the instructions)) books (cash basis only) 8,500 Contributions, gifts, grants, etc., received (attach schedule) 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 5 a Gross rents **b** Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 8,500 13 Compensation of officers, directors, trustees, etc FC AUG S 2010 perating and Administrative Expenses RECEIVED 14 Other employee salaries and wages Pension plans, employee benefits 16 a Legal fees (attach schedule) JUL 16 2010 **b** Accounting fees (attach schedule) c Other professional fees (attach schedule) OGDEN Taxes (attach schedule) (see page 14 of the instructions) Depreciation (attach schedule) and depletion 21 Travel, conferences, and meetings 22 Printing and publications 173 23 173 Other expenses (attach schedule) Total operating and administrative expenses. 173 Add lines 13 through 23 173 8,395 8,395 25 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 8,568 8,568 Subtract line 26 from line 12 -68 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instru (HTA)

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Form 990-PF (2009)

De	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
ΓĘ	الكل	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	50,146	50,078	50,078
	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 page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
ţ	-	Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
As	9	Prepaid expenses and deferred charges			
	10	a Investments—U S and state government obligations (attach schedule)			
		b Investments—corporate stock (attach schedule)			
		c 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 American Silver Eagle Bullion Coir)	4,813	4,813	4,813
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	54,959	54,891	54,891
	17	Accounts payable and accrued expenses			
ທ	18	Grants payable			
Ę	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>ia</u>	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe)		,	
	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			
nces	24	Unrestricted			
ᆵ	25	Temporarily restricted			
ä	26	Permanently restricted			
п		Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
Net Assets or Fund Bala	27	Capital stock, trust principal, or current funds	54,959	54,891	
ţ	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
še	29	Retained earnings, accumulated income, endowment, or other funds			
As	30	Total net assets or fund balances (see page 17 of the			
<u>e</u>	l	instructions)	54,959	54,891	
Z	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	54,959	54,891	
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		I net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		
_		of-year figure reported on prior year's return)		1	5 <u>4,959</u>
		r amount from Part I, line 27a		2	
		r increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3		4	54,891
		eases not included in line 2 (itemize)		5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)—Part II, c	olumn (b), line 30	6	54,891

Pari IV Capital Gains an	d Losses for Tax on Inve	estme	ent Incor	ne			
	kind(s) of property sold (e.g., real est se, or common stock, 200 shs MLC C			(b) How acquired P—Purchase D—Donation		Date acquired no , day, yr)	(d) Date sold (mo , day, yr)
1a							
b							
С						·-	
d							
е							
(e) Gross sales price	(f) Depreciation allowed (or allowable)			r other basis ense of sale			n or (loss) f) minus (g)
_a							
b							
С							
<u>d</u> ·							
е							
Complete only for assets show	ing gain in column (h) and owne	d by th	e foundation	on on 12/31/69			(h) gain minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69			ss of col (i) (j), if any			t less than -0-) or rom col (h))
а		L					
b	<u></u>						
С				-			
d							
_ e					···		
2 Capital gain net income or			nter in Pa · -0- in Pa	rt I, line 7 rt I, line 7	2		
3 Net short-term capital gain	or (loss) as defined in section	ns 122	22(5) and	(6)			
If gain, also enter in Part I,	line 8, column (c) (see pages	13 ar	nd 17 of 1	he }			
instructions) If (loss), enter	-0- in Part I, line 8				3		
Part V Qualification Und	ler Section 4940(e) for Re	educe	ed Tax o	n Net Investm	ent li	ncome	
(For optional use by domestic p	private foundations subject to	the s	ection 49	40(a) tax on net i	nvest	ment income)
	•			(-)			,
If section 4940(d)(2) applies, le							
Was the foundation liable for the					the t	base period?	∐ Yes ∐ No
If "Yes," the foundation does no	ot qualify under section 4940	(e) D	o not com	plete this part.			
 Enter the appropriate amo 	ount in each column for each	year,	see page	18 of the instruc	tions	before makın	g any entries
(a)	(b)			(c)			(d)
Base period years	Adjusted qualifying distribution	ns	Net value	of noncharitable-use a	ssets		tribution ratio
Calendar year (or tax year beginning in 2008	·· · · · · · · · · · · · · · · · · · ·	7,055		100	,565	(COI (D)	0 064391
2007		7,000		108	,,505		0 004331
2006							
2005							
2004							,
							··
2 Total of line 1, column (d)						2	0 064391
3 Average distribution ratio for		vide th	ne total or	line 2 by 5, or b	v		
	indation has been in existence				'	3	0 064391
and manual or years and re-				,			
4 Enter the net value of nonc	haritable-use assets for 2009	from	Part X, III	ne 5		4	
5 Multiply line 4 by line 3 .			•			5	
6 Enter 1% of net investment	income (1% of Part I, line 27	'b) .	•			6	
7 Add lines 5 and 6						7	
8 Enter qualifying distribution						8	0/ 1-
	er than line 7, check the box	ın Par	t VI, line '	ib, and complete	tnat _l	part using a 1	% tax rate. See
the Part VI instructions on p	page 18.						

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)

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

If "Yes," complete Part XIV

their names and addresses

or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)?

9

10

Form	990-PF (2009) Anastasia & K.R. Jenkins Foundation 20-002	6033	Ρ,	age 3
Par	t VII-A Statements Regarding Activities (continued)			
11 ,	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Χ	
14	The books are in care of ► Anastasia Jenkins Telephone no ► 816-721-42	91		
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			
-Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	N/A	
	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 were not corrected before the first day of the tax year beginning in 2009?	1c		Х
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 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?			
	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 page 20 of the instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	2 0			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2009)	3b	N/A	
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 charitable			
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		Χ

For	n 990-PF (2009) Anastasia & K R. Jenkins Fo	undat	tion						20-00	26033	P	Page 6
	rt VII-B Statements Regarding Activiti			n 47	20 May Be R	equire	d (con	tinued				
	During the year did the foundation pay or incur any			•								
	(1) Carry on propaganda, or otherwise attempt t	o influ	ience legislation (sect	on 4945(e))?			Yes	X No			
	(2) Influence the outcome of any specific public	electi	on (see section 4	955)	or to carry			_				
	on, directly or indirectly, any voter registratio	n driv	e?				L	Yes	X No			
	(3) Provide a grant to an individual for travel, stu	ıdy, o	r other similar pur	pose	es?			Yes	X No			
-	(4) Provide a grant to an organization other than						_	_				
	in section 509(a)(1), (2), or (3), or section 49	40(d)	(2)? (see page 22	of th	ne instructions)			Yes	X No			
•	(5) Provide for any purpose other than religious educational purposes, or for the prevention of							Yes	X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transa	actions fail to qual	lıfy u	nder the exception	ns desc	ribed in					
	Regulations section 53 4945 or in a current notice	regar	ding disaster assi	stan	ce (see page 22	of the ins	structio	ns)?	_	5b	N/A	<u> </u>
	Organizations relying on a current notice regarding	disa:	ster assistance ch	neck	here			•	· 📙	İ		
С	If the answer is "Yes" to question 5a(4), does the t	ounda	ation claim exemp	otion	from the		_	7				
	tax because it maintained expenditure responsibilif."Yes," attach the statement required by Regulation	•	-	(d)		•	L	_] Yes	∐ No			
6a	Did the foundation, during the year, receive any fu	nds, c	directly or indirect	ly, to	pay		_	_				
	premiums on a personal benefit contract?							Yes	X No	١		
b	Did the foundation, during the year, pay premiums If "Yes" to 6b, file Form 8870	, dire	ctly or indirectly, o	n a p	personal benefit o	contract?	, 	_		6b		<u> </u>
7a	At any time during the tax year, was the foundation	па ра	irty to a prohibited	l tax	shelter transaction	on?	L	Yes	X No			
	If yes, did the foundation receive any proceeds or									7b	<u> </u>	<u> </u>
P	art VIII Information About Officers	, Dire	ectors, Truste	es,	Foundation	Manag	jers, ł	lighly	Paid Er	nploy	ees,	
_	and Contractors		-					20 (. 4*	- 1	
_1	List all officers, directors, trustees, found		Title, and average		eir compensation) Compensation			utions to				
	(a) Name and address	1 1	hours per week evoted to position		not paid, enter -0-)	emp	loyee be	nefit plan impensat	s i	other all		
— ÑĈ	NE							-				
		ļ										
										·· <u>-</u> -		
2	Compensation of five highest-paid emplo If none, enter "NONE."	yees	(other than th	ose	included on li					tructi	ons).	
(a) Name and address of each employee paid more than \$50	000	(b) Title, and avera hours per week devoted to position		(c) Compensation		employ plans ar	ributions ee benef id deferre ensation	it (e	e) Expen other al		
No	ne											
							+					
	tal number of other employees paid over \$50,				·							

form 990-PF (2009) Anastasia & K.R. Jenkins Foundation		20-0026033	Page 7
Part VIII Information About Officers, Directors, Trustees	, Foundation Managers, Highly Paid	Employees	
and Contractors (continued)			
3 Five highest-paid independent contractors for professional services (se	ee page 23 of the instructions). If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compens	sation
IONE			
NOINE			
	-		
·····			
	1		
		————	
Total number of others receiving over \$50,000 for professional services	<u> </u>	▶	
Part IX-A Summary of Direct Charitable Activities	-		
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct chantable activities during the tax year. Include relevan	nt statistical information such as	Expense	26
the number of organizations and other beneficiaries served, conferences convened, research	papers produced, etc	Lxpense	
1 N/A			
2			
3			
л. — — — — — — — — — — — — — — — — — — —			
			
••••••			
Part IX-B Summary of Program-Related Investments (see page	no 24 of the instructions)		
Describe the two largest program-related investments made by the foundation during the tax y			
	rear off lines 1 and 2	Amoun	nt
N/A			
			
!			
All other program-related investments See page 24 of the instructions			
}			
	1		

Total. Add lines 1 through 3

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

1,062

4,655 4,331

5,860

a Excess from 2005 b Excess from 2006

c Excess from 2007

d Excess from 2008

e Excess from 2009

	1 990-PF (2009) Anastasia & K.R. Jenkins Fo		ne instructions at	nd Part VII-A ru	20-0026	8033 Page 10
	If the foundation has received a ruling or determination, and the ruling is effective for 2009, ent	ation letter that it is a	a private operating	Id Fait VII-A, qu	destion 3)	
b	Check box to indicate whether the foundation is a		-	n section	4942(J)(3) or	4942(J)(5)
	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
•	investment return from Part X for each year listed	(-)	(-)	(-,		
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
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					
Pa	t XV Supplementary Information (Co				,000 or more in	
	assets at any time during the ye		8 of the instruc	tions.)		
1	Information Regarding Foundation Manag List any managers of the foundation who have cor		2% of the total contri	ihiitions received hy	the foundation	
u	before the close of any tax year (but only if they ha					
Ana	stasia and Kenny Jenkins					
b	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the	
2	Information Regarding Contribution, Gran	t Gift Loan Sch	nolarshin etc. Pr	rograms:		
4	Check here $\blacktriangleright X$ if the foundation only makes unsolicited requests for funds. If the foundation may under other conditions, complete items 2a, b, c, are	contributions to pre ikes gifts, grants, et	selected charitable	organizations and d		cions
а	The name, address, and telephone number of the		plications should be	addressed		
b	The form in which applications should be submitte	d and information a	nd materials they sh	ould include		
С	Any submission deadlines			-		
d	Any restrictions or limitations on awards, such as I factors	by geographical area	as, charitable fields,	kınds of institutions	, or other	

Part XV. Supplementary Information (continued)

3 Grants and Contributions Paid During the Y		r Future Pa	yment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
 a Paid duning the year Bishops Annual Appeal Diocese Kansas City-St. Joseph, 300 E 36th St Kansa 	None	501C3	Education, food, shelter assistance	1,300
Catholic Bishop of No. Alaska 1312 Peger Road Fairbanks AK 99709	None	501C3	Religious education & ministry	75
Catholic Radio Network 201 N Industrial Park Rd Excelsior Springs MO 6402	None	501C3	Catholic Educational Programs - unrestricted	1,200
Sacred Heart League 6050 Highway 161 N Walls MS 38686	None	501C3	Emergency food, shelter, medicines	25
Sisters of St. Francis 2100 N Noland Rd Independence MO 64050	None	501C3	Mission of service & prayer & vocations	75
St John LaLande 805 NW R.D Mize Road Blue Springs MO 64015	None	501C3	Catholic education, worship, prayer	5,420
St. Vincent DePaul 805 NW R D Mize Road Blue Springs MO 64015	None	501C3	Emergency food, shelter, utilities	300
Total			▶ 3a	8,395
b Approved for future payment				
Total		-	▶ 3b	

Part XVI-A Analysis of Income-Producing Acti		- 	,		
Enter gross amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by section	on 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program service revenue					the instructions)
a	·				
b					
c					
d					
e					
f					
g Fees and contracts from government agencies			<u></u>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					***
b Not debt-financed property			1		
6 Net rental income or (loss) from personal property					-
7 Other investment income			 		
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			+		
	-				
11 Other revenue a	•	· · · · · · · · · · · · · · · · · · ·			
b	-				
<u> </u>	•				
d	·				
6	-				
12 Subtotal Add columns (b), (d), and (e)		·	<u> </u>	40	l
13 Total. Add line 12, columns (b), (d), and (e)	udations \			13	
(See worksheet in line 13 instructions on page 28 to verify calc					
Part XVI-B Relationship of Activities to the Ac					
Line No. Explain below how each activity for which income the accomplishment of the foundation's exempt page 28 of the instructions.)					
		<u>-</u>			
				, 	
				<u>-</u>	
			<u></u>		
				•	
			· · · · · · · · · · · · · · · · · · ·	*** ***	
				- -	*
				· · · · · · · · · · · · · · · · · · ·	· _

Pa	t XVII	Information Regardante	_	sfers To and	Transactions a	nd Re	lationships Wi	th Noncharit	able		
4	Did the	e organization directly		ngage in any of	the following with	h any of	her organization	described		Yes	No
•	in sect	tion 501(c) of the Code	•		_	•	•			100	
_	•		foundation to	a nancharitable	overnt ergeniza	ation of			İ		
a		fers from the reporting ash							1a(1)	1	Х
									1a(2)	, 	X
h		transactions		•			•	•	1.51	 	- · · ·
~		ales of assets to a non-	charitable exe	empt organizatio	on				1b(1)		X
		urchases of assets from							1b(2)		Х
		ental of facilities, equip							1b(3)		Χ_
		eimbursement arrange							1b(4)		Х
	(5) Lo	oans or loan guarantee	S						1b(5)	<u> </u>	X
	(6) Pe	erformance of services	or membersh	nip or fundraisin	g solicitations				1b(6)	L	X
C	Sharın	ng of facilities, equipme	ent, mailing lis	its, other assets	, or paid employe	es			1c		Х
(a)	value i value i	of the goods, other ass in any transaction or sl (b) Amount involved	naring arrange	es given by the ement, show in of noncharitable exer	column (d) the va	alue of t	he foundation rec he goods, other scription of transfers,	assets, or serv	ices re	ceive	d
											
						 					
							· · · · · ·				
					•						
					····						
						.	-				
						 	_				
2-	lo tho	<u>l</u> foundation directly or i	ndisaetu affilia	atad with as sale	atad ta ana ar m	ore tox	ovemnt ergenize	tions			
	descri	bed in section 501(c) of the complete the following the fo	of the Code (o						Yes X] No	
		(a) Name of organization		(b) Ty	pe of organization		(c) Des	cription of relations	nip		
	l'						1				
		er penalties of perjury, I decla				/) is based	d on all information of	which preparer has	any kno		!
ē	- C10	nature of officer or trustee	for the same		Da	-	E)	cecutive Truste	е		
<u>ē</u>	y 519	mature of officer of trustee		<u> </u>		110	<u> </u>				
Sign Here	' ''	'			Date		Check if	Preparer's in number (see		-	
ij	두호증	Preparer's					self-employed ▶		_		
ဟ	Pai e Pai	signature Mau	reen Bickf	ord	7/6/201	0					
	Paid Preparer's Use Only	Firm's name (or yours if	Practical F	Business Solution				EIN ►			
		self-employed), address, and ZIP code			D, Bldg. 3D, Wana	atah. IN	46390	Phone no (21	9) 733-	9771	
									_ ,		

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization		Employer identification number
Anastasia & K.R. Jenkins F	oundation	20-0026033
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
-	4947(a)(1) nonexempt charitable trust not treated as a private	foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private four	ndation
	501(c)(3) taxable private foundation	
Note. Only a section 501(c) instructions	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Ru	ıle and a Special Rule See
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5 one contributor. Complete Parts I and II.	,000 or more (in money or
Special Rules		
sections 509(a)(1) a)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % suppand 170(b)(1)(A)(vi), and received from any one contributor, during the 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-E	year, a contribution of the greater
the year, aggregate	e)(7), (8), or (10) organization filing Form 990 or 990-EZ that received for contributions of more than \$1,000 for use <i>exclusively</i> for religious, ches, or the prevention of cruelty to children or animals. Complete Parts	narıtable, scientific, literary, or
the year, contribution aggregate to more to year for an exclusive applies to this organical control of the second control of the sec	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from for use exclusively for religious, charitable, etc., purposes, but the than \$1,000. If this box is checked, enter here the total contributions the vely religious, charitable, etc., purpose. Do not complete any of the particular because it received nonexclusively religious, charitable, etc.	ese contributions did not hat were received during the into unless the General Rule
990-EZ, or 990-PF), but it r	hat is not covered by the General Rule and/or the Special Rules does must answer "No" on Part IV, line 2 of its Form 990, or check the box PF, to certify that it does not meet the filing requirements of Schedule	on line H of its Form 990-EZ,

Schedule B	(Form 990, 990-EZ, or 990-PF) (2009)		Page 1 of 1 of Part I
Name of	organization,		Employer identification number
Anastasia	a & K R Jenkins Foundation		20-0026033
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 1	Anastasia & Kenneth Jenkins 1221 Sw Horizon Drive Blue Springs MO 60415 Foreign State or Province Foreign Country	\$8 <u>,500</u>	Person X Payroll
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
. 5	Foreign State or Province	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	Foreign Country (b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		•	

. 6

Foreign State or Province Foreign Country (Complete Part II if there is

a noncash contribution)

Person Payroll Noncash

Line 1	•	Total:	8,500
1	Anastasıa & Kenny Jenkins - Cash	1 .	8,500
2		2 -	
Δ		4	
5		5	

Line 23 (990-PF) - Other Expenses

		173		-	173
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
-	Amortization. See attached statement				
2	Fund Raising				
က	Supplies	18			18
4	Safe Deposit Box Rental	155			155
2					
9					
7					
8					
6					
10					

Part II, Line 15 (990-PF) - Other Assets

		4,813	4,813 ' 4,813	4,813
	Description	Beginning Balance	Ending Balance	Fall
	American Silver Eagle Bullion Coins	4,813		
$\overline{}$				
ı				

Form **8868**Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

A 5/10/

OMB No 1545-17

Department of the Treasury

▶ File a separate application for each return.

Internal Revenu	ê Service			
If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box	•		► X
•	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form			
	lete Part II unless you have already been granted an automatic 3-month extension on a previously filed For			
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)			
A corporation Part1 only	required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete			▶ □
	prations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extendence tax returns	ision of		
one of the ret electronically	ling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of the ums noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 88 if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Par	68 group	n	
8868 For mo	re details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprof	its		
Type or	Name of Exempt Organization	Employe	er identification nun	nber
print File by the	ANASTASIA & K.R. JENKINS FOUNDATION	20-0	026033	
due date for filing your	Number, street, and room or suite no If a P O. box, see instructions. 1221 SW HORIZON DR			•
retum See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions BLUE SPRINGS MO 64015			
Form 9 Form 9 Form 9	90-BL Form 990-T (sec. 401(a) or 408(a) trust) 90-EZ Form 990-T (trust other than above)		Form 4720 Form 5227 Form 6069 Form 8870	
The book	s are in the care of			
If this is f for the whole	anization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this is attach		> []
until	st an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 08/15/10 , to file the exempt organization return for the organization named above. The extension is organization's return for calendar year 2009 or tax year beginning , and ending			
2 If this t	ax year is for less than 12 months, check reason Initial return Final return Change	in account	ing period	
3a If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			
	y nonrefundable credits. See instructions	3a	\$	
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax			
	nts made Include any prior year overpayment allowed as a credit be Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	3b	\$	
deposi	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment			
	i). See instructions.	3c	\$	
for payment	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879- nstructions	EO		