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Form **990-PF**

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

OMB No 1545 0052

2012

b Net investment income (if negative, enter -0)

BAA For Paperwork Reduction Act Notice, see instructions.

C Adjusted net income (if negative, enter 0-)

Treated as a Private Foundation 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 2012, or tax year beginning , 2012, and ending Employer identification number 26-1723439 FRANK W & BARBARA J. JENKINS В FAMILY FOUNDATION, INC. Telephone number (see the instructions) 2187 HARITHY DRIVE DUNN LORING, VA 22027 C If exemption application is pending, check here G Check all that apply. Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, chec Address change Name change here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Ε If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method: X Cash (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination ▶\$ (PartT, 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 columns (b), (c), and (d) may not necesexpenses per books ıncome income for charitable purposes (cash sarily equal the amounts in column (a) basis only) (seé instructions).) Contributions, gifts, grants, etc, received (att sch) 10,000. if the foundn is not req to att Sch B Interest on savings and temporary cash investments 11 11 11. Dividends and interest from securities 5 a Gross rents **b** Net rental income or (loss) 6 a Net gain/(loss) from sale of assets not on line 10 REVEN **b** Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Ü Income modifications 10 a Gross sales less allowances **b** Less Cost of goods sold c Gross profit/(loss) (att sch) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 10,011 Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) A D M SEE ST 1 **b** Accounting fees (attach sch) 502. INISTRATIVE c Other prof fees (attach sch) 17 Interest OPERATING SEE STM 2 25 18 Taxes (attach schedule)(see instrs) Depreciation (attach sch) and depletion 20 Occupancy Travel, conferences, and meetings 21 22 Printing and publications. EXPENSES 23 Other expenses (attach schedule) SEE STATEMENT 3 128. Total operating and administrative 24 expenses. Add lines 13 through 23 655 Contributions, gifts, grants paid STMT 4 25 9,900 9,900. **Total expenses and disbursements.** Add lines 24 and 25 0 0. 9,900. 10,555. Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements -544

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TEEA0504L 12/23/12

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11.

Ŗ	19	Deferred revenue			
L	20	Loans from officers, directors, trustees, & other disqualified persons			
Ī	21	Mortgages and other notes payable (attach schedule)			
Ĭ	22	Other liabilities (describe)		
E S	23	Total liabilities (add lines 17 through 22)		0.	0.
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	▶ ∐		
N F	24	Unrestricted			
FUND	25	Temporarily restricted			
Ď	26	Permanently restricted			
A S S A E I A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	► X		
E L	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, building, and equipment fund	ĺ		
C	29	Retained earnings, accumulated income, endowment, or other funds		31,294.	30,750.
ŔŠ	30	Total net assets or fund balances (see instructions)		31,294.	30,750.

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with

end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize)

4 Add lines 1, 2, and 3 .

(see instructions)

Decreases not included in line 2 (itemize)
 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30

1 31,294. 2 -544. 3 30,750.

5 30,750.

30,750

17

Grants payable

Accounts payable and accrued expenses.

Total liabilities and net assets/fund balances

31,294

	(a) List and describe	the kind(s) of property sold (e.g., re; or common stock, 200 shares MLC	al estate,	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
	N/A			_		
b	·					
d						
<u>-</u>						
	(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other bas	l	(h) Gain or	(loss)
	(c) areas saids price	(or allowable)	plus expense of sal	e	(e) plus (f) m	
a						-
— ь						· <u>·</u>
	•		· · · · · · · · · · · · · · · · · · ·			
d	·					
е			· · · · · · · · · · · · · · · · · · ·			
		I ng gain in column (h) and owned by	the foundation on 12/31/69		4D Come (Colo	(h)
	(i) Fair Market Value	(i) Adjusted basis	(k) Excess of column	<u>(i)</u>	(I) Gains (Colu ain minus column (k)	
	as of 12/31/69	as of 12/31/69	over column (j), if an	ny th	an -0-) or Losses (fro	
а						
b						
С						
d						
е						
2	Capital gain net income or (net		o enter in Part I, line 7 lter -0- in Part I, line 7			
3	Net short-term capital gain or (le	oss) as defined in sections 1222(5) a	and (6):			
	If gain, also enter in Part I, line in Part I, line 8	8, column (c) (see instructions). If (loss), enter -0-	- 3		
Par	·	Section 4940(e) for Reduce	od Tay on Net Investm		l.	
		foundations subject to the section 4			N/A	
Was	s,' the foundation does not quali	ion 4942 tax on the distributable am fy under section 4940(e). Do not con	nplete this part.		Yes	∏ No
1	Enter the appropriate amount in	each column for each year; see the	instructions before making a	any entries.		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets (colu	(d) Distribution umn (b) divided t	
	2011					
	2010					
	2009		· · · · · · · · · · · · · · · · · · ·			
	2008		-			
	2007					
		<u> </u>				
2	Total of line 1, column (d)			2		
3		e 5-year base period — divide the tot has been in existence if less than 5		3		
4	Enter the net value of noncharit	able-use assets for 2012 from Part	K, line 5	4		
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distributions fro	m Part XII, line 4		8		
	If line 8 is equal to or greater the Part VI instructions.	an line 7, check the box in Part VI,	line 1b, and complete that pa	art using a 1% ta	ax rate. See the	

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Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruc	tions)			
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 instrs)				
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-)				0.
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.				
	2012 estimated tax pmts and 2011 overpayment credited to 2012				
	Exempt foreign organizations — tax withheld at source				
	: Tax paid with application for extension of time to file (Form 8868)				
_	Backup withholding erroneously withheld				_
7	Total credits and payments. Add lines 6a through 6d				0.
8	Enter any penalty 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 Da	Enter the amount of line 10 to be: Credited to 2013 estimated tax Refunded 11 t VII-A Statements Regarding Activities				
		- F	····· 1	Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	ŀ	1 a	163	X
_		-			
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	Ĺ	1 Ь		X
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.				
	: Did the foundation file Form 1120-POL for this year?		1 c		Х
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	_ [
	(1) On the foundation \$\(\) \(\)	0.	1		
Ĭ	foundation managers \$ 0.	[}		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	Ī	2		x
	If 'Yes,' attach a detailed description of the activities.	Ī			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	-	1		
•	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 a		Х
t	If 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	١	5		X
	If 'Yes,' attach the statement required by General Instruction T.	ŀ			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.	Į.	1		
	By language in the governing instrument, or		1		
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	-	6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	VA	_			
ŧ	of 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	_	8ъ	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(6) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete Part X	5) <i>IV</i>	9	х	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		10		Х
BAA		For	m 99	D-PF ((2012)

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charitable purposes?

the tax year beginning in 2012?

N/A

3 b

4 a

4 a Did the foundation invest during the year any amount in a manner that would jeopardize its

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could eopardize its charitable purpose that had not been removed from jeopardy before the first day of

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Part VII-B Statements Regarding Activit		n 4720 May Be Rec	uired (continued)		
5a During the year did the foundation pay or incur	•				
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	(section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	c election (see section tion drive?	4955), or to carry	Yes X	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 th in section 509(a)(1), (2), or (3), or section of	an a charitable, etc, oro 4940(d)(2)? (see instruc	ganization described tions)	Yes X	No	
(5) Provide for any purpose other than religiou educational purposes, or for the prevention	is, charitable, scientific, n of cruelty to children o	literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?	ne transactions fail to qua a current notice regardi	ualify under the exception ng disaster assistance	ons	5 b	N/A
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ 🗌		
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	ne foundation claim exe ibility for the grant?	mption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Regu	lations section 53.4945	-5(d).			
6 a Did the foundation, during the year, receive an on a personal benefit contract?	y funds, directly or indir	ectly, to pay premiums	Yes X	No	
b Did the foundation, during the year, pay premi	ums, directly or indirect	ly, on a personal benefi	t contract?	6 b	<u> X</u>
If 'Yes' to 6b, file Form 8870.					
7a At any time during the tax year, was the found				No	
b If 'Yes,' did the foundation receive any proceed				1/A 7b	
Part VIII Information About Officers, Din	ectors, trustees, ro	undation managers	, migniy Palu Empi	oyees,	
1 List all officers, directors, trustees, foundation	managers and their co	mneneation (see instru	ctions)		
List all Officers, directors, diastees, foundation	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	account
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		lowances
FRANK W. JENKINS 2187 HARITHY DRIVE	FOUNDATION M	0.	0.		0.
DUNN LORING, VA 22027	· ·				
BARBARA J. JENKINS	FOUNDATION M	0.	0.		0.
2187 HARITHY DRIVE	0				
DUNN LORING, VA 22027					
			•		
2 Compensation of five highest-paid employees			T		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other al	e account, lowances
NONE					
		<u> </u>		 	
				1	
Total number of other employees paid over \$50,000	l	L	•		
BAA	TEEA0306L 1	2/25/12		Form 990	-PF (2012)

Form 990-PF (2012) FRANK W & BARBARA J. JENKINS Part VIII Information About Officers, Directors, Trustees, Foundat	26-172	
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see inst		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	į	
Total number of others receiving over \$50,000 for professional services.		0
Part IX-A Summary of Direct Charitable Activities		
	I information such as the number of	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica organizations and other beneficiaries served, conferences convened, research papers produced, etc	i mornation such as the number of	Expenses
1 <u>N/A</u>		
	· 	
2		
3		. = .
<u> </u>	·	
4		
	·	
Part IX-B Summary of Program-Related Investments (see instru	uctions)	<u></u>
Describe the two largest program-related investments made by the foundation duri	<u> </u>	Amount
1		
N/A	· 	
2		
	· 	
All other program-related investments. See instructions.		

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Total. Add lines 1 through 3

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26-1723439

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see instructions.)	part. Foreign του	indations,
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	1 a	
b Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions) .	1 c	
d Total (add lines 1a, b, and c)	1 d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation) 1 e		
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	e operating four	dations
and certain foreign organizations check here ► X and do not complete this	part.)	
1 Minimum investment return from Part X, line 6 N/A	1	
2a Tax on investment income for 2012 from Part VI, line 5		
b Income tax for 2012 (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2 c	
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	
Part XII Qualifying Distributions (see instructions)		
1 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 Program-related investments — total from Part IX-B	1 b	
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: a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line		9,900.
	· · · ·	2,300.
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.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	whether the foundation	on
BAA	Fo	rm 990-PF (2012)

Pan	Undistributed income (see insti	ructions)	N/A		_
	,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
	Distributable amount for 2012 from Part XI, line 7	,			
	Undistributed income, if any, as of the end of 2012 Enter amount for 2011 only	 	(1111) 1 	**** *********************************	
	Total for prior years: 20 , 20 , 20	a'uummusammatti admiina a			······································
	Excess distributions carryover, if any, to 2012.				
	From 2007				
b	From 2008				
c	From 2009				
d	From 2010				
е	From 2011				
f	Total of lines 3a through e				
	Qualifying distributions for 2012 from Part				· · · · · · · · · · · · · · · · · · ·
	XII, line 4· ► \$				
а	Applied to 2011, but not more than line 2a				
.	Applied to undistributed income of prior years			-	
	Applied to undistributed income of prior years (Election required — see instructions)				
	Treated as distributions out of corpus (Election required — see instructions)				
	Applied to 2012 distributable amount				
е	Remaining amount distributed out of corpus				
	Excess distributions carryover applied to 2012		**************************************	: 	
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
	(,,				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5				
	Prior years' undistributed income. Subtract line 4b from line 2b				
	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				
	Subtract line 6c from line 6b. Taxable amount — see instructions				
	Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount — see instructions				
•	Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				
	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	-			
9	Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9.				
а	Excess from 2008				
Ь	Excess from 2009				
С	Excess from 2010				Ĭ
d	Excess from 2011				
е	Excess from 2012				.

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1 a If the foundation has received a ruling or de	etermination letter th	nat it is a private op	erating foundation,	and the ruling	
is effective for 2012, enter the date of the r b Check box to indicate whether the foundation	5	ating foundation des	cribed in section	X 4942(j)(3) or	5/04/10 4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year	aling louridation des	Prior 3 years	A 4542()(3) 01	4942()(3)
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for each year listed	0.	(6) 2011	(0) 2010	(a) 2003	0.
b 85% of line 2a		 · · · · · · · · · · · · · · · · · ·			0.
c Qualifying distributions from Part XII, line 4 for each year listed	9,900.	9,194.	9,900.	9,300.	38,294.
d Amounts included in line 2c not used directly for active conduct of exempt activities	3,3333		/		0.
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 	9,900.	9,194.	9,900.	9,300.	38,294.
3 Complete 3a, b, or c for the 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 minimum investment return shown in Part X, line 6 for each year listed					
c '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)	10,000.				10,000.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)	10,000.				10,000.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income					0.
Part XV Supplementary Information	(Complete this	part only if the	foundation ha	d \$5,000 or mor	e in
assets at any time during th		structions.)			
1 Information Regarding Foundation Manage			Aal aaakabakaaa		han bafara Ma
a List any managers of the foundation who h close of any tax year (but only if they have SEE STATEMENT 5	contributed more th	e than 2% of the to lan \$5,000) (See so	ection 507(d)(2).)	eived by the founda	dion before the
b List any managers of the foundation who o	wn 10% or more of	the stock of a corno	pration (or an equal)	v large portion of th	e ownership of
a partnership or other entity) of which the f	oundation has a 10°	% or greater interes	it.	, large person or si	
0 ht	0:41	unhim at D			
2 Information Regarding Contribution, Grant Check here	akes contributions t	o preselected chari	table organizations		
complete items 2a, b, c, and d. a The name, address, and telephone numbe	r or e-mail of the ne	rson to whom apple	cations should be a	ddressed.	·
a The hame, address, and telephone hamse	or o man or the po	, som to miom app.			
b The form in which applications should be s	ubmitted and inform	ation and materials	they should include	e.	-
c Any submission deadlines				- <u></u>	
<u>. ,</u>					
d Any restrictions or limitations on awards, s	uch as by geograph	ıcal areas, charıtab	le fields, kinds of in	stitutions, or other f	actors.

3 Grants and Contributions Paid During the Yea	ar or Approved for Futu	re Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Contribution	
Name and address (home or business) a Paid during the year	substantial contributor	recipient		-
Total			► 3a	
b Approved for future payment				
		<u> </u>		
Total			. ► 31	ol .

iter gross	amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by	section 512, 513, or 514	(e)
1 Progra	am service revenue;	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exemp function income (See instructions.)
а						
b						
c						
d						
e						
f						
-	and contracts from government agencies ership dues and assessments			 		
	on savings and temporary cash investments			 	-	1
	nds and interest from securities			 -		
	ntal income or (loss) from real estate:				***************************************	· · · · · · · · · · · · · · · · · · ·
	inanced property		••••			Ţ
b Not d∈	ebt-financed property		-			
Net rent	tal income or (loss) from personal property					
	investment income					
	(loss) from sales of assets other than inventory					
	come or (loss) from special events				_	
	profit or (loss) from sales of inventory				·	
	revenue.				.,	
a				 		
b						
_						1
с				<u> </u>		
d						
d e	tal Add columns (b), (d), and (e)					1
d e Subto	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				13	
e Subtotal.	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio	ins)			13	
e Subtoo 3 Total.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation		nment of Exem	pt Purpos		
e Subtotal Total.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which in	e Accomplisi	ın column (e) of P	art XVI-A cor	es	to the
e Subtoo 3 Total. ee worksh	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the	e Accomplisi	ın column (e) of P	art XVI-A cor	es	to the structions.)
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e Subtook Total. See workshirt XVI-	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which in	e Accomplisi	ın column (e) of P	art XVI-A cor	es	to the
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e 2 Subtoo 3 Total. ee worksh art XVI-	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which in	e Accomplisi	ın column (e) of P	art XVI-A cor	es	to the
e 2 Subtoo 3 Total. ee worksh art XVI-	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which in	e Accomplisi	ın column (e) of P	art XVI-A cor	es	to the
e 2 Subtoo 3 Total. ee worksh art XVI-	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which in	e Accomplisi	ın column (e) of P	art XVI-A cor	es	to the
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e 2 Subtoo 3 Total. ee worksh art XVI-	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which in	e Accomplisi	ın column (e) of P	art XVI-A cor	es	to the
e 2 Subtoo 3 Total. ee worksh art XVI-	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which in	e Accomplisi	ın column (e) of P	art XVI-A cor	es	to the

Form 990-PF (2012) FRANK W & BARBARA J. JENKINS 26-1723439 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

describe	organization directly ed in section 501(c) o to political organizati	of the Code (otl	ngage in any of the following wher than section 501(c)(3) orga	ith any oth nizations)	ner organization or in section 527,			Yes	No
a Transfe	rs from the reporting	foundation to	a noncharitable exempt organiz	zation of.					
(1) Cas	h						1 a (1)		_ X
(2) Oth	er assets						1 a (2)		X
b Other tr	ansactions.								
(1) Sale	es of assets to a none	charitable exer	mpt organization				1 b (1)		Х
(2) Pur	chases of assets fron	n a noncharita	ble exempt organization				1 b (2)		Х
(3) Ren	ital of facilities, equip	ment, or other	assets				1 b (3)		X
(4) Reir	mbursement arranger	ments					1 b (4)		X
(5) Loa	ns or loan guarantee:	s					1 b (5)		X
(6) Per	formance of services	or membershi	p or fundraising solicitations				1 b (6)		Х
c Sharing	of facilities, equipme	ent, mailing list	s, other assets, or paid employ	yees.			1 c		X
_									
the goo	ds, other assets, or s	services given	complete the following schedul by the reporting foundation If now in column (d) the value of	the founda	ation received less tha	n fair market i	value in	of	
(a) Line no.	(b) Amount involved	(c) Name o	of noncharitable exempt organization	(d	Description of transfers, to	ansactions, and s	sharing arran	gement	š
N/A									
_									
			-						
						• •			
	·				*				
				İ					
									
describe b If 'Yes,'	ed in section 501(c) o complete the following	of the Code (ot ng schedule.	ted with, or related to, one or inher than section 501(c)(3)) or in	n section !	527?		Yes	X	No
) Name of organization	on	(b) Type of organization	n	(c) Desc	cription of rela	itionship		
N/A									
	<u>.</u>		 						
									
	 								
Sign Here	and complete Declaration	that I have examined of preparer other	this return, including accompanying sched than taxpayer) is based on all information of the state of the stat	3	ments, and to the best of my k reparer has any knowledge PRESIDENT îtle	nowledge and belie	May the this retur preparer (see inst	n with ti shown i	he below
	Print/Type preparer's nar	me	Preparer's signature		Date C	neck If	PTIN		
Paid	JUDITH A. ST	TRAUSS	hedeth h	uno.	5/06/13 se	لـــا elf employed	P00218	326	
Preparer		UDITH A.	STRAUSS, CPA, PC				966975		
Use Only	<u> </u>		GATE COURT						
Jac Only	_		22015		Phone	no (703) 425-	1303	;
BAA					-,- · ·	(,,,,,	Form 99		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545 0047

2012

Name of the organization FRANK W & BARBARA	.I .TENKINS	Employer identification number
FAMILY FOUNDATION	, 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 not treated as a p	rivate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a prival	te foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge	neral Rule or a Special Rule	
Note: Only a section 501(c)(7) (8) or (10) organ	nization can check boxes for both the General Rule and a Spe	ecial Rule. See instructions.
	incultors can enter boxes for both the denoral radio and a ope	yolar (tale: God Mishaetions.
General Rule V For an organization filing Form 990, 990-F7	or 990-PF that received, during the year, \$5,000 or more (in	money or property) from any one
contributor. (Complete Parts I and II.)	or 550-11 that received, during the year, \$5,000 or more (in	money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi) and received	orm 990 or 990-EZ that met the 33-1/3% support test of the re from any one contributor, during the year, a contribution of th VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and	ne greater of (1) \$5,000 or
	tion filing Form 990 or 990-EZ that received from any one coi se <i>exclusively</i> for religious, charitable, scientific, literary, or eals Complete Parts I, II, and III.	
contributions for use <i>exclusively</i> for religious if this box is checked, enter here the total contributions for use <i>exclusively</i> for religious	tion filing Form 990 or 990-EZ that received from any one collong, charitable, etc, purposes, but these contributions did not to contributions that were received during the year for an <i>exclusion</i> inless the General Rule applies to this organization because in	ital to more than \$1,000. <i>vely</i> religious, charitable, etc,
religious, charitable, etc, contributions of \$5	,000 or more during the year	► \$
Caution: An organization that is not covered by the General R answer 'No' on Part IV, line 2, of its Form 990; or check meet the filing requirements of Schedule B (For	ule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 90 the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990- m 990, 990-EZ, or 990-PF)	20-PF) but it must .PF, to certify that it does not
BAA For Paperwork Reduction Act Notice, see or 990-PF.	the Instructions for Form 990, 990EZ, Schedule B ((Form 990, 990-EZ, or 990-PF) (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)	Page	1 of	1 of Part
Name of organization	Employer	identification nu	mber
FRANK W & BARBARA J. JENKINS	26-17	23439	

	" " DIMERLE OT OFFICE		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	l.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRANK JENKINS 2187 HARITHY DR DUNN LORING, VA 22027	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BARBARA JENKINS 2187 HARITHY DR DUNN LORING, VA 22027	\$5,000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Page

1 to

1 of Part II Employer identification number

Name of organization

FRANK W & BARBARA J. JENKINS

26-1723439

art II	Noncash Property (see instructions) Use duplicate copies of Part II if addition	nnal space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-	N/A		
 -			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	
		-	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$	

Page

1 to

of Part III

Name of organization
FRANK W & BARBARA J. JENKINS

Employer identification number 26-1723439

Part, III	Exclusively religious, charitable, etc, individual contributions to section 5	501(c)(7), (8)	or (10)
	organizations that total more than \$1,000 for the year. Complete columns (a		

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once. See instructions.). Use duplicate copies of Part III if additional space is needed.

►\$ N/A

1

	Use duplicate copies of Part III if additional s	pace is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
		(e)		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(a)		<u> </u>
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		<u> </u>		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		<u> </u>
	Transferee's name, addres	s, and ZIP + 4	Rela	ationship of transferor to transferee

20	1	2
	•	_

FEDERAL STATEMENTS

PAGE 1

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

TOTAL

26-1723439

5/06/13

06.19AM

STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES

CPA

	(D)	(C)	(B) NET	(A)
\$ 502.	ME PURPOSES	NET INCOME	<u>INCOME</u>	PER BOOKS
\$ 502 \$ 0 \$ 0 \$		\$ 0	\$ 0	\$ 502.

STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES

SCC

	EXPENS PER BO	SES OKS	INVESTME INCOME	ENT	ADJ NET	USTED INCOME	(D) RITABLE RPOSES
TOTAL	\$	25. 25.	\$	0.	\$	0.	\$ 0.

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

BANK CHARGES POSTAGE

	EXP PER	(A) ENSES BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	\$	120.			
TOTAL	\$	128.	\$ 0.	\$ 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

41 MADISON AVE, 28TH FLOOR

NEW YORK, NY 10010

NONE

PUBLIC CHARITIES

\$ 1,000.

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

CANCER RESEARCH

ST. JUDES CHILDRENS RESEARCH HOSPITAL 501 ST. JUDE PLACE

MEMPHIS, TN 38105

NONE

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:

PUBLIC CHARITIES

1,000.

2012

5/06/13

FEDERAL STATEMENTS

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

PAGE 2

26-1723439

500.

200.

100.

400.

200.

500.

06:19AM

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

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:

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:

AMOUNT GIVEN:

CANCER RESEARCH

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

PUBLIC CHARITIES

DISASTER RESPONSE AMERICAN RED CROSS 8550 ARLINGTON BLVD FAIRFAX, VA 22031

NONE

PUBLIC CHARITIES

DISASTER RESPONSE

DOCTORS WITHOUT BORDERS 333 SEVENTH AVE, 2ND FLOOR NEW YORK, NY 10001

NONE

FAMILY ASSISTANCE THE SALVATION ARMY

2626 PENNSYLVANIA AVE NW

WASHINGTON, DC 20037

NONE

PUBLIC CHARITIES

CANCER ASSISTANCE CAPITAL CARING 2900 TELESTAR CT

FALLS CHURCH, VA 22042

NONE

PUBLIC CHARITIES

MEDICAL ASSISTANCE

CHILDRENS HOSPITAL FOUNDATION

801 ROEDER ROAD #650 SILVER SPRING, MD 20910

NONE

PUBLIC CHARITIES

HISTORICAL PRESERVATION

1,000.

CLASS OF ACTIVITY:

2012 ·

FEDERAL STATEMENTS

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

PAGE 3

26-1723439

2,500.

1,000.

500.

200.

200.

500.

100.

5/06/13

06:19AM

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

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

AMOUNT GIVEN:

ORGANIZATIONAL STATUS OF DONEE:

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:

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:

AMOUNT GIVEN:

COLONIAL WILLIAMSBURG FOUNDATION

P.O. BOX 1776

WILLIAMSBURG, VA 23187

NONE

PUBLIC CHARITIES

EDUCATION

THE SMITHSONIAN INSTITUTION

P.O. BOX 37012 MRC 712 WASHINGTON, DC 20013

NONE

PUBLIC CHARITIES

FAMILY ASSISTANCE

RONALD MCDONALD HOUSE CHARITIES

520 SAND HILL RD PALO ALTO, CA 94304

NONE

PUBLIC CHARITIES

ANIMAL PROTECTION

BEST FRIENDS ANIMAL SOCIETY

5001 ANGEL CANYON RD

KANAB, UT 84741 NONE

PUBLIC CHARITIES

ANIMAL PROTECTION ASPCA ORGANIZATION

424 E. 92ND STREET NEW YORK, NY 10128

NONE

PUBLIC CHARITIES

PROGRAM SUPPORT WOUNDED WARRIOR PROJECT

4899 BELFORT RD #300 JACKSONVILLE, FL 32256

NONE

PUBLIC CHARITIES

MEDICAL ASSISTANCE CENTRAL UNION MISSION

P.O. BOX 96763

WASHINGTON, DC 20090

NONE

PUBLIC CHARITIES

9,900. TOTAL \$

2012 .

FEDERAL STATEMENTS

PAGE 4

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

26-1723439

5/06/13

06.19AM

STATEMENT 5 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

FRANK W. JENKINS BARBARA J. JENKINS