

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

For o	alen	dar year 2012 or tax year beginning		, and er	ding		
Nan	ne of	foundation				A Employer identificatio	n number
T.	ΗE	CHARLES L. PERKINS, SR	. CHARITABLE				
T	RU	ST				54-0674478	3
Num	ber a	nd street (or P O box number if mail is not delivered to street	address)		Room/suite	B Telephone number	
_9	04	HILLWOOD AVENUE	_			703-641-88	300
City	or to	own, state, and ZIP code				C If exemption application is i	pending, check here
_F	AL:	LS CHURCH, VA 22042					
G C	heck	all that apply: Initial return	Initial return of a fo	rmer public c	harity	D 1. Foreign organization	s, check here
		Final return	Amended return				
	`	Address change	Name change	<u>-</u>		Poreign organizations m check here and attach c	eeting the 85% test, omputation
H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation			E If private foundation sta	atus was terminated
	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	<u>ition</u>		under section 507(b)(1)(A), check here
1 Fa	ır ma	arket value of all assets at end of year J Accountil	ng method: X Cash	Accr	ıal	F If the foundation is in a	60-month termination
(fr	om l		her (specify)			under section 507(b)(1	
	\$	1,645,961. (Part I, colu	mn (d) must be on cash t	pasis.)			
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net in		(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a)	expenses per books	Inco	me	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	2,600.			N/A	
	2	Check X if the foundation is not required to attach Sch B			_		
	3	Interest on savings and temporary cash investments	7,979.		7,979.		STATEMENT 1
	4	Dividends and interest from securities	12,808.	1	<u>2,808.</u>		STATEMENT 2
	5a	Gross rents					
	b	Net rental income or (loss)					
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	4,054.				
Revenue	b	assets on line 6a 4,034.		 			
ev.	7	Capital gain net income (from Part IV, line 2)			4,054.		
_	8	Net short-term capital gain					
	9	Income modifications Gross sales lese returns					
	10a	and allowances					
		Less Cost of goods sold					
		Gross profit or (loss) Other income AUG 3 0 2013 Total Add lines 1 through 11					-
	11	Other income AUG 3 0 2013	27,441.	2	1 0 1 1		
	12		27,441.		<u>4,841.</u> 0.		0.
	13	Compensation of officers, directors, trustees etc Other employee, salaries and wages	0.		<u> </u>		1 0.
	14	Pension plans, employee benefits					
S	15	Legal fees STMT 3	225.		75.		150.
Sus		Accounting fees STMT 4	4,290.		$\frac{75.}{1,430.}$		2,860.
Expenses		Other professional fees	4,200.		1,430.		2,000.
ē H		Interest					
Operating and Administrative	18	Taxes					
istr	19	Depreciation and depletion					
nini	20	Occupancy					
Adr	21	Travel, conferences, and meetings					
힏	22	Printing and publications					<u> </u>
g	23	Other expenses STMT 5	1,186.		10.	_	1,176.
ıţi		Total operating and administrative	2,200				
era	- 1	expenses. Add lines 13 through 23	5,701.		1,515.		4,186.
ŏ	25	Contributions, gifts, grants paid	111,400.				111,400.
		Total expenses and disbursements.					1,
		Add lines 24 and 25	117,101.		1,515.		115,586.
	27	Subtract line 26 from line 12:					
		Excess of revenue over expenses and disbursements	<89,660.	>			
		Net investment income (if negative, enter -0-)	122,000		3,326.		
		Adjusted net income (if negative, enter -0-)				N/A	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2012)

THE CHARLES L. PERKINS, SR. CHARITABLE

	990-PF (2012) TRUST		54-0	16 / 44 / 8 Page 2
Par	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash - non-interest-bearing	39,808.	25,634.	25,634.
	2 Savings and temporary cash investments	1,699,643.	1,000,891.	
	Accounts receivable ►			
'	Less; allowance for doubtful accounts			
				
'	Pledges receivable ►			
	Less: allowance for doubtful accounts			
!	5 Grants receivable			
1	Receivables due from officers, directors, trustees, and other			
	disqualified persons	4,556.	4,400.	4,400.
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
, l	Inventories for sale or use			
76	Prepaid expenses and deferred charges			
Asi	· · ·			
11	Da Investments - U.S. and state government obligations			
	b Investments - corporate stock		500 440	610 055
	c Investments - corporate bonds STMT 6	0.	620,443.	612,057.
1	Investments - land, buildings, and equipment, basis			
	Less accumulated depreciation			
1:	2 Investments - mortgage Ioans			
1:	3 Investments - other			
14	Land, buildings, and equipment: basis ►			
	Less accumulated depreciation	İ		
11	5 Other assets (describe ► STATEMENT 7)	0.	2,979.	2,979.
'	Other assers (describe > DIAI MAN 1		2,515.	4,515.
	7. Tabel	1 744 007	1 654 247	1 645 061
	5 Total assets (to be completed by all filers)	1,744,007.	1,654,347.	1,645,961.
	7 Accounts payable and accrued expenses			
18	Grants payable			
S 1	Deferred revenue			
≝ 20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities 5	Mortgages and other notes payable			
<u>∃</u> 2	2 Other liabilities (describe ▶)			
2	3 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.			
8 2	•			
~				
	· · · ·			
80 20		· · ·		
Š	Foundations that do not follow SFAS 117, check here			
F	and complete lines 27 through 31.			
တ္က 2	7 Capital stock, trust principal, or current funds	2,094,614.	2,094,614.	
Assets	B Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
¥ 2	Retained earnings, accumulated income, endowment, or other funds	<350,607.⊳	<440,267.	•
₹ 30	Total net assets or fund balances	1,744,007.	1,654,347.	
3	1 Total liabilities and net assets/fund balances	1,744,007.	1,654,347.	
			<u> </u>	
Par	t III Analysis of Changes in Net Assets or Fund Ba	alances		
4 T-	tal not accord or fund halances at haginains of year. Boot II. solvers (a) has	20		.
	tal net assets or fund balances at beginning of year - Part II, column (a), line (วบ		1 544 005
•	ust agree with end-of-year figure reported on prior year's return)		1	1,744,007.
	ter amount from Part I, line 27a		2	<u> </u>
	ner increases not included in line 2 (itemize)		3	0.
4 Ad	d lines 1, 2, and 3		4	1,654,347.
5 De	creases not included in line 2 (itemize)	·	5	0.
6 To	tal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	1,654,347.
		- 		Form 990-PF (2012)

Part IV Capital Gains a	nd Losses for Tax on Ir	rvestmen	t Income						
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) I	(b) How acquired P - Purchase D - Donation		(c) Date (mo., c	acquired day, yr.)	(d) Date sold (mo., day, yr.)	
1a CAPITAL GAINS D	IVIDENDS							·	
<u>b</u>									
C			_	ļ					
d e					-				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus	
a 4,054.									4,054.
b		ļ						.	
C				\dashv					
d e									
	gain in column (h) and owned by	the foundation	on 12/31/69) Gains (C	Col. (h) gaın	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (ı) col. (ı), ıf any			cò	l. (k), but	not less that (from col. (n -0-) or
a									4,054.
b									
c				-					
d				\dashv					-
<u>e</u>	C 141	D I. I		7		1			
2 Capital gain net income or (net cap	, ((- ın Part I, lıne)	2				4,054.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, co	,	nd (6):		}				NT / N	
If (loss), enter -0- in Part I, line 8 Part V Qualification Un	der Section 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Ind	come	N/A	
(For optional use by domestic private f									
	·				,				
If section 4940(d)(2) applies, leave this	s рап Diank.								
Was the foundation liable for the section			•	lod?					Yes X No
If "Yes," the foundation does not qualify 1 Enter the appropriate amount in ea				ntrioc					
(a)	(b)	iistructions de	iore making any e				1		(d)
Base periód years Calendar year (or tax year beginning	A A	tributions	Net value of no	(c) nchai	rıtable [.]	-use assets		Distrib (col. (b) div	oùtión ratio rided by col. (c))
2011		2,162.		1	,79	0,136		(.096173
2010		5,207.				2,997			.126853
2009		2,075.				1,891			.039806
2008		7,958.				9,657			.037850
2007		3,960.		2	,03	8,444	•	Τ	.055905
2 Total of line 1, column (d)							2		.356587
3 Average distribution ratio for the 5- the foundation has been in existence		on line 2 by 5,	or by the number	of ye	ars		3		.071317
4 Enter the net value of noncharitable	e-use assets for 2012 from Part X,	line 5					4		1,652,157.
5 Multiply line 4 by line 3							5		117,827.
6 Enter 1% of net investment income	(1% of Part I, line 27b)						6		233.
7 Add lines 5 and 6							7		118,060.
8 Enter qualifying distributions from	Part XII, line 4						8		115,586.
If line 8 is equal to or greater than I See the Part VI instructions.	ine 7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 1'	% tax	rate.			

THE CHARLES L. PERKINS, SR. CHARITABLE

	n 990-PF (2012) TRUST		54-	06744	<u> 178</u>		Page 4	
	art VI Excise Tax Based on Investment Income (Sec		or 4948	- see in	stru	ıctio	ns)	
	ı Exempt operatıng foundations described in section 4940(d)(2), check here ▶	l l						
	Date of ruling or determination letter: (attach copy of	·		1				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, cl	eck here ▶ 🔛 and enter 1%	1	ļ		4	<u>67.</u>	
	of Part I, line 27b							
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizat						_	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundated and the section 511 (domestic section 4947(a)(1) trusts and taxable foundated and the section 4947(a)(1) trusts and taxable foundated and ta	ions only. Others enter -0-)	2	 			<u>0.</u> 67.	
	4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5. Tax based on investment income. Subtract line 4 from line 3. If zero or loss cotor -0-							
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, 6	nter -U-	5			4	<u>67.</u>	
	Credits/Payments:	ا ما حو	٦					
	2012 estimated tax payments and 2011 overpayment credited to 2012	6a 58	4 •					
	Exempt foreign organizations - tax withheld at source	66						
	Tax paid with application for extension of time to file (Form 8868)	60	\dashv					
	I Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d	6d	 ,	ľ		_	82.	
	Enter any penalty for underpayment of estimated tax. Check here if Forn	2220 is attached	8	 			04.	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	2220 IS attached	▶ 9	1	-	•		
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount	averacid	10				15.	
	Enter the amount of line 10 to be: Credited to 2013 estimated tax	115. Refunded					0.	
	art VII-A Statements Regarding Activities	TT3 • Relatited					<u> </u>	
	During the tax year, did the foundation attempt to influence any national, state,	or local legislation or did it participate or inter	vene in			Yes	No	
	any political campaign?				1a		х	
	Did it spend more than \$100 during the year (either directly or indirectly) for p	litical purposes (see instructions for definition	1)?		1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the	· · · · · · · · · · · · · · · · · · ·	•					
	distributed by the foundation in connection with the activities.							
C	Did the foundation file Form 1120-POL for this year?				1c		х	
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos	d during the year:		Γ				
	(1) On the foundation. ► \$ (2) On foundation	n managers. > \$	0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for pol	tical expenditure tax imposed on foundation						
	managers. ► \$0.							
2	Has the foundation engaged in any activities that have not previously been rep	rted to the IRS?			2		X	
	If "Yes," attach a detailed description of the activities							
	Has the foundation made any changes, not previously reported to the IRS, in it		on, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy o			_	3		<u>X</u>	
	Did the foundation have unrelated business gross income of \$1,000 or more d	ring the year?		.,,	4a		<u> </u>	
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	I/A	<u>4b</u>			
	Was there a liquidation, termination, dissolution, or substantial contraction dur	ng the year?		-	5		<u> </u>	
	If "Yes," attach the statement required by General Instruction T.	Vanturalis all authoris		•				
	Are the requirements of section 508(e) (relating to sections 4941 through 494) saustied either.						
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that 	a mandatory directions that conflict with the	ototo love			v		
	remain in the governing instrument?	io mandatory directions that connict with the	State law			х		
7	Did the foundation have at least \$5,000 in assets at any time during the year?			-	<u>6</u> 7	X		
	If "Yes," complete Part II, col (c), and Part XV			-	<u>'</u>	4		
	Enter the states to which the foundation reports or with which it is registered (s	ee instructions)						
	VA							
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	-PF to the Attorney General (or designate)						
	of each state as required by General Instruction G? If "No," attach explan	• • • •			8b	X		
	Is the foundation claiming status as a private operating foundation within the n		calendar		70			
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)	,	J		9		X	
	Did any persons become substantial contributors during the tax year? If "Yes," a				10		X	
			-					

Form **990-PF** (2012)

THE CHARLES L. PERKINS, SR. CHARITABLE

<u>Form</u>	990-PF (20	12) TRUST				54-0674	44 78		Page 5
		Statements Regardi	ng Activities (continu	ıed)					
11	At any time	during the year, did the founda	tion, directly or indirectly, ov	wn a controlled entity	within the meaning of				
		(b)(19)? If "Yes," attach schedu	· ·				11		_X_
12	Did the four	ndation make a distribution to a	donor advised fund over wh	nich the foundation oi	r a disqualified person ha	ad advisory privileges?			
		ich statement (see instructions)					_12		<u>X</u>
13		ndation comply with the public			d exemption application?)	13	X	
		dress WWW.CLPC	· · · · · · · · · · · · · · · · · · ·						
14		are in care of <u>CHARL</u>				lephone no. $\triangleright 703-64$			
		► <u>904 HILLWOOD</u>				ZIP+4 ▶ 2:	20 4 2		
15		17(a)(1) nonexempt charitable t	-		heck here	s. 1 1		. , _ ▶	
		ne amount of tax-exempt interes				▶ 15	N	/A	
16		during calendar year 2012, did		rest in or a signature	or other authority over a	bank,	1	Yes	No
		or other financial account in a fo					16		<u>X</u>
	_	ructions for exceptions and filir	ig requirements for Form 1L) F 90-22.1. If "Yes," e	inter the name of the for	eign			
Pa	country)	Statements Regardi	na Activities for W	hich Form 472	0 May Be Requir	red	<u> </u>		
		4720 if any item is checke					1	Yes	No
10		vear did the foundation (either o	•	umess an excepti	on applies.		 	1.62	140
14	•	e in the sale or exchange, or lea	, ,,	ialified nerson?		Yes X No			
		money from, lend money to, o				165 21 100			
		ialified person?	Totalor Mod externa erealt to	(or accept it it offi)		Yes X No			
	•	goods, services, or facilities to	(or accent them from) a dis	squalified nerson?		Yes X No			
		mpensation to, or pay or reimb				Yes X No			
		er any income or assets to a dis							
		benefit or use of a disqualified		., or online available		Yes X No			
		o pay money or property to a g		ion. Check "No"					
		oundation agreed to make a gra							
		ation of government service, if t				Yes X No			
b		er is "Yes" to 1a(1)-(6), did any		der the exceptions des	scribed in Regulations				
		4941(d)-3 or in a current notice				N/A	1b		
		ns relying on a current notice re				▶ 🗔			
C		ndation engage in a prior year in			oted acts, that were not o	corrected			
	before the f	ırst day of the tax year beginnin	g ın 2012?				1c		X
2	Taxes on fa	ilure to distribute income (secti	on 4942) (does not apply fo	r years the foundation	n was a private operating	foundation			
	defined in s	ection 4942(j)(3) or 4942(j)(5)	:						
a	At the end	of tax year 2012, did the founda	tion have any undistributed	income (lines 6d and	6e, Part XIII) for tax yea	r(s) beginning			
	before 2012	2?				Yes X No			
		the years ►		_ ,					
b		ny years listed in 2a for which th		•					
	valuation of	assets) to the year's undistribu	ited income? (If applying se	ction 4942(a)(2) to al	II years listed, answer "N				
		see instructions.)				N/A	2b		
C	If the provis	sions of section 4942(a)(2) are	being applied to any of the y	ears listed in 2a, list t	he years here.				
		,		,	-	_			
3a		ndation hold more than a 2% di	rect or indirect interest in an	y business enterprise	at any time				
	during the y					Yes X No			
b		it have excess business holding	•		•	·			
		69; (2) the lapse of the 5-year p							
		acquired by gift or bequest; or	· ·						
), to determine if the founda		• ,		N/A	3b	 	
		ndation invest during the year a					4a	$\vdash \vdash \mid$	<u>X</u>
b		ndation make any investment in		•		table purpose that			
	nad not bee	n removed from jeopardy befor	e the first day of the tax year	r beginning in 2012?			4b	ıl	X

Form **990-PF** (2012)

THE CHARLES L. PERKINS, SR. CHARITABLE 54-0674478 Form 990-PF (2012) TRUST Page 6 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A ⊥ Yes └ No If "Yes," attach the statement required by Regulations section 53.4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b X If "Yes" to 6b, file Form 8870 Yes X No. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred (c) Compensation (e) Expense account, other allowances (b) Title, and average hours per week devoted to position (If not paid, enter -0-) (a) Name and address CHARLES L. PERKINS, SR. TRUSTEE 904 HILLWOOD AVE. 0 0 0. FALLS CHURCH, VA 22042 5.00 TRUSTEE MARIAN COOK 904 HILLWOOD AVE. FALLS CHURCH, VA 22042 2.00 0 0 0. JOHN P. CUMMINS III TRUSTEE 5018 N. 36TH ST. 1.00 0 0 0. ARLINGTON, VA 22207 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average (e) Expense account, other allowances (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation NONE

Form **990-PF** (2012)

Total number of other employees paid over \$50,000

Total. Add lines 1 through 3

All other program-related investments. See instructions.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see instructions)
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	0.
b	Average of monthly cash balances	1b	0. 1,677,317.
C	Fair market value of all other assets	1c	<u> </u>
d	Total (add lines 1a, b, and c)	1d	1,677,317.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,677,317.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	25,160.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,652,157.
6_	Minimum investment return. Enter 5% of line 5	6	82,608.
P	art XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	82,608.
2a	Tax on investment income for 2012 from Part VI, line 5		
Ь	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	467.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	82,141.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	82,141.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	82,141.
P	art XII Qualifying Distributions (see instructions)		,
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	115,586.
b	Program-related investments - total from Part IX-B	1b	0.
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:	- 1	
a	Suitability test (prior IRS approval required)	3a	
b		3ь	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	115,586.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	115,586.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation of	malifies f	or the section

4940(e) reduction of tax in those years.

54-0674478 Page 9

Part XIII	Undistributed	Income	(see instructions

,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				
line 7				82,141.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007 14,140.				
b From 2008				
c From 2009				
d From 2010 149,099.				
e From 2011 83,029.				
f Total of lines 3a through e	246,268.			
4 Qualifying distributions for 2012 from	240,2001			
Part XII, line 4: ▶ \$ 115,586.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior			0.	
years (Election required - see instructions)		0.		
· · · · · · · · · · · · · · · · · · ·				
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U•			02 141
d Applied to 2012 distributable amount	22 445			82,141.
e Remaining amount distributed out of corpus	33,445.	* -	-	
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	279,713.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	14,140.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	265,573.			
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010 149,099.				
d Excess from 2011 83,029.				
<u>e Excess from 2012</u> 33,445.				

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors;

c Any submission deadlines:

TRUST

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment · Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or **Amount** any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year CANCER SUPPORT SERVICES N/A PUBLIC CHARITABLE PURPOSES OF 2901 BREEZEWOOD LANE ORGANIZATION KNOXVILLE, TN 37921 20. CHILDREN'S WISH FOUNDATION CHARITABLE PURPOSES OF N/A PUBLIC ORGANIZATION 8615 ROSWELL ROAD 700, ATLANTA, GA 30350 N/A COLUMBIA BAPTIST CHURCH FOOD PANTRY PUBLIC CHARITABLE PURPOSES OF ORGANIZATION 103 W. COLUMBIA STREET FALLS CHURCH, VA 22046 13,007. JESSICA SZYMANSKI SCHOLARSHIP FUND N/A PUBLIC CHARITABLE PURPOSES OF 195 HILLWOOD AVENUE ORGANIZATION FALLS CHURCH, VA 22042 2,500. JOBS FOR VIRGINIA GRADUATES N/A PUBLIC EDUCATIONAL PURPOSES 1805 MONUMENT AVENUE #611 OF ORGANIZATION RICHMOND 20 000. VA 23220 CONTINUATION SHEET(S) Total SEE ▶ 3a 111,400. b Approved for future payment NONE Total

Form **990-PF** (2012)

54-0674478

Page 11

orm 990-PF (2012) TRUST				54-0	674478 Page
Part XVI-A Analysis of Income-Prod	ducing Activitie	s			
nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	_		 		
b	_ _				
<u> </u>					
d			 	-	
·					
g Fees and contracts from government agencies				1	-
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	7,979.	
4 Dividends and interest from securities		, 	14	7,979.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property		<u>.</u>			
6 Net rental income or (loss) from personal	1				
property					
7 Other investment income			 		
8 Gain or (loss) from sales of assets other			14	4,054.	
than inventory Net income or (loss) from special events	 		14	4,054.	
Gross profit or (loss) from sales of inventory			+ + -		
1 Other revenue:	-		 		
a					
b					
c					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0.	<u>, </u>	24,841.	
3 Total. Add line 12, columns (b), (d), and (e)				13	24,84
See worksheet in line 13 instructions to verify calculations	.)				
Part XVI-B Relationship of Activitie	s to the Accom	plishment of E	xempt Pu	ırposes	
Line No. Explain below how each activity for which ii	noome is reported in a	olumn (a) of Part VIII-	\ contributed	importantly to the accomp	lichment of
the foundation's exempt purposes (other th			4 continuated	importantly to the accomp	nament of
N/A			-		
	-	-			
I					

223621 12-05-12

Part	XVII	Information Re Exempt Organ		sfers To a	and Transactions a	and Relations	hips With Nonch	aritable	•	
1 D	ud the ord			of the followin	g with any other organizati	on described in sect	on 501(c) of		Yes	No
					7, relating to political organ					
	-	rom the reporting founda								
	1) Cash	g			,			1a(1)		X
•	2) Other	assets						1a(2)		X
-	ther trans									
(1) Sales	of assets to a noncharital	ble exempt organizat	ion				1b(1)		X
(2) Purch	ases of assets from a no	ncharitable exempt o	rganızatıon				1b(2)		X
(;	3) Renta	of facilities, equipment,	or other assets					1b(3)		X
(-	4) Reimb	oursement arrangements						1b(4)	<u> </u>	X
•	•	or loan guarantees						1b(5)		X
•	•	mance of services or me						1b(6)		X
		facilities, equipment, ma			pioyees dule. Column (b) should al	waya ahaw tha fair r	narket value of the good	L 1c	L	
0	r services		oundation. If the four	idation receive	ed less than fair market val					
a) Line		(b) Amount involved			exempt organization	(d) Description	n of transfers, transactions, a	nd sharing a	Tangeme	ents
a) Line	,110	(b) / mount involved	(b) Namo or	N/A	- Oxompt organization	(6) 5000.5.00				
		<u> </u>			· · · · · · · · · · · · · · · · · · ·					
									_	
					 					
	-									
					·					
	_									
	- -				•••	_				
	-									
	<u> </u>									
2a	s the four	ndation directly or indirec	tly affiliated with, or r	elated to, one	or more tax-exempt organ	izations described				
		501(c) of the Code (other	-					Yes	X	No
ЬI	f "Yes," co	mplete the following sch	edule.							
		(a) Name of org	ganization		(b) Type of organization		(c) Description of relation	nship		
		N/A								
								-		
					· · · · · · · · · · · · · · · · · · ·					
Sig Her	n and be				ig accompanying schedules and in taxpayer) is based on all infor	mation of which prepare		May the IRS return with the shown below	ne prepa v (see in:	rer
	Sign	ature of officer or trustee			Date	Title				
		Print/Type preparer's na	ame	Preparer's	ignature /	Date	Check if PTI self- employed	IN		
Pai	d	RANDOLPH S	HAPIRO	M		07/31/13	· · · · · · · · · · · · · · · · · · ·	00339	849)
Pre	parer Only	Firm's name ► MUR		ON, WH	ITE & ASSOC					
- 56	. . y				VD., SUITE	L130				
		FA FA	LLS CHURC	H, VA	22042-2333		Phone no. 703	-237-		
								-corm 2924		170171

TRUST

54-0674478

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor JOEY PIZZANO FUND N/A PUBLIC TEACHING SPECIAL NEEDS 1019 CAMERON STREET CHILDREN TO SWIM ALEXANDRIA, VA 22314 2,100. LIONS CLUB OF FALLS CHURCH N/A PUBLIC CHARITABLE PURPOSES OF ORGANIZATION P.O. BOX 6132 FALLS CHURCH VA 22042 2,000. MARCH OF DIMES N/A PUBLIC CHARITABLE PURPOSES OF 1275 MAMARONECK AVENUE DRGANIZATION WHITE PLAINS, NY 10605 100. PUBLIC N/A NATIONAL CHILDREN'S CANCER SOCIETY SUPPORTING FAMILIES OF 1 S. MEMORIAL DRIVE #800 CHILDREN WITH CANCER ST LOUIS, MO 63102 500. OTHER PAYMENTS N/A PAYMENTS MADE ON BEHALF OF INDIGENT INDIVIDUALS 17.893. BOYS' AND GIRLS' HOMES YOUTH FOR TOMORROW N/A PUBLIC 11835 HAZEL CIRCLE DRIVE BRISTOW, VA 20136 51,000. VIRGINIA NATIONAL GUARD ASSOCIATION N/A PUBLIC CHARITABLE PURPOSES OF PROGRAM ORGANIZATION P.O. BOX 299 BLACKSTONE, VA 23824 200. PUBLIC CHARITABLE PURPOSES OF SPECIAL OLYMPICS VIRGINIA N/A 3212 SKIPWITH ROAD, SUITE 100 ORGANIZATION 200. RICHMOND VA 23294 PUBLIC DISABLED POLICE AND SHERIFFS N/A CHARITABLE PURPOSES OF FOUNDATION ORGANIZATION 23 TEABERRY DRIVE CHEPACHET, RI 02814 15. NATIONAL POLICE AND TROOPER N/A PUBLIC CHARITABLE PURPOSES OF ASSOCIATION ORGANIZATION 1549 RINGLING BLVD, 6TH FLOOR SARASOTA FL 34236 15. Total from continuation sheets 75 173. TRUST

<u>54-0</u>674478

Part XV Supplementary Information 3 Grants and Contributions Paid During the V		•		<u> </u>
Recipient	If recipient is an individual, show any relationship to	Foundation	Durpose of great or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
LEUKEMIA AND LYMPHOMA SOCIETY	N/A	PUBLIC	CHARITABLE PURPOSES OF	
1311 MAMARONECK AVENUE, SUITE 310 WHITE PLAINS, NY 10605	N/A	FOBLIC	ORGANIZATION	1,00
CENTRAL UNION MISSION P.O. BOX 96763	N/A	PUBLIC	CHARITABLE PURPOSES OF ORGANIZATION	
WASHINGTON, DC 20090				50
OCEAN CITY VOLUNTEER FIRE DEPARTMENT P.O. BOX 27	N/A	PUBLIC	CHARITABLE PURPOSES OF ORGANIZATION	
OCEAN CITY, MD 21842				100
				
Total from continuation sheets				

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY C	ASH II	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
VIRGINIA COMMERCE BANK - CHE VIRGINIA COMMERCE BANK - MON WELLS FARGO		RKET					1. 1.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A			7,9	79.
FORM 990-PF DIVIDENT	OS ANI	INTER	EST FROM	SECUI	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A	A)
WELLS FARGO			16,862.		4,054.	12,8	308.
TOTAL TO FM 990-PF, PART I,	LN 4		16,862.		4,054.	12,8	808.
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
LEGAL FEES		225.		75.			50.
TO FM 990-PF, PG 1, LN 16A		225.		75.		1	50.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	4
DESCRIPTION	EXPE	A) INSES BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
ACCOUNTING - MURRAY, JONSON, WHITE & ASSOC. FOR PREPARATION OF FORM 990-PF		4,290.	1,	,430.		2,8	360.
TO FORM 990-PF, PG 1, LN 16B		4,290.	1,	430.		2,8	860.
<u>-</u>							

FORM 990-PF	OTHER EXPENSES				STATEMENT	
	(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC		(C) ADJUSTEI NET INCOM		
TELEPHONE BANK FEES	1,176.		0. 10.		1,1	76. 0.
TO FORM 990-PF, PG 1, LN 23	1,186.		10.		1,1	76.
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	т
LORD ABBETT HIGH YIELD FD A		620,443.		612,057.		
TOTAL TO FORM 990-PF, PART II,	LINE 10C			620,443.	612,0	57.
FORM 990-PF	OTHER A	ASSETS			STATEMENT	7
DESCRIPTION		NING OF K VALUE		OF YEAR OK VALUE	FAIR MARKE VALUE	т
DIVIDENDS RECEIVABLE		0.		2,979.	2,979.	
TO FORM 990-PF, PART II, LINE	15	0.		2,979.	2,9	79.

Form **8868**

(Rev. January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury

• If vouser			ication for each return.									
you as	e filing for an Automatic 3-Month Extension, comple	te only Pa	ert I and check this box			X						
• If you ar	e filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).								
	mplete Part II unless you have already been granted a											
Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation												
	required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension											
	file any of the forms listed in Part I or Part II with the ex											
	Benefit Contracts, which must be sent to the IRS in pap											
	rs.gov/efile and click on e-file for Charities & Nonprofits					····,						
Part Is	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).								
A corporat	ion required to file Form 990-T and requesting an autor											
Part I only					•							
All other co to file incor	orporations (including 1120-C filers), partnerships, REM me tax returns.			it an exten	sion of time							
Type or	ype or Name of exempt organization or other filer, see instructions. Employer identification number (El											
print	THE CHARLES L. PERKINS, SR		Shiployer identification flumber (EIN) or									
TRUST					54-0674478							
File by the due date for	ile by the											
filing your	904 HILLWOOD AVENUE	00 11.001.00		OCCIAI SE	curity number (SSN	1						
return See	City, town or post office, state, and ZIP code. For a fo	reign add	ress see instructions	L								
	FALLS CHURCH, VA 22042	21 61G11 600	1833, 388 1131140110113.									
.		~										
Enter the F	Return code for the return that this application is for (file	a separa	te application for each return)			0 4						
Application	n	Return	Application		·	Return						
ls For		Code	Is For			Code						
Form 990 (or Form 990-EZ	01	Form 990-T (corporation)			07						
Form 990-E		02	Form 1041-A		08							
_	(individual)	03	Form 4720		09							
Form 990-F		04	Form 5227	·····		10						
	T (sec. 401(a) or 408(a) trust)	05										
	(trust other than above)	06	Form 6069 11 Form 8870 12									
	(4.20.04.4.					1 12						
	CHARLES L. PERI	KINS.										
• The boo	CHARLES L. PERI			A 220	12							
	oks are in the care of > 904 HILLWOOD A		- FALLS CHURCH, V	A 220	42							
Telepho	oks are in the care of ▶ <u>904 HILLWOOD A</u> one No. ▶ <u>703-641-8800</u>	VENUE	- FALLS CHURCH, V									
Telepho If the or	oks are in the care of \triangleright 904 HILLWOOD At one No. \triangleright 703-641-8800 ganization does not have an office or place of business	VENUE	- FALLS CHURCH, V FAX No. ► Inted States, check this box			Dook thus						
Telepho If the or	oks are in the care of \blacktriangleright 904 HILLWOOD Average one No. \blacktriangleright 703-641-8800 ganization does not have an office or place of business for a Group Return, enter the organization's four digit	VENUE in the Un Group Exe	FALLS CHURCH, V FAX No. ► Inted States, check this box Imption Number (GEN)		r the whole group, c							
Telepho If the or If this is	oks are in the care of 904 HILLWOOD At the No. 703-641-8800 ganization does not have an office or place of business for a Group Return, enter the organization's four digit 1 If it is for part of the group, check this box	VENUE s in the Un Group Exe and atta	FALLS CHURCH, V FAX No. ► Inted States, check this box Imption Number (GEN) Ich a list with the names and EINs or	f this is fo	r the whole group, c							
Telepho If the ord If this is box If this is	oks are in the care of 904 HILLWOOD At one No. 703-641-8800 ganization does not have an office or place of business for a Group Return, enter the organization's four digit If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation)	S in the Un Group Exe and atta	FALLS CHURCH, V FAX No. ► Inted States, check this box Imption Number (GEN)	If this is fo f all memb until	r the whole group, cers the extension is							
Telepho If the or If this is box I requ	oks are in the care of > 904 HILLWOOD At one No. > 703-641-8800 ganization does not have an office or place of business for a Group Return, enter the organization's four digit of the group, check this box > 1. If it is for part of the group of the group of the group of the gro	S in the Un Group Exe and atta	FALLS CHURCH, V FAX No. ► Inted States, check this box Imption Number (GEN) Ich a list with the names and EINs or	If this is fo f all memb until	r the whole group, cers the extension is							
Telepho If the ord If this is box I required Is for	oks are in the care of 904 HILLWOOD At one No. 703-641-8800 ganization does not have an office or place of business for a Group Return, enter the organization's four digit I it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exempt the organization's return for:	S in the Un Group Exe and atta	FALLS CHURCH, V FAX No. ► Inted States, check this box Imption Number (GEN)	If this is fo f all memb until	r the whole group, cers the extension is							
Telepho If the ord If this is box ▶ I required Is for	oks are in the care of 904 HILLWOOD Average in the care of 904 HILLWOOD Average in the care of business of the second in the care of business of the group in the	VENUE in the Un Group Exe and atta required to	FALLS CHURCH, V FAX No. ► Inted States, check this box Imption Number (GEN) Ich a list with the names and EINs or to file Form 990-T) extension of time tion return for the organization name	If this is fo f all memb until	r the whole group, cers the extension is							
Telepho If the ord If this is box ▶ I required Is for	oks are in the care of 904 HILLWOOD At one No. 703-641-8800 ganization does not have an office or place of business for a Group Return, enter the organization's four digit I it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exempt the organization's return for:	VENUE in the Un Group Exe and atta required to	FALLS CHURCH, V FAX No. ► Inted States, check this box Imption Number (GEN)	If this is fo f all memb until	r the whole group, cers the extension is							
Telepho If the ord If this is box ▶ I required is for	oks are in the care of 904 HILLWOOD Average in the care of 904 HILLWOOD Average in the care of business of the second in the care of business of the group in the	venue s in the Un Group Exe and atta required t t organizat	FALLS CHURCH, V FAX No. ► Inted States, check this box Imption Number (GEN) Ich a list with the names and EINs or to file Form 990-T) extension of time tion return for the organization name d ending	If this is fo f all memb until	r the whole group, cers the extension is							
Telepho If the ord If this is box 1 required is for a second in the content	oks are in the care of 904 HILLWOOD At one No. 703-641-8800 ganization does not have an office or place of business for a Group Return, enter the organization's four digit If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exemp the organization's return for: Calendar year 2012 or tax year beginning tax year entered in line 1 is for less than 12 months, co	s in the Un Group Exe and atta required to torganization , and	FALLS CHURCH, V FAX No. ▶ Inted States, check this box Imption Number (GEN) Ich a list with the names and EINs or to file Form 990-T) extension of time tion return for the organization name d ending Initial return	if this is fo f all memb until ed above.	r the whole group, cers the extension is							
Telepho If the ord If this is box 1	oks are in the care of 904 HILLWOOD At one No. 703-641-8800 ganization does not have an office or place of business for a Group Return, enter the organization's four digit If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exemp the organization's return for: Calendar year 2012 or tax year beginning tax year entered in line 1 is for less than 12 months, co Change in accounting period sapplication is for Form 990-BL, 990-PF, 990-T, 4720, or	s in the Un Group Exe and atta required to torganization , and	FALLS CHURCH, V FAX No. ▶ Inted States, check this box Imption Number (GEN) Ich a list with the names and EINs or to file Form 990-T) extension of time tion return for the organization name d ending Initial return	If this is fo f all memb until ed above.	r the whole group, cers the extension is The extension	for.						
Telepho If the ord If this is box 1 1 required is for a second in this is a second in the control of the con	oks are in the care of 904 HILLWOOD At one No. 703-641-8800 ganization does not have an office or place of business for a Group Return, enter the organization's four digit If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exemp the organization's return for: Calendar year 2012 or tax year beginning tax year entered in line 1 is for less than 12 months, co Change in accounting period sapplication is for Form 990-BL, 990-PF, 990-T, 4720, of efundable credits. See instructions.	s in the Un Group Exe and atta required to torganizate , and heck reason	FALLS CHURCH, V FAX No. ▶ Inted States, check this box Imption Number (GEN) Ich a list with the names and EINs or to file Form 990-T) extension of time tion return for the organization name d ending on: ☐ Initial return ☐ Inter the tentative tax, less any	if this is fo f all memb until ed above.	r the whole group, cers the extension is							
Telepho If the ord If this is box I required is for the control of this is for the control of the control of this is for the control of the control	oks are in the care of 904 HILLWOOD At the No. 703-641-8800 ganization does not have an office or place of business for a Group Return, enter the organization's four digit of the group, check this box uest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exemptate organization's return for: X calendar year 2012 or tax year beginning A tax year entered in line 1 is for less than 12 months, contains a polication is for Form 990-BL, 990-PF, 990-T, 4720, or efundable credits. See instructions.	in the Un Group Exe and atta required to torganizate , and heck reasons	FALLS CHURCH, V FAX No. ▶ Inted States, check this box Imption Number (GEN)	if this is fo fall memb until ed above.	r the whole group, coers the extension is The extension	for.						
Telepho If the ord If this is box I required is for the content of the content	oks are in the care of 904 HILLWOOD At one No. 703-641-8800 ganization does not have an office or place of business for a Group Return, enter the organization's four digit 1. If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exemp the organization's return for: X calendar year 2012 or tax year beginning A tax year entered in line 1 is for less than 12 months, corporation Change in accounting period s application is for Form 990-BL, 990-PF, 990-T, 4720, or efundable credits. See instructions. s application is for Form 990-PF, 990-T, 4720, or 6069, nated tax payments made. Include any prior year overp	in the Underson and atta required to the organization of 6069, each of 6069, each organization and atta to the content of 6069, each of 6069,	FALLS CHURCH, V FAX No. ▶ Inted States, check this box Imption Number (GEN) Inch a list with the names and EINs or to file Form 990-T) extension of time tion return for the organization name d ending Initial return Inter the tentative tax, less any refundable credits and llowed as a credit	If this is fo f all memb until ed above.	r the whole group, cers the extension is The extension	for.						
Telepho If the ord If this is box I required to the control of this is for the control of the control of this is the control of	oks are in the care of 904 HILLWOOD At the No. 703-641-8800 ganization does not have an office or place of business for a Group Return, enter the organization's four digit of a Group Return, enter the organization's four digit of the group, check this box uest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exemple the organization's return for: Calendar year 2012 or tax year beginning At ax year entered in line 1 is for less than 12 months, contains a counting period sapplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, nated tax payments made. Include any prior year overpince due. Subtract line 3b from line 3a. Include your particular in the subtract line 3b from line 3a. Include your particular in the subtract line 3b from line 3a. Include your particular in the subtract line 3b from line 3a. Include your particular in the subtract line 3b from line 3a. Include your particular in the subtract line 3b from line 3a. Include your particular in the subtract line 3b from line 3a. Include your particular in the subtract line 3b from line 3a. Include your particular in the subtract line 3b from line 3a. Include your particular in the subtract line 3b from line 3a. Include your particular in the subtract line in the subtract l	s in the Un Group Exe and atta required t t organizat heck rease or 6069, et enter any payment all	FALLS CHURCH, V FAX No. ▶ Inted States, check this box Imption Number (GEN) Ich a list with the names and EINs or to file Form 990-T) extension of time tion return for the organization name d ending Initial return Inter the tentative tax, less any refundable credits and flowed as a credit th this form, if required,	If this is fo fall membuntiled above. Final retur	r the whole group, cers the extension is The extension	0. 582.						
Telepho If the ord If this is box I required to the control of this is for the control of this is for the control of this is for the control of this is estimated by use the control of this is the control	oks are in the care of 904 HILLWOOD At one No. 703-641-8800 ganization does not have an office or place of business for a Group Return, enter the organization's four digit 1. If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation AUGUST 15, 2013 , to file the exemp the organization's return for: X calendar year 2012 or tax year beginning A tax year entered in line 1 is for less than 12 months, corporation Change in accounting period s application is for Form 990-BL, 990-PF, 990-T, 4720, or efundable credits. See instructions. s application is for Form 990-PF, 990-T, 4720, or 6069, nated tax payments made. Include any prior year overp	s in the Un Group Exe and atta required to torganizat torganizat or 6069, et enter any eayment all syment wit See instru	FALLS CHURCH, V FAX No. ▶ Inted States, check this box Imption Number (GEN) Inter the tentative tax, less any refundable credits and llowed as a credit this form, if required, ctions.	if this is fo f all memb until ed above. Final retur 3a 3b 3c	r the whole group, coers the extension is The extension s \$	0. 582.						

223841 01-21-13