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## Form **990-PF**

#### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning , 2010, and ending G Check all that apply: Initial return Initial Return of a former public charity Final return Amended return Address change Name change Employer identification number FRANK W & BARBARA J. JENKINS 26-1723439 FAMILY FOUNDATION, INC. В Telephone number (see the instructions) 2187 HARITHY DRIVE DUNN LORING, VA 22027 C If exemption application is pending, check here D 1 Foreign organizations, check here X Section 501(c)(3) exempt private foundation Check type of organization. 2 Foreign organizations meeting the 85% test, check here and attach computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ε If private foundation status was terminated Fair market value of all assets at end of year J Accounting method X Cash under section 507(b)(1)(A), check here (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis ) under section 507(b)(1)(B), check here Part | Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income income for charitable columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) purposes (cash basis only) (see the instructions)) 16,419 Contributions, gifts, grants, etc, received (att sch) If the foundn is not req to att Sch B Interest on savings and temporary 16 16 16 cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6 a Net gain/(loss) from sale of assets not on line 10 B Gross sales price for all Lassets on line 6a Capital gain net income (from Part IV, line 2)

Net short-term capital gain

Income modifications; 10 a Gross sales less allowances Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) Total. Add lines 1 through 11 12 16,435 16 16. 13 Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule). SEE ST 1 905. SEE ST 2 **b** Accounting fees (attach sch) 514. c Other prof fees (attach sch) 17 Interest 18 Taxes (attach schedule)(see instr.) 19 Depreciation (attach sch) and depletion 20 Occupancy Travel, conferences, and meetings Printing and publications 23 Other expenses (attach schedule) SEE STATEMENT 3 270. Total operating and administrative expenses. Add lines 13 through 23 1,689 25 Contributions, gifts, grants paid STMT 4 9,900 9,900. Total expenses and disbursements. 0 11,589 0. 9,900. Add lines 24 and 25 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 4,846. 16 **b** Net investment income (if negative, enter -0-) 16. C Adjusted net income (if negative, enter -0-)

20,643.

6

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

|  | Part IV Capital Gains and Losses for Tax on Investment Income  (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)  (b) How ac P → Purc D → Don.   |   |  |  |               |
|--|---|---|--|--|---------------|
| 1a N/A   |   |   |  |  | <del>-,</del> |
| b  |   |   |  |  |               |
| С  |   |   |  | Ţ.   |               |
| d  |   |   |  |  |               |
| e  |   |   |  | <u> </u>   |               |
| (e) Gross sales price  | (f) Depreciation allowed (or allowable)   | (g) Cost or other base plus expense of sa   |  | (h) Gain or<br>(e) plus (f) m                          |               |
| a  |   |   |  |  |               |
| b  |   | . <u> </u>  |  |  |               |
| С  |   |   |  |  |               |
| d  |   |   |  |  |               |
| <u>e</u>   |   |   |  |  |               |
|  | nowing gain in column (h) and owned by t  |   |  | (I) Gains (Colu  |               |
| (i) Fair Market Value<br>as of 12/31/69  | (i) Adjusted basis<br>as of 12/31/69  | (k) Excess of column over column (j), if a  |  | gain minus column (k<br>than -0-) <b>or</b> Losses (fr |               |
| a<br>b   |   |   |  |  |               |
| C  |   |   |  |  |               |
| d  |   |   |  |  |               |
| e  |   |   |  |  |               |
| 2 Capital gain net income or   |   | enter in Part I, line 7<br>er -0- in Part I, line 7   | _ 2  |  |               |
| 3 Net short-term capital gain  | or (loss) as defined in sections 1222(5) a  | nd (6)  |  |  |               |
| If gain, also enter in Part I,<br>in Part I, line &  | line 8, column (c) (see the instructions)   | If (loss), enter -0-  | - 3  |  |               |
| Part V Qualification Un  | der Section 4940(e) for Reduce  | d Tax on Net Investme   | ent Income                                 |  |               |
|  | vate foundations subject to the section 49<br>ve this part blank  |   |  | N/A  |               |
| If section 4940(d)(2) applies, leav<br>Was the foundation liable for the<br>If 'Yes,' the foundation does not d  |   | 40(a) tax on net investment<br>unt of any year in the base<br>plete this part                                   | income ) period?                           | N/A  | ∏ No          |
| If section 4940(d)(2) applies, leav<br>Was the foundation liable for the<br>If 'Yes,' the foundation does not d  | re this part blank<br>section 4942 tax on the distributable amo<br>qualify under section 4940(e) Do not com   | 40(a) tax on net investment<br>unt of any year in the base<br>plete this part                                   | period?                                    |  | ı ratıo       |
| If section 4940(d)(2) applies, leave Was the foundation liable for the section of | re this part blank section 4942 tax on the distributable amo qualify under section 4940(e) Do not com int in each column for each year, see the (b)   | unt of any year in the base plete this part instructions before making a (c) Net value of                       | period?                                    | Yes  (d) Distribution                                  | ı ratıo       |
| If section 4940(d)(2) applies, leave Was the foundation liable for the section of | re this part blank section 4942 tax on the distributable amo qualify under section 4940(e) Do not com int in each column for each year, see the (b)   | unt of any year in the base plete this part instructions before making a (c) Net value of                       | period?                                    | Yes  (d) Distribution                                  | ı ratıo       |
| Was the foundation liable for the stif 'Yes,' the foundation does not on the stif 'Yes,' the stif 'Yes,' the foundation does not on the stif 'Yes,' the stif 'Yes,' the foundation does not on the stif 'Yes,' the sti | re this part blank section 4942 tax on the distributable amo qualify under section 4940(e) Do not com int in each column for each year, see the (b)   | unt of any year in the base plete this part instructions before making a (c) Net value of                       | period?                                    | Yes  (d) Distribution                                  | ı ratıo       |
| Was the foundation liable for the strict the foundation liable for the strict the foundation does not on the strict the appropriate amoundation does not on the strict the appropriate amoundation does not on the strict the appropriate amoundation of the strict the appropriate amoundation of the strict the st | re this part blank section 4942 tax on the distributable amo qualify under section 4940(e) Do not com int in each column for each year, see the (b)   | unt of any year in the base plete this part instructions before making a (c) Net value of                       | period?                                    | Yes  (d) Distribution                                  | ı ratıo       |
| If section 4940(d)(2) applies, leave Was the foundation liable for the section of | re this part blank section 4942 tax on the distributable amo qualify under section 4940(e) Do not com int in each column for each year, see the (b)   | unt of any year in the base plete this part instructions before making a (c) Net value of                       | period?                                    | Yes  (d) Distribution                                  | ı ratıo       |
| Was the foundation liable for the silf 'Yes,' the foundation does not on the second sec   | re this part blank section 4942 tax on the distributable amo qualify under section 4940(e) Do not com int in each column for each year, see the (b)   | unt of any year in the base plete this part instructions before making a (c) Net value of                       | period?                                    | Yes  (d) Distribution                                  | ı ratıo       |
| Was the foundation liable for the state of t | re this part blank section 4942 tax on the distributable amo qualify under section 4940(e). Do not coming in each column for each year, see the (b) Adjusted qualifying distributions.  | unt of any year in the base plete this part instructions before making a (c) Net value of noncharitable-use as: | period? any entries sets (cc               | Yes  (d) Distribution                                  | ı ratıo       |
| Was the foundation liable for the silf 'Yes,' the foundation does not of a life that the appropriate amou (a)  Base period years Calendar year (or tax year beginning in)  2009 2008 2007 2006 2005  2 Total of line 1, column (d)  3 Average distribution ratio fo number of years the foundar  | r the 5-year base period — divide the totation has been in existence if less than 5 y   | unt of any year in the base plete this part instructions before making a (c) Net value of noncharitable-use as: | period? any entries                        | Yes  (d) Distribution                                  | ı ratıo       |
| Was the foundation liable for the stif 'Yes,' the foundation does not of a lif 'Yes,' the foundation does not of a lift 'Yes,' the foundation does not of a lift 'Yes,' the foundation does not of a lift 'Yes,' the foundation liable for the section of the section | re this part blank section 4942 tax on the distributable amo qualify under section 4940(e). Do not coming in each column for each year, see the (b) Adjusted qualifying distributions.  | unt of any year in the base plete this part instructions before making a (c) Net value of noncharitable-use as: | period? any entries sets (cc               | Yes  (d) Distribution                                  | ı ratıo       |
| Was the foundation liable for the stif 'Yes,' the foundation does not of a lif 'Yes,' the foundation does not of a lift 'Yes,' the foundation does not of a lift 'Yes,' the foundation does not of a lift 'Yes,' the foundation liable for the section of the section | r the 5-year base period — divide the totation has been in existence if less than 5 y   | unt of any year in the base plete this part instructions before making a (c) Net value of noncharitable-use as: | period? any entries sets (cc               | Yes  (d) Distribution                                  | ı ratıo       |
| If section 4940(d)(2) applies, leave Was the foundation liable for the self 'Yes,' the foundation does not on the self that the appropriate amound (a) Base period years Calendar year (or tax year beginning in)  2009 2008 2007 2006 2005  2 Total of line 1, column (d) 3 Average distribution ratio for number of years the foundation of the self that the net value of nonctions of the self that th | r the 5-year base period — divide the totation has been in existence if less than 5 y   | unt of any year in the base plete this part instructions before making a (c) Net value of noncharitable-use as: | period? any entries  sets (cc              | Yes  (d) Distribution                                  | ı ratıo       |
| If section 4940(d)(2) applies, leave Was the foundation liable for the section 4940(d)(2) applies, leave Was the foundation liable for the section of the se | re this part blank section 4942 tax on the distributable amo qualify under section 4940(e). Do not com int in each column for each year, see the  (b)  Adjusted qualifying distributions  rethe 5-year base period — divide the totation has been in existence if less than 5 year table-use assets for 2010 from Part X                          | unt of any year in the base plete this part instructions before making a (c) Net value of noncharitable-use as: | period?  any entries  sets (cc  2  3  4    | Yes  (d) Distribution                                  | ı ratıo       |
| Was the foundation liable for the silf 'Yes,' the foundation does not on the silf 'Yes,' the foundation of the silf 'Yes,' the silf 'Yes | re this part blank section 4942 tax on the distributable amo qualify under section 4940(e). Do not coming in each column for each year, see the (b) Adjusted qualifying distributions  rethe 5-year base period — divide the totation has been in existence if less than 5 year taxon assets for 2010 from Part X income (1% of Part I, line 27b) | unt of any year in the base plete this part instructions before making a (c) Net value of noncharitable-use as: | period?  any entries  sets (cc  2  3  4  5 | Yes  (d) Distribution                                  | ı ratıo       |

|     | 1990-PF (2010) FRANK W & BARBARA J. JENKINS 26-172343  |              |              | ⊃age 4    |
|-----|--|--------------|--------------|-----------|
| Par | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instru  | uctions)     |              |           |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here   |              |              |           |
|     | Date of ruling or determination letter (attach copy of letter if necessary - see instr.)   |              |              |           |
| b   | Domestic foundations that meet the section 4940(e) requirements in Part V,   |              |              | 0.        |
|     | check here ► and enter 1% of Part I, line 27b  |              |              |           |
| c   | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)   |              |              |           |
| 2   | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable  |              |              |           |
|     | foundations only Others enter -0-)   |              |              | <u>0.</u> |
| 3   | Add lines 1 and 2  |              |              | 0.        |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)   |              |              | 0.        |
| 5   | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  |              |              | 0.        |
| 6   | Credits/Payments:  |              |              |           |
|     | 2010 estimated tax pmts and 2009 overpayment credited to 2010  |              |              |           |
|     | Exempt foreign organizations – tax withheld at source  |              |              |           |
|     | Tax paid with application for extension of time to file (Form 8868)  |              |              |           |
|     | Backup withholding erroneously withheld 6d   |              |              | _         |
| 7   | Total credits and payments Add lines 6a through 6d   |              |              | 0.        |
| 8   | Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached 8  |              |              |           |
| 9   | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed.   |              |              | 0.        |
| 10  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  |              |              |           |
| 11  | Enter the amount of line 10 to be Credited to 2011 estimated tax Refunded  |              |              |           |
| Par | t VII-A   Statements Regarding Activities  |              | 7            | 1         |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it   |              | Yes          | +         |
|     | participate or intervene in any political campaign?  | 1:           | <del> </del> | X         |
| k   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?   | 11           | <b>,</b>     | X         |
|     | 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 published or distributed by the foundation in connection with the activities  |              |              |           |
|     | Did the foundation file Form 1120-POL for this year?   | 10           |              | X         |
|     | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  | <del></del>  | 1            | 1         |
|     | (1) On the foundation $\Rightarrow$ 0. (2) On foundation managers $\Rightarrow$ 9.   | 0.           |              |           |
| e   | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on   |              |              |           |
| _   | foundation managers \$ 0.  |              | 1            | 1,,       |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?  If 'Yes,' attach a detailed description of the activities   | 2            | -            | X         |
| 2   |  |              |              |           |
| 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         |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  | 4:           | 1            | Х         |
| b   | olf 'Yes,' has it filed a tax return on Form 990-T for this year?  | 41           | N            | I/A       |
| 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            | <del> </del> | <u>X</u>  |
|     | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV  | 7            | X            | 1         |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see the instructions)  VA   |              |              |           |
| b   | off 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   | 81           | X            |           |
| 9   | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV | / 9          | Х            |           |
| 10  | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names   |              |              |           |
| BAA | and addresses  | 10<br>Form 9 | 00.55        | (2010)    |
|     |  | - arm v      |              |           |

| 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           |
|-------------|---|---------------|------|-------------|
|             | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before<br>August 17, 2008?  | 12            |      | x           |
|             | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Nebsite address  N/A   | 13            | X    |             |
| 14 7        | The books are in care of FRANK JENKINS Telephone no. F 703-   | 289-0         | 048  |             |
|             | Located at ►DUNN_LORING_VAZIP + 4 ►22027  | <br>N/A       |      |             |
| ā           | and enter the amount of tax-exempt interest received or accrued during the year   |               |      | N/A         |
| <b>16</b> / | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a pank, securities, or other financial account in a foreign country?   | 16            | Yes  | No<br>X     |
| f           | See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country ►   |               |      |             |
| Part '      | VII-B Statements Regarding Activities for Which Form 4720 May Be Required   |               |      |             |
| F           | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.   |               | Yes  | No          |
| 1a [        | Ouring 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?  Yes X No   |               |      |             |
| (           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? $\qquad \qquad \qquad$   |               |      |             |
| (           | (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)?  Yes X No   |               |      |             |
| (           | (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 )  Yes X No   |               |      |             |
| <b>b</b> I  | If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> 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 the instructions)?   | 1b            | N    | /A          |
| (           | Organizations relying on a current notice regarding disaster assistance check here  |               |      |             |
| <b>c</b> [  | 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 2010?   | 1c            |      | Х           |
| <b>2</b> T  | 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))   |               |      |             |
| ā           | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?  Yes X No   |               |      |             |
| I           | f 'Yes,' list the years ► 20 , 20 , 20  |               |      |             |
| (           | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see the instructions)   | 2b            | N    | A           |
| c l         | f the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.   |               |      |             |
| ı           | ► 20 , 20 , 20 , 20   |               |      |             |
|             | Oid the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No  |               |      |             |
| (           | f 'Yes,' did it have excess business holdings in 2010 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 2010) | 3b            | N    | /A          |
| 4a [        | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | 4a            |      | X           |
|             |   | 7.0           |      | <del></del> |
| J.          | Did the foundation make any investment in a prior year (but after December 31, 1969) that could<br>eopardize its charitable purpose that had not been removed from jeopardy before the first day of<br>the tax year beginning in 2010?  | 4b            |      | х           |
| BAA         |   | orm <b>99</b> | 0-PF |             |

| Form 990-PF (2010) FRANK W & BARBARA   |  |  | 26-17  |                        | Page 6               |
|--|--|--|--|------------------------|----------------------|
| Part VII-B Statements Regarding Activit  |  | n 4720 May Be Red                            | uired (continued)  |                        |                      |
| 5a During the year did the foundation pay or incu  | •  |  | □ •  | 1                      |                      |
| (1) Carry on propaganda, or otherwise attemp   | ot to influence legislation                                    | n (section 4945(e))?                         | ∐ Yes X  | No                     |                      |
| (2) Influence the outcome of any specific publi<br>on, directly or indirectly, any voter registra                            |  | 4955); or to carry                           |  | No                     |                      |
| (3) Provide a grant to an individual for travel,   | study, or other similar p                                      | ourposes?                                    | ∐ Yes X  | No                     |                      |
| (4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section                               | nan a charitable, etc, or<br>4940(d)(2)? (see instruc          | ganization described ctions)                 | Yes X  | ] No                   |                      |
| (5) Provide for any purpose other than religious<br>educational purposes, or for the prevention                              | us, charitable, scientific<br>n of cruelty to children o       | , literary, or<br>or animals?                | Yes X  | No                     |                      |
| b If any answer is 'Yes' to 5a(1)-(5), did any of t<br>described in Regulations section 53.4945 or in<br>(see instructions)? |  |  | ons  | 5b                     | N/A                  |
| Organizations relying on a current notice regain   | ding disaster assistance                                       | e check here                                 | ▶ [  |                        |                      |
| c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response                           | he foundation claim exe<br>sibility for the grant?             | emption from the                             | N/A Yes  | No                     |                      |
| If 'Yes,' attach the statement required by Regu  | ılatıons section 53 4945                                       | i-5(d)                                       |  |                        |                      |
| 6a Did the foundation, during the year, receive ar<br>on a personal benefit contract?  | ny funds, directly or indi                                     | rectly, to pay premiums                      | ☐ Yes X  | No                     |                      |
| <b>b</b> Did the foundation, during the year, pay premi  | ums, directly or indirect                                      | tly, on a personal benefi                    | t contract?  | 6b                     | X                    |
| If 'Yes' to 6b, file Form 8870   |  |  |  | ,                      |                      |
| 7a At any time during the tax year, was the found  |  |  |  | No -                   |                      |
| Part VIII Information About Officers, D  |  |  |  | N/A 7b                 |                      |
| and Contractors  | mectors, trustees  | , rounuauon mana                             | igers, nigniy Paid   | Employee               | :5,                  |
| 1 List all officers, directors, trustees, foundation   | n managers and their co  | ompensation (see instru                      | ctions).   |                        |                      |
| (a) Name and address   | (b) Title and average hours per week devoted to position       | (c) Compensation<br>(if not paid, enter -0-) | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expense other allo | e account,<br>wances |
| FRANK W. JENKINS   | PRES/FOUND.  | 0.   | 0.   | 1                      | 0.                   |
| 2187 HARITHY DRIVE   | 0  |  |  |                        |                      |
| DUNN LORING, VA 22027  |  |  |  |                        |                      |
| BARBARA J. JENKINS   | VP/FOUND. MG   | 0.   | 0.   |                        | 0.                   |
| 2187 HARITHY DRIVE   | 0  |  |  |                        |                      |
| DUNN LORING, VA 22027  |  |  |  |                        |                      |
|  |  |  |  |                        |                      |
|  |  |  |  |                        |                      |
| 2 Compensation of five highest-paid employees  | (other than those inclu  | ded on line 1— see inst                      | ructions). If none, ente   | r 'NONE.'              |                      |
| (a) Name and address of each employee paid more than \$50,000  | (b) Title and average<br>hours per week<br>devoted to position | (c) Compensation                             | (d) Contributions to<br>employee benefit<br>plans and deferred<br>compensation | (e) Expense other allo |                      |
| NONE   |  |  |  |                        |                      |
|  |  |  |  |                        |                      |
|  |  |  |  |                        |                      |
|  |  |  |  |                        |                      |
|  |  |  |  |                        |                      |
|  |  |  |  |                        |                      |
|  |  |  |  |                        |                      |
| Total number of other employees paid over \$50,000   | ·  |  | <b>•</b>   |                        | 0                    |
| BAA  | TEEA0306L (  | 07/23/10                                     |  | Form <b>99</b> (       | )-PF (2010)          |

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|--|----------------|---------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII and Contractors (continued)   | aid Employees, | ,             |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'   |                |               |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service  | (c) Compens    | sation        |
| NONE   |                |               |
|  |                |               |
|  |                |               |
|  |                |               |
|  |                |               |
|  |                |               |
| Total number of others receiving over \$50,000 for professional services   | <b>&gt;</b>    |               |
|  |                |               |
| Part IX-A Summary of Direct Charitable Activities  |                |               |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expense        | es            |
| 1 <u>N/A</u>   |                |               |
| 2  |                |               |
| 3  |                |               |
| 4  |                | <del> </del>  |
| *  | <br>           |               |
| Part IX-B Summary of Program-Related Investments (see instructions)  |                |               |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  | Amoun          | nt            |
| 1 <u>N/A</u>   | <del>-</del> - |               |
| 2  |                |               |
| All other program-related investments See instructions.  | _              |               |
| 3  |                |               |
| Total Add lines 1 through 2  |                |               |
| Total. Add lines 1 through 3   | <b>&gt;</b>    | 0.            |

Form **990-PF** (2010)

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| Form <b>990-PF</b> (2010)    | FRANK | ΙAJ | ٤ | BARBARA | т. | TENKINS |
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| <b>Part X</b> Minimum Investment Return (All domestic foundations must complete this part see instructions.)  | Foreign fo        | undations,              |
|---|-------------------|-------------------------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:  a Average monthly fair market value of securities                     | 1a                |                         |
| <b>b</b> Average of monthly cash balances   | 1b                |                         |
| c Fair market value of all other assets (see instructions)  | 1c                |                         |
| d Total (add lines 1a, b, and c)  | 1d                | 0.                      |
| e 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                 |                         |
| 3 Subtract line 2 from line 1d  | 3                 |                         |
| 4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)   | 4                 |                         |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4   | 5                 | 0.                      |
| 6 Minimum investment return. Enter 5% of line 5   | 6                 | 0.                      |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private o and certain foreign organizations check here ► X and do not complete this                  |                   | ndations                |
| 1 Minimum investment return from Part X, line 6 N/A   | 1 1               |                         |
| 2a Tax on investment income for 2010 from Part VI, line 5   |                   |                         |
| <b>b</b> Income tax for 2010. (This does not include the tax from Part VI.)   | 7                 |                         |
| c Add lines 2a and 2b   | 2c                |                         |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1   | 3                 |                         |
| 4 Recoveries of amounts treated as qualifying distributions   | 4                 | • •                     |
| 5 Add lines 3 and 4   | 5                 |                         |
| 6 Deduction from distributable amount (see instructions)  | 6                 |                         |
| 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1  | 7                 | <del></del>             |
| Part XII Qualifying Distributions (see instructions)  |                   |                         |
| Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes.  a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26           | 1a                | 9,900.                  |
| <b>b</b> Program-related investments — total from Part IX-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: <ul> <li>a Suitability test (prior IRS approval required)</li> </ul>   | 3a                |                         |
| <b>b</b> Cash distribution test (attach the required schedule)  | 3b                |                         |
| 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4   | 4                 | 9,900.                  |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)                               | 5                 |                         |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4  | 6                 | 9,900.                  |
| <b>Note.</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth qualifies for the section 4940(e) reduction of tax in those years. | er the foundation | on                      |
| BAA   |                   | rm <b>990-PF</b> (2010) |

| art XIII Undistributed Income (see instruc   |  | N/A                        | <u> </u>           |   |
|--|--|----------------------------|--------------------|---|
|  | <b>(a)</b><br>Corpus                   | (b)<br>Years prior to 2009 | <b>(c)</b><br>2009 | <b>(d)</b><br>2010                      |
| Distributable amount for 2010 from Part XI,  |  |                            |                    |   |
| line 7   |  |                            |                    |   |
| 2 Undistributed income, if any, as of the end of 2010:   |  |                            | 1                  |   |
| a Enter amount for 2009 only   | ·····                                  |                            |                    | ***********************                 |
| <b>b</b> Total for prior years: 20, 20, 20   |  |                            |                    |   |
| 3 Excess distributions carryover, if any, to 2010:   |  |                            | 1                  |   |
| <b>a</b> From 2005   |  |                            | 1                  |   |
| <b>b</b> From 2006   |  |                            | 1                  |   |
| c From 2007  |  |                            | 1                  |   |
| <b>d</b> From 2008   |  |                            | 1                  |   |
| e From 2009  |  |                            | 1                  |   |
| f Total of lines 3a through e  |  |                            | 1                  |   |
| Qualifying distributions for 2010 from Part  |  |                            |                    | *************************************** |
| XII, line 4 ► \$   |  |                            |                    |   |
| a Applied to 2009, but not more than line 2a   |  |                            |                    |   |
| <b>b</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 2010 distributable amount   |  |                            |                    | ••••••                                  |
| e Remaining amount distributed out of corpus   | ·                                      |                            |                    |   |
| Excess distributions carryover applied to 2010   | ·····                                  |                            |                    |   |
| (If an amount appears in column (d), the same amount must be shown in column (a) )   |  |                            |                    |   |
|  |  |                            | 1                  |   |
| Enter the net total of each column as  |  |                            |                    |   |
| indicated below:   |  |                            |                    |   |
| a Corpus. Add lines 3f, 4c, and 4e Subtract line 5   |  |                            |                    |   |
| b Prior years' undistributed income. Subtract line 4b from line 2b   |  |                            |                    |   |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |  |                            |                    |   |
| d Subtract line 6c from line 6b. Taxable amount – see instructions   |  |                            |                    |   |
| e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount — see instructions  |  |                            |                    |   |
| f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011  |  |                            |                    |   |
| Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)                                    |  |                            |                    |   |
| Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)  |  |                            |                    |   |
| Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a  |  |                            |                    |   |
| Analysis of line 9:  |  |                            | •                  | *****                                   |
| a Excess from 2006   |  |                            | [                  |   |
| <b>b</b> Excess from 2007  |  |                            |                    |   |
| c Excess from 2008   |  |                            |                    |   |
| d Excess from 2009   |  |                            | 1                  |   |
| e Excess from 2010   |  | 1                          | 1                  |   |

| Part XIV Private Operating Foundati  | ons (see instruct       | <u>tions and Part \</u>                     | VII-A, question                             | 9)  |                              |
|--|-------------------------|---|---|---|------------------------------|
| 1a If the foundation has received a ruling or our is effective for 2010, enter the date of the   | determination letter th | iat it is a private op                      | erating foundation,                         | and the ruling                              | 5/04/10                      |
| <b>b</b> Check box to indicate whether the foundate  | ion is a private opera  | iting foundation des                        | scribed in section                          | X 4942(j)(3) or                             | 4942(j)(5)                   |
| 2a Enter the lesser of the adjusted net  | Tax year                |   | Prior 3 years                               |   |                              |
| income from Part I or the minimum investment return from Part X for  | (a) 2010                | <b>(b)</b> 2009                             | (c) 2008_                                   | <b>(d)</b> 2007                             | (e) Total                    |
| each year listed   | 0.                      |   |   |   | 0.                           |
| <b>b</b> 85% of line 2a  |                         |   |   |   | 0.                           |
| <ul> <li>Qualifying distributions from Part XII,<br/>line 4 for each year listed</li> </ul>  | 9,900.                  | 9,300.                                      |   |   | 19,200.                      |
| d Amounts included in line 2c not used directly<br>for active conduct of exempt activities   |                         |   |   |   | 0.                           |
| <ul> <li>Qualifying distributions made directly<br/>for active conduct of exempt activities.<br/>Subtract line 2d from line 2c</li> </ul>                  | 9,900.                  | 9,300.                                      |   |   | 19,200                       |
| 3 Complete 3a, b, or c for the<br>alternative test relied upon:  |                         |   |   |   |                              |
| a '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<br>minimum investment return shown in Part X,<br>line 6 for each year listed                                 |                         |   |   |   |                              |
| <b>c</b> '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)   |                         |   | 25,065.                                     |   | 25,065                       |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)   |                         |   | 25,065.                                     |   | 25,065                       |
| (3) Largest amount of support from   |                         |   |   |   |                              |
| an exempt organization   |                         |   |   |   | 0.                           |
| (4) Gross investment income  Part XV   Supplementary Information   | (Commisso this          |   |   | - d &E 000                                  | 0.                           |
| assets at any time during the  | n (Complete this        | part only II the                            | organization n                              | ad \$5,000 or mo                            | ore in                       |
| 1 Information Regarding Foundation Manag   |                         | 3(14CuO113.)                                |   |   |                              |
| a List any managers of the foundation who have close of any tax year (but only if they have NONE   | nave contributed more   | e than 2% of the to<br>an \$5,000). (See se | tal contributions rec<br>ection 507(d)(2).) | eived by the founda                         | tion before the              |
| <b>b</b> List any managers of the foundation who o   | own 10% or more of t    | he stock of a corpo                         | ration (or an equal)                        | v large portion of the                      | e ownership of               |
| a partnership or other entity) of which the NONE   | foundation has a 10%    | or greater interes                          | t.  | y range portion of the                      | o ownership of               |
| 2 Information Department 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   | . 0.0.1                 |   |   |   | <del> </del>                 |
| 2 Information Regarding Contribution, Gran Check here In the foundation only not requests for funds of the foundation make complete items 2a, b, c, and d. | nakes contributions to  | preselected charit                          | able organizations                          | and does not accept<br>izations under other | t unsolicited<br>conditions, |
| a The name, address, and telephone number  | er of the person to wh  | iom applications sh                         | ould be addressed:                          |   |                              |
| a mo name, address, and telephone name   | or the person to with   | om applications sit                         | odia be addiessed.                          |   |                              |
|  |                         |   |   |   |                              |
|  |                         |   |   |   |                              |
| <b>b</b> The form in which applications should be s  | submitted and informa   | ation and materials                         | they should include                         | ;:  |                              |
| c Any submission deadlines:  |                         |   |   |   |                              |
| , , , , , , , , , , , , , , , , , , ,  |                         |   |   |   |                              |
| <b>d</b> Any restrictions or limitations on awards, s  | such as by geographic   | cal areas, charitable                       | e fields, kinds of ins                      | stitutions, or other fa                     | ectors:                      |
|  |                         |   |   |   |                              |

| 3 Grants and Contributions Paid During the Yea | er or Approved for Futu                              | re Payment                     |                                  |        |
|--|--|--------------------------------|----------------------------------|--------|
| Recipient                                      | 1  | Foundation status of recipient | Purpose of grant or contribution | A      |
| Name and address (home or business)            | any foundation manager or<br>substantial contributor | recipient                      | contribution                     | Amount |
| a Paid during the year                         |  |                                |                                  |        |
| ar are coming the year.                        |  |                                |                                  |        |
|  |  |                                |                                  |        |
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|  |  |                                |                                  |        |
| Total  |  |                                | ► 3a                             |        |
| <b>b</b> Approved for future payment           |  | İ                              |                                  |        |
|  |  |                                |                                  |        |
|  |  |                                |                                  |        |
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|  |  |                                |                                  |        |
| Total  | <del></del>  | ·                              | ► 3b                             |        |

#### Part XVI-A Analysis of Income-Producing Activities

| nter gross amounts unless otherwise indicated               | Unrelated I             | ousiness income      | Excluded by                   | section 512, 513, or 514 | (e)  |
|---|-------------------------|----------------------|-------------------------------|--------------------------|--|
| Program service revenue                                     | (a)<br>Business<br>code | <b>(b)</b><br>Amount | (c)<br>Exclu-<br>sion<br>code | <b>(d)</b><br>Amount     | Related or exempt<br>function income<br>(see the instructions) |
| a   | i                       |                      |                               |                          |  |
| b   |                         |                      |                               |                          |  |
| С   |                         |                      |                               |                          |  |
| d   |                         |                      |                               |                          |  |
| е   |                         |                      |                               |                          |  |
| f   |                         |                      |                               |                          |  |
| g Fees and contracts from government agencies               |                         | · · · · · ·          |                               |                          |  |
| 2 Membership dues and assessments                           |                         |                      |                               |                          |  |
| 3 Interest on savings and temporary cash investments        | İ                       |                      |                               |                          | 16   |
| 4 Dividends and interest from securities                    |                         |                      |                               |                          |  |
| 5 Net rental income or (loss) from real estate              |                         |                      |                               |                          |  |
| a Debt-financed property                                    |                         |                      |                               |                          |  |
| <b>b</b> Not debt-financed property                         |                         |                      |                               |                          |  |
| 6 Net rental income or (loss) from personal property        |                         |                      |                               |                          |  |
| 7 Other investment income                                   |                         | <u> </u>             |                               |                          |  |
| 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   |                         |                      |                               |                          |  |
| c   |                         |                      |                               |                          |  |
| d   |                         |                      |                               |                          |  |
| e   |                         |                      |                               |                          |  |
| 12 Subtotal Add columns (b), (d), and (e).                  |                         |                      |                               |                          | 16   |
| 13 Total. Add line 12, columns (b), (d), and (e)            | - <del>-</del>          |                      |                               | 13                       | 16   |
| See worksheet in line 13 instructions to verify calculation | ons )                   |                      |                               |                          | -  |
| Part XVI-B Relationship of Activities to the                | a Accomplish            | ment of Even         | at Durnoss                    | \c                       | -  |

| ▼              | accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See the instructions) |
|----------------|---|
| N/A            |   |
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# Form 990-PF (2010) FRANK W & BARBARA J. JENKINS 26-1723439 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

| Exempt Organizations  |   |  |                        |             |       |
|---|---|--|------------------------|-------------|-------|
| Did the organization directly or indirectly end<br>described in section 501(c) of the Code (oth<br>relating to political organizations?   | gage in any of the following with<br>er than section 501(c)(3) organiz                                | any other organization<br>rations) or in section 527,  |                        | Yes         | No    |
| a Transfers from the reporting foundation to a  | noncharitable exempt organizat  | ion of:  |                        |             |       |
| (1) Cash  |   |  |                        |             | Х     |
| (2) Other assets  |   |  | 1 a (1)<br>1 a (2)     | -           | X     |
| <b>b</b> Other transactions   |   |  |                        |             |       |
| (1) Sales of assets to a noncharitable exem   | npt organization  |  | 1 b (1)                |             | Х     |
| (2) Purchases of assets from a noncharitab  | le exempt organization  |  | 1 b (2)                | ''          | X     |
| (3) Rental of facilities, equipment, or other   | assets  |  | 1 b (3)                |             | X     |
| (4) Reimbursement arrangements  |   |  | 1 b (4)                |             | X     |
| (5) Loans or loan guarantees  |   |  | 1 b (5)                |             | X     |
| (6) Performance of services or membership   | or fundraising solicitations  | ì  | 1 b (6)                |             | X     |
| c Sharing of facilities, equipment, mailing lists   |   | es   | 1 c                    |             | X     |
| d If the answer to any of the above is 'Yes,' or<br>the goods, other assets, or services given be<br>any transaction or sharing arrangement, sho  | omplete the following schedule. On the reporting foundation of the own in column (d) the value of the | Column <b>(b)</b> should always show the fair ma foundation received less than fair market goods, other assets, or services received.  | rket value<br>/alue in | e of        |       |
|   | noncharitable exempt organization   | (d) Description of transfers, transactions, and s  | haring arran           | gement      | s     |
| N/A   |   |  |                        |             |       |
|   |   |  |                        |             |       |
|   |   |  |                        |             |       |
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|   |   |  |                        |             |       |
| <ul> <li>2a Is the foundation directly or indirectly affiliate described in section 501(c) of the Code (other bild of the code).</li> <li>b If 'Yes,' complete the following schedule.</li> </ul> | ed with, or related to, one or mo<br>er than section 501(c)(3)) or in s                               | re tax-exempt organizations<br>ection 527?   | Yes                    | X           | No    |
| (a) Name of organization  | (b) Type of organization  | (c) Description of rela  | lionship               |             |       |
| N/A   |   |  |                        |             |       |
|   |   |  |                        |             |       |
|   |   |  |                        |             |       |
|   |   |  |                        |             |       |
|   |   |  |                        |             |       |
| Sign Here   | ned this return, including accompanying sc<br>nan taxpayer or fiduciary) is based on all in           | hedules and statements, and to the best of my knowledge formation of which preparer has any knowledge  PRESIDENT   | e and belief,          | , it is tru | e,    |
| Signature of officer or trustee  Print type preparer's narree   | Preparer's signature  | Date   Charles   PTIN                   |             |       |
| TUD TOUR A COMPANIES  |   | Check ifif   |                        |             |       |
| Paid JUDITH A. STRAUSS )  | miles con DC  |  | P00218                 | 326         |       |
| FOOTE TIPIC   | STRAUSS, CPA, PC  | Firm's EIN ► 54-19   | 66975                  |             |       |
| Jse Only Firm's address 5207B LYNG  |   |  | 405                    |             |       |
|   | 22015   | Phone no (703)   | 425-1                  |             |       |
| BAA   |   |  | Form <b>99</b>         | 0-PF (      | 2010) |

#### 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

2010

| Name of the organization FRANK W & BARBAH   | RA J. JENKINS  | Employer identification number  |  |  |
|---|--|---|--|--|
| FAMILY FOUNDATION   | ON, INC.   | 26-1723439_   |  |  |
| Organization type (check one):  |  | -   |  |  |
| Filers of:  | Section:   |   |  |  |
| Form 990 or 990-EZ  | 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> 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 <b>Note.</b> Only a section 501(c)(7), (8), or (10) or   | General Rule or a Special Rule.<br>ganization can check boxes for both the General Rule a  | nd a Special Rule. See instructions.  |  |  |
| General Rule    X   For an organization filing Form 990, 990-E contributor (Complete Parts I and II.)   | EZ, or 990-PF that received, during the year, \$5,000 or i   | more (in money or property) from any one  |  |  |
| Special Rules   |  |   |  |  |
| 509(a)(1) and 170(b)(1)(A)(vi), and receiv  | Form 990 or 990-EZ, that met the 33-1/3% support test<br>ed from any one contributor, during the year, a contribu<br>rt VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Par | ition of the greater of (1) \$5,000 or  |  |  |
| For a section 501(c)(7), (8), or (10) organ aggregate contributions of more than \$1,000 the prevention of cruelty to children or an  | ization filing Form 990 or 990-EZ, that received from an 000 for use exclusively for religious, charitable, scientific imals Complete Parts I, II, and III.                    | y one contributor, during the year,<br>c, literary, or educational purposes, or |  |  |
| For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively |  |   |  |  |
| religious, charitable, etc, contributions of  | \$5,000 or more during the year  | <b>►</b> \$   |  |  |
| 990-PF) but it <b>must</b> answer 'No' on Part IV. In   | by the General Rule and/or the Special Rules does not inceed their Form 990, or check the box on line H of its ling requirements of Schedule B (Form 990, 990-EZ, or 9         | Form 990-F7, or on line 2 of its Form   |  |  |
| BAA For Paperwork Reduction Act Notice, 990EZ, or 990-PF.   | see the Instructions for Form 990, Sche  | edule B (Form 990, 990-EZ, or 990-PF) (2010)                                    |  |  |

| •             |   |                                   |  |
|---------------|---|-----------------------------------|--|
| Schedule      | B (Form 990, 990-EZ, or 990-PF) (2010)  | Page                              | 1 of 1 of Part I   |
| _             | W & BARBARA J. JENKINS                  | I                                 | -1723439   |
| Part I        | Contributors (see instructions.)        |                                   |  |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4       | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution  |
| 1             | FRANK & BARBARA JENKINS 2187 HARITHY DR | \$ <u>16,4</u> 1                  |  |
|               | DUNN LORING, VA 22027                   |                                   | (Complete Part II if there is a noncash contribution.)                         |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4       | (c)<br>Aggregate<br>contributions | (d) Type of contribution   |
|               |   | \$                                | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)  |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4       | (c)<br>Aggregate<br>contributions | (d) Type of contribution   |
|               |   | \$                                | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)  |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4       | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution  |
|               |   | \$                                | Person Payroll Noncash  (Complete Part II if there is a noncash contribution.) |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4       | (c)<br>Aggregate<br>contributions | (d) Type of contribution   |
|               | 45                                      | \$                                | Person Payroll Noncash (Complete Part II if there is a noncash contribution)   |
| (a)<br>Number | (b)<br>Name, address, and ZIP + 4       | (c)<br>Aggregate<br>contributions | (d) Type of contribution   |
|               |   | \$ <b>_</b> _                     | Person Payroll Noncash   |

(Complete Part II if there is a noncash contribution )

Page

of 1 Employer identification number

of Part II

FRANK W & BARBARA J. JENKINS

26-1723439

| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| N/A                       |  |  |                      |
|                           |  | \$\$                                     |                      |
| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  | \$\$                                     |                      |
| (a)<br>lo. from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  | \$                                       |                      |
| (a)<br>No. from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  | \$\$                                     |                      |
| (a)<br>lo. from<br>Part I | (b) Description of noncash property given    | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  | \$\$                                     |                      |
| (a)<br>Io. from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |
|                           |  |  |                      |
|                           |  | \$\$                                     |                      |

of 1

of Part III

Name of organization

FDANK W.C. DADDADA T. TENKTAG

Employer identification number

| FRANK I  | V & BARBARA J. JENKINS  | 26-1723439  |
|----------|---|---|
| Part III | Exclusively religious, charitable, etc, individual contributions to section 501(c)(organizations aggregating more than \$1,000 for the year.Complete cols (a) through (e) | 7), (8), or (10)<br>and the following line entry. |
|          | For organizations completing Part III, enter total of exclusively religious, charitable, etc.   | ·   |

|                           | contributions of \$1,000 or less for the year (E | nter this information once. See in     | structions.) •\$ N/                      |
|---------------------------|--|--|--|
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift                           | (c)<br>Use of gift                     | (d) Description of how gift is held      |
|                           | N/A  |  |  |
|                           |  |  |  |
|                           | Transferee's name, address,                      | (e) Transfer of gift and ZIP + 4       | Relationship of transferor to transferee |
|                           |  |  |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift                           | (c)<br>Use of gift                     | (d)  Description of how gift is held     |
|                           |  |  |  |
|                           | Transferee's name, address,                      | (e)<br>Transfer of gift<br>and ZIP + 4 | Relationship of transferor to transferee |
|                           |  |  |  |
|                           |  | 1711                                   |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift                           | (c)<br>Use of gift                     | (d) Description of how gift is held      |
| <del></del>               |  |  |  |
|                           |  | (e)<br>Transfer of gift                |  |
|                           | Transferee's name, address,                      |  | Relationship of transferor to transferee |
|                           |  |  |  |
| (a)<br>No. from<br>Part I | (b)<br>Purpose of gift                           | (c)<br>Use of gift                     | (d)  Description of how gift is held     |
|                           |  |  |  |
|                           |  |  |  |
|                           | Transferee's name, address,                      | (e)<br>Transfer of gift<br>and ZIP + 4 | Relationship of transferor to transferee |
|                           |  |  |  |
|                           |  |  |  |
|                           |  |  |  |

| 201 | ^ |
|-----|---|
| ZUI | u |

## **FEDERAL STATEMENTS**

PAGE 1

FRANK W & BARBARA J. JENKINS FAMILY FOUNDATION, INC.

TOTAL

26-1723439

(D)

7/21/11

10 51AM

STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES

LAWYER

EXPENSES INVESTMENT ADJUSTED CHARITABLE PER BOOKS INCOME NET INCOME PURPOSES

\$ 905. \$ 0. \$ 0. \$ 0.

(C)

(B) NET

STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES

CPA

(A) (B) NET (C) (D) **EXPENSES** INVESTMENT ADJUSTED CHARITABLE PER BOOKS NET INCOME INCOME PURPOSES 51<u>4</u>. 514. 0. TOTAL

STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

BANK CHARGES

(A) (B) NET (C) (D) **EXPENSES** ADJUSTED INVESTMENT CHARITABLE PER BOOKS NET INCOME **PURPOSES** INCOME 270. TOTAL 270. 0. \$ 0.

#### STATEMENT 4 FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

RECONSTRUCTIVE SURGERY

SMILE TRAIN P.O. BOX 96231

WASHINGTON, DC 20090

NONE

PUBLIC CHARITIES

500.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CANCER RESEARCH

ST. JUDES CHILDRENS RESEARCH HOSPITAL

401 ST. JUDE PLACE MEMPHIS, TN 38105

NONE

PUBLIC CHARITIES

1,000.

CLASS OF ACTIVITY:

CANCER RESEARCH

2010

7/21/11

### **FEDERAL STATEMENTS**

FRANK W & BARBARA J. JENKINS **FAMILY FOUNDATION, INC.** 

PAGE 2

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500.

200.

100.

250.

100.

500.

10:51AM

STATEMENT 4 (CONTINUED) FORM 990-PF, PART I, LINE 25

CONTRIBUTIONS, GIFTS, AND GRANTS

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: NONE PUBLIC CHARITIES

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS: DONEE'S NAME:

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: NONE PUBLIC CHARITIES

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: PUBLIC CHARITIES

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: PUBLIC CHARITIES

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME:

AMERICAN CANCER SOCIETY

P.O. BOX 22718

OKLAHOMA CITY, OK 73123

NONE

PUBLIC CHARITIES

HEART DISEASE

AMERICAN HEART ASSOCIATION

7272 GREENVILLE AVE DALLAS, TX 75231

NONE

DISASTER RESPONSE AMERICAN RED CROSS P.O. BOX 4002018

DES MOINES, IA 50340

NONE

PROGRAM SUPPORT

COLONEL D. LYLE HOHNSTINE MEM. FOUND. 179 OCTOBER GLORY AVENUE

OCEAN VIEW, DE 19970

NONE

FAMILY ASSISTANCE

THE SALVATION ARMY

615 SLATERS LANE, P.O. BOX 269

ALEXANDRIA,, VA 22313

NONE

PUBLIC CHARITIES

CANCER ASSISTANCE CAPITAL HOSPICE 2900 TELESTAR CT

FALLS CHURCH, VA 22042

NONE

PUBLIC CHARITIES

MEDICAL ASSISTANCE

CHILDRENS HOSPITAL FOUNDATION

901 ROEDER ROAD #300 SILVER SPRING, MD 20910

NONE

HISTORICAL PRESERVATION COLONIAL WILLIAMSBURG FOUNDATION 500.

2010

### FEDERAL STATEMENTS

FRANK W & BARBARA J. JENKINS **FAMILY FOUNDATION. INC.** 

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7/21/11

10 51AM

500.

500.

300.

300.

**STATEMENT 4 (CONTINUED)** FORM 990-PF, PART I, LINE 25 **CONTRIBUTIONS, GIFTS, AND GRANTS** 

DONEE'S ADDRESS:

P.O. BOX 1776

WILLIAMSBURG, VA 23187

RELATIONSHIP OF DONEE: NONE

ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:

PUBLIC CHARITIES

2,500.

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS: EDUCATION THE SMITHSONIAN INSTITUTION

P.O. BOX 9016

PITTSFIELD, MA 01202

NONE

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:

PUBLIC CHARITIES

1,000.

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

MONTEREY BAY AQUARIUM 7700 SANDHOLDT RD MOSS LANDING, CA 95039

NONE

MARINE LIFE SUPPORT

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: PUBLIC CHARITIES

AMOUNT GIVEN:

250. CANCER ASSISTANCE

CLASS OF ACTIVITY:

DONEE'S NAME:

THE LEUKEMIA LYMPHOMA SOCIETY DONEE'S ADDRESS: P.O. BOX 4072

PITTSFIELD, MA 01202

RELATIONSHIP OF DONEE: NONE

ORGANIZATIONAL STATUS OF DONEE:

PUBLIC CHARITIES

AMOUNT GIVEN:

CLASS OF ACTIVITY: FAMILY ASSISTANCE RONALD MCDONALD HOUSE CHARITIES DONEE'S NAME: DONEE'S ADDRESS:

ONE KROC DRIVE

OAK BROOK, IL 60523

RELATIONSHIP OF DONEE: NONE

ORGANIZATIONAL STATUS OF DONEE: PUBLIC CHARITIES

AMOUNT GIVEN:

CLASS OF ACTIVITY: ANIMAL PROTECTION

DONEE'S NAME: DONEE'S ADDRESS: BEST FRIENDS ANIMAL SOCIETY

5001 ANGEL CANYON RD

KANAB, UT 84741

RELATIONSHIP OF DONEE: NONE

ORGANIZATIONAL STATUS OF DONEE: PUBLIC CHARITIES AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME: CANCER ASSISTANCE

SUSAN G. KOMEN RACE FOR THE CURE P.O. BOX 650309

DONEE'S ADDRESS:

DALLAS, TX 75265 RELATIONSHIP OF DONEE:

NONE ORGANIZATIONAL STATUS OF DONEE: PUBLIC CHARITIES

AMOUNT GIVEN:

CLASS OF ACTIVITY: ANIMAL PROTECTION

DONEE'S NAME: ASPCA ORGANIZATION

DONEE'S ADDRESS: P.O. BOX 96929 2010

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### **FEDERAL STATEMENTS**

FRANK W & BARBARA J. JENKINS FAMILY FOUNDATION, INC.

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7/21/11

10.51AM

STATEMENT 4 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

WASHINGTON, DC 20090

NONE

PUBLIC CHARITIES

\$ 200.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

PROGRAM SUPPORT

MARINE TOYS FOR TOTS FOUNDATION

18251 QUANTICO GATEWAY DR

TRIANGLE, VA 22172

NONE

PUBLIC CHARITIES

200.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

PROGRAM SUPPORT

WOUNDED WARRIOR PROJECT 4899 BELFORT RD #300 JACKSONVILLE, FL 32256

NONE

PUBLIC CHARITIES

500.

TOTAL \$ 9,900.

# Form **8868**

(Rev January 2011)

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

| • | X |
|---|---|

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a

| request an<br>Associated   | required to tile Form 990-1), of an additional extension of time to file any of the forms liste With Certain Personal Benefit Contracts, which ling of this form, visit www.irs.gov/efile.and.cl | d in Part I or Pa<br>ch must be sent   | rt II with the exception of Form 8870, Int<br>to the IRS in paper format (see instructi   | ormatic                        | n Return fo   | r Transfers  |
|--|--|--|---|--------------------------------|---------------|--------------|
| Part I   | Automatic 3-Month Extension of Tir   | ne. Only subi  | mit original (no copies needed)   |                                |               |              |
|  | on required to file Form 990-T and requesting  |  |   |                                | e Part Loniv  | , <b>▶</b> □ |
|  | rporations (including 1120-C filers), partnersh  |  |   | •                              | -             |              |
|  |  |  | Emplo   | Employer identification number |               |              |
| Type or<br>print   | FRANK W & BARBARA J. JENKI<br>FAMILY FOUNDATION, INC.  | NS   |   | 26-                            | 1723439       |              |
| File by the<br>due date for  | Number, street, and room or suite number. If a P.O. box  | c, see instructions  |   | <u> </u>                       |               |              |
| filing your<br>return See  | 2187 HARITHY DRIVE   |  |   |                                |               |              |
| instructions   | City, town or post office, state, and ZIP code For a fore  | eign address, see inst   | ructions  |                                |               |              |
|  | DUNN LORING, VA 22027  |  |   |                                |               |              |
| Application  | eturn code for the return that this application  | Return   | Application   |                                |               | 04<br>Return |
| ls For   |  | Code   | Is For  |                                |               | Code         |
| Form 990 _   |  | 01   | Form 990-T (corporation)  |                                |               | 07           |
| Form 990-E   | <u>L</u>   | 02   | Form 1041-A   |                                |               | 08           |
| Form 990-E   | Z  | 03   | Form 4720   |                                |               | 09           |
| Form 990-F   | F  | 04   | Form 5227   |                                |               | 10           |
| Form 990-T   | (section 401(a) or 408(a) trust)   | 05   | Form 6069   |                                |               | 11           |
| Form 990-T   | (trust other than above)   | 06   | Form 8870   |                                |               | 12           |
| Telephor If the or If this is check the exter I require the exter  I t | tax year entered in line 1 is for less than 12 n   | FAX Note that the four digit Group check this box reporation require of organization require, and endirect | E United States, check this box Exemption Number (GEN)  and attach a list with the names  d to file Form 990-T) extension of time eturn for the organization named above. |                                | Ns of all mer |              |
| 3a If this   | nange in accounting period application is for Form 990-BL, 990-PF, 990-  | T, 4720, or 6069,  | , enter the tentative tax, less any   |                                |               |              |
| nonre  | fundable credits. See instructions   |  |   | 3a                             | \$            | 0.           |
|  | application is for Form 990-PF, 990-T, 4720, ents made. Include any prior year overpayme   |  |   | 3 b                            | \$            | 0.           |

**c Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)

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