Department of the Treasury Internal Revenue Service

**Return of Private Foundation** or Section 4947(a)(1) Trust Treated as Private Foundation

▶Do not enter social security numbers on this form as it may be made public. ▶Go to www.irs.gov/Form990PF for instructions and the latest information.

	<u> </u>	and ending		A Emple	oyer Identification number	
ĶĮN	S FAMILY FOUNDATION .					
759	LEGERE CT	. Ro	om/suite			s)
			C If exemption application is pending, check here			
		arity	D 1 F	oreign organizations, check h	ere 🕨	
		•	2. Fo	oreign organizations meeting	the	
	Address change Name cha	l	• •			
W. Charles and a second					ate foundation status was ter	minated under
Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation				section	on 507(b)(1)(A), check here	<b>▶</b> <u> </u>
I Fair market value of all assets at J Accounting method Cash X Accrual					foundation is in a 60-month t	ermination
d of ye	· · · · · · · · · · · · · · · · · · ·			under	r section 507(b)(1)(B), check	here 🕨
		be on cash basis)		<u> </u>	<u> </u>	(d) Dishumanasia
rt-l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books			(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)	100,000				A PARTITION
2	Check ► if the foundation is <b>not</b> required to attach Sch. B	<b>查以下,</b>	<b>被没有</b>	动力的	<b>家公司</b>	GOLD THE LAND
3	Interest on savings and temporary cash investments				p <del>r. 1</del>	日本の大学 14年 14年 14日
4	Dividends and interest from securities	<u>'</u>			REC	INFO WINE
5a	Gross rents	Mark 1999 (Mark) 2 / Mark 199	Audience in marrie		10 To	The second second
b	Net rental income or (loss)		APPLIANCE OF THE PARTY OF THE P	EAST AV	PURIL	
6a	Net gain or (loss) from sale of assets not on line 10	SET 19 2 3 SECTION SET OF SECURITY SET	AND SO THE			0.4U.CU (0.40)
_b	· · · · · · · · · · · · · · · · · · ·	THE STREET STREET STREET				10 Marie
		<b>福州的</b>	AND THE PARTY OF T	enter Antonio	331 33 8 (S) (O) (A)	THE PART OF THE PA
-	. •	And the second second	TO MOUNT OF		<del> </del>	
_		<b>学生工作的企业工作的工作</b>			THE TRANSPORT	
			TAMES AND ASSESSMENT	# 2.7.7.7	78.2.5171.000	
c	-	SERVICE CO. S. TOPER SECT SERVICES		A THE PARTY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
11	* * * * * * * * * * * * * * * * * * * *					THE PLANT OF THE PARTY.
12	Total. Add lines 1 through 11	100,000		0	(	) to the same of t
13	Compensation of officers, directors, trustees, etc	0				
14	Other employee salaries and wages				<del></del>	
15	Pension plans, employee benefits				·:	<u> </u>
16a	Legal fees (attach schedule)				<del> </del>	<u> </u>
b		170	<u> </u>		<del>                                      </del>	<del> </del>
C		1/9	ļ		-	<del> </del>
1		<del></del>		<del></del>	<del> </del>	
			<del> </del>			
						Committee Contract No. 10 Contract Co. Co.
		298				1
22	Printing and publications					
23	Other expenses (att. sch )					
24	Total operating and administrative expenses.	14				
	Add lines 13 through 23	477		0		· c
25	Contributions, gifts, grants paid	<u></u>	<b>经现在的</b>			
26	Total expenses and disbursements. Add lines 24 and 25		F W ADVENUE - 130 M	0 50,74599155571 ==	· Topacian according magneticana	Company of control of acceptance
1						
a	•	99,523	SAM WAS A		THE STATE OF THE S	
b	· -	业位置的证据。 1. 10 10 10 10 10 10 10 10 10 10 10 10 10	ACCEPTANT TO A ST	O STATE OF THE STA		MARKET ENGLANDS
C	Adjusted net income (if negative, enter -0-) work Reduction Act Notice, see instructions.	二种性性的情况,但是	<b>一种大学的大学的大学</b>	(在對於人類的	št	Form 990-PF (2018
	DKIN ber and 759 or town, TLEA neck a neck ty ection ar mark d of ye 16) 1 2 3 4 5a b 6a b 7 8 9 10a b c 11 12 13 14 15 16a b c 17 18 19 20 21 22 23 24 25 26 27 a	DETINS FAMILY FOUNDATION  Der and street (or P O box number if mail is not delivered to street address)  759 LEGERE CT  Tor town, state or province, country, and ZIP or foreign postal code  CLEAN.  VA 22102  Teck all that apply  Initial return  Amended  Address change  Name chance type of organization.  Section 501(c)(3) exempt private extend 4947(a)(1) nonexempt chantable trust  Other taxable in market value of all assets at dof year (from Part II, col (c), 2 16) ▶ \$ 99,523  Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))  1 Contributions, gifts, grants, etc., received (attach schedule)  2 Check ▶ ☐ if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments  4 Dividends and interest from secunities  5a Gross rents  b Net rental income or (loss)  6a Net gain or (loss) from sale of assets not on line 10  b Gross sales pince for all assets on line 6a  7 Capital gain net income (from Part IV line 2)  8 Net short-term capital gain  9 Income modifications  10a Gross sales returns and allowances  b Less Cost of goods sold  c Gross profit or (loss) (attach scriedule)  12 Total. Add lines 1 through 11  13 Compensation of officers, directors, trustees, etc  14 Other employee salaries and wages  15 Pension plans, employee benefits  16a Legal fees (attach schedule)  C Other professional fees (attach schedule)  C Other professional fees (attach schedule)  C Other professional fees (attach schedule)  Travel, conferences, and meetings  Printing and publications  Other expenses (att. sch)  17 Interest  18 Taxes (attach schedule) (see instructions)  19 Depreciation (attach schedule) and depletion  Occupancy  Travel, conferences, and meetings  Printing and publications  Other expenses (att. sch)  14 Total operating and administrative expenses.  Add lines 13 through 23  Conlinations, gifts, grants paid  26 Total expenses and disbursements. Add lines 24 and 25  Total expenses and	DEFINITION OF TABLET FOUNDATION  Der and street (or P O box number if mail is not delivered to street address)  Professory of the province, country, and ZIP or foreign postal code.  The country of a former public character of a former public charac	DELINS FAMILY FOUNDATION   Provided to street address   Provided to stre	A Emptines   Emptine	A Employer identification number and attention of P O box number of main and editivened to attent address)  for and stored for P O box number of main and delivered to attent address)  for town, stalls or province, country, and ZIP or foreign position code;  ILEAN.  CVA 22102  C If exemption application is perificially an analysis of Recombusing and Company (Company)  Final return   Andress change   Name change   19 Foreign expensions, check a lithat apply   Andress change   Name change   19 Foreign engangements, check in execution 4947(a)(1) nonexempt charitable trust   Other taxable private foundation   5   Foreign engangements and execution 4947(a)(1) nonexempt charitable trust   Other taxable private foundation   15   Foreign engangements making a company of the control and trust of a foreign private foundation   15   Foreign engangements making a color of the control of the

For	m 990	PF (2018) ADKINS FAMILY FOUNDATION		63-33164		Page 2
Ž F	art II	Balance Sheets Attached schedules and amounts in the description column		Beginning of year	<del> </del>	of year
		should be for end-or-year amounts only (see instructions		(a) Book Value	(b) Book Value	(c) Fair Market Value
-		Cash – non-interest-bearing		<u> </u>	99,523	99,523
1		Savings and temporary cash investments		(A-41) 4 47 1 (1 f. *		465 474 1761 51H
ı	3	Accounts receivable ▶			The state of the s	History Carl
- [		Less allowance for doubtful accounts ▶		A SALE SALES LA SETATE	The Starfi	200 E. E. W. W.
}	4	Pledges receivable >			A THE THE PARTY	
}	_	Less allowance for doubtful accounts ▶		<u>}</u>	<del> </del>	
ł	5	Grants receivable		<del> </del>		<del></del>
1		Receivables due from officers, directors, trustees, and other		1		
-		disqualified persons (attach schedule) (see		1	}	
1	-	instructions)		274 gg 2 apr 0 344 gg og.	Line of the arthurs	and the same
	7	Other notes and loans receivable (att. schedule)	0			
-		Less allowance for doubtful accounts ▶	U			
왕	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
4	_	Investments ~ U.S. and state government obligations (attach schedule)				
- {	b	Investments – corporate stock (attach schedule)			ļ	<u> </u>
ļ	C	Investments – corporate bonds (attach schedule)		型的经常知识和		of the state of the state of
- {	11	Investments – land, buildings, and equipment basis		Manager Control of the Control of th		16 In 188 S
ļ	40	Less accumulated depreciation (attach sch.)				
Į	12	Investments – mortgage loans			<del> </del>	<del></del>
	13	Investments – other (attach schedule)		42 W. J. 74 - 144 . 45	" What will the world got a side	Proceedings of the same
	14	Land, buildings, and equipment basis			-	
}	45	Less accumulated depreciation (attach sch.)	,	<u> </u>	<del> </del>	<del> </del>
	15	Other assets (describe	)	<del> </del>	<del> </del>	<del></del>
Ì	16	Total assets (to be completed by all filers – see the		1	99,523	00 523
+	17	Instructions Also, see page 1, item I)		0	99,523	99,523
)		Accounts payable and accrued expenses			<del> </del>	
ဖွ	18	Grants payable			<u> </u>	1. Sept. 34
	19	Deferred revenue		<del></del>		<b>从最后的</b>
園	20	Loans from officers, directors, trustees, and other disqualified persons		<del></del>	<del> </del>	a Parister
Liabilities	21	Mortgages and other notes payable (attach schedule)				
- [	22	Other liabilities (describe	)		<u> </u>	
+	23	Total liabilities (add lines 17 through 22)	<b>▶</b>   <b>X</b>		1	AND THE PARTY OF T
		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.			j	
흸	24				99,523	1.00
딂	24	Unrestricted Townsorthy postured			99,523	
Net Assets or Fund Balances	25 26	Temporarily restricted		ļ	<del> </del>	
힣	20	Permanently restricted	<b>▶</b> □	<del></del>	<del> </del>	
쾹		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.				
6	27	Capital stock, trust principal, or current funds			ì	1367 可能
ध	28	Paid-in or capital surplus, or land, bldg , and equipment fund		<del></del>	<del> </del>	
SS	29	Retained earnings, accumulated income, endowment, or other funds		<del></del>		
₹	3029	Total net assets or fund balances (see instructions)		C	99,523	The state of the s
Š		Total liabilities and net assets/fund balances (see		<del> </del>	39,525	<b>建聚性磷酸</b>
	3/130				99,523	
Fil	Part I	instructions) II I Analysis of Changes in Net Assets or Fund Balan		<u> </u>	99,525	Targett (B) and a feet
		net assets or fund balances at beginning of year – Part II, column (a), line		et agrag with		Τ
1			e 50 (IIIus	st agree with		1 0
_		of-year figure reported on prior year's return)			1	<del></del>
_		amount from Part I, line 27a			2	99,523
3		rincreases not included in line 2 (itemize)			3	00 500
4		ines 1, 2, and 3			4	99,523
5		eases not included in line 2 (itemize)		-\ !: 20	5	00 500
_6	lotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b	), line 30	6_	99,523 Form <b>990-PF</b> (2018
						Form <b>33U-PF</b> (2018

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∂Pårt IV₄ Capital Gains a	nd Losses for Tax on Investr	ment Income	- <del></del>		Ţ
	the kind(s) of property sold (for example, real esta	te,	(b) How acquired P – Purchase	(c) Date acquired	(d) Date sold
2-story brick wa	arehouse, or common stock, 200 shs MLC Co )		D - Donation	(mo , day, yr )	(mo , day, yr )
ta N/A			ļ		<del></del>
<u>b</u>	<del></del>		<del> </del>		<del>                                     </del>
<u> </u>	<del></del>		-		<del> </del>
<u>d</u>			<del></del>		<del> </del>
<u> </u>	40 Description official	(a) Cast a	L. cibor boss	(b) Cou	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		n or (loss) (f) minus (g))
a					
b					
C					
d					
e					<u> </u>
Complete only for assets showin	g gain in column (h) and owned by the	foundation on 12/31/6	i9		l (h) gain minus
(I) FMV as of 12/31/69	(j) Adjusted basis	1	ss of col (1)	• • •	t less than -0-) or rom col. (h))
	as of 12/31/69	over co	ol (j), if any	Losses (I	
<u>a</u>		<del></del>		· <del>-</del> ·-	<del></del>
<u>b</u>				<del></del>	
<u>c</u>		<del></del>		<del></del>	<del></del>
<u>d</u>	<del></del>			· · · · · · · · · · · · · · · · · · ·	<del></del>
	If gain, also enter	in Part I, line 7			
2 Capital gain net income or (net c	apital loss) If (loss), enter -0-	<b>B</b>	}	2	
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and		Ì		
	, column (c). See instructions. If (loss),			ĺ	
Part I, line 8				3	
Part VI Qualification U	nder Section 4940(e) for Red	<u>uced Tax on Net</u>	Investment Inco	me	
(For optional use by domestic private	e foundations subject to the section 494	10(a) tax on net investi	ment income )		
If section 4940(d)(2) applies, leave the	his part blank				N/A
Was the foundation liable for the sea	ction 4942 tax on the distributable amor	unt of any year in the b	ass pariod?		Yes No
	fy under section 4940(e) Do not compl		base perious		res reo
<del></del>	each column for each year, see the ins		ng any entries		
(a)	(b)	Structions before making	(c)	<del></del>	(d)
Base period years Calendar year (or tax year beginning i	Administration of the contraction of the contractio	ons Net val	ue of noncharitable-use asset		stribution ratio divided by col. (c))
2017				, , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
2016					
2015					
2014					
2013			<del></del>		
2 Total of line 1, column (d)				2	
	5-year base period - divide the total of	• •			
the number of years the foundat	ion has been in existence if less than 5	years		3	
4. Entenths and value of a such sate	elle and another for 0040 form Dad V. I.	<b>r</b>			
4 Enter the net value of noncharita	able-use assets for 2018 from Part X, III	ne 5		4	
5 Multiply line 4 by line 3					
5 Widitiply life 4 by life 5				5	
6 Enter 1% of net investment inco	me /1% of Part I line 27h)			6	
C Lines 170 Of Het investment inco	me (170 or raite, mie 270)				
7 Add lines 5 and 6				7	
. Add midd d dilg o					
8 Enter qualifying distributions from	m Part XII, line 4			8	
- <del>-</del>	an line 7, check the box in Part VI, line	1b, and complete that	part using a 1% tax rat		
Part VI instructions					
					000 DE

OIII	990-PF (2018) ADKINS FAMILY FOUNDATION	83-3318406			Pa	age <b>4</b>
Pa	rt VI: Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948 - see instructions)				!
	Exempt operating foundations described in section 4940(d)(2), check here and enter		10 Cana	E Line	145	W ent a
	Date of ruling or determination letter (attach copy of letter if necess	1 1		ه الأفيار بيار بياراً ما الأفيار بياراً	# C/2	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	· • • • • • • • • • • • • • • • • • • •	1			
	here ▶ ☐ and enter 1% of Part I, line 27b	1	74. " S. L. Said	A 35 2 1		a
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4%	of		า์สมัน เก็บไทยเหลือ		
	Part I, line 12, col (b)	\~			-	- Caser P
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, other	ers, enter -0-)	2			0
3	Add lines 1 and 2	·	3			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, other	ers. enter -0-)	4	-		0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	_	5			0
6	Credits/Payments.	Ġ		3 58° mil	14.5	1
а	2018 estimated tax payments and 2017 overpayment credited to 2018		e distributed	· · · · · · · · · · · · · · · · · · ·	43	3.
b	Exempt foreign organizations – tax withheld at source	<del>                                     </del>				
c	Tax paid with application for extension of time to file (Form 8868)	<del></del>	2		er i	11
d	Backup withholding erroneously withheld 6d		-47	X***		
7	Total credits and payments Add lines 6a through 6d	·	7		ie."	Man (militar
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attact	hed -	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<u> </u>	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			
11	Enter the amount of line 10 to be Credited to 2019 estimated tax	· -	11			
	irt VII-A  Statements Regarding Activities	Tronundou P	··-			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisli	ation or did it	<del></del>	و فرانية	Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	s? See the		··-		
_	instructions for the definition			16		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	any materials		2.2	18.4	6 72 1
	published or distributed by the foundation in connection with the activities	any materials			.74	~ 3
С	Did the foundation file Form 1120-POL for this year?			1c	نة. علايم	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y	rear		13.1	4	
_	(1) On the foundation ▶ \$ (2) On foundation managers ▶			10.00	3	4 Se 1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditu		•	1	- 1	2 36
•	on foundation managers > \$	210 tax 111.p0001			السا	1
2	Has the foundation engaged in any activities that have not previously been reported to the IF	25?		2		X
_	If "Yes," attach a detailed description of the activities				ŀ	L . 3
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	strument articles of			2.1	
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the			3	********	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	-		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		<del></del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		,	5		x
-	If "Yes," attach the statement required by General Instruction T			1.5.4	*****	12024
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	ner.		1.48 July	مينا. دوشر في	11
•	By language in the governing instrument, or			🕍	15.17	30
	By state legislation that effectively amends the governing instrument so that no mandatory	directions that		1		[1]
	conflict with the state law remain in the governing instrument?	· · · · · · · · · · · · · · · ·		6	X	الالالالالا
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	lete Part II, col. (c), and Part X	/	7	X	·
8a	Enter the states to which the foundation reports or with which it is registered. See instruction			275	2 17	ates &
	NONE			12	秀樹	300
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Al	tornev General		To be	17	03 g 3
.,	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	Most -
9	Is the foundation claiming status as a private operating foundation within the meaning of sec			Takes.		201
J	4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See instructions for			To Peru	TOTAL T	]
	*	I GILAIV II 165,		9		X.
40	Complete Part XIV	dula katina thois		1		<del>  ^</del>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a sche	oue ilsung meil		10		x
	names and addresses					

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X

3b

4a

4b

N/A

foundation had excess business holdings in 2018)

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?

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Pa	rt VII-B Statements Regard	ling Activities for Which For	m 4720 May Be R	equired (conti	nued)			
5a	During the year did the foundation pay of	or incur any amount to.					Yes	No
	(1) Carry on propaganda, or otherwise	attempt to influence legislation (section	on 4945(e))?	Y	es 🗶 No		Ì	
	(2) Influence the outcome of any specif	îc public election (see section 4955),	or to carry on,			- 1	l	 
	directly or indirectly, any voter regis	tration drive?		Y	es 🗓 No	1	i	
	(3) Provide a grant to an individual for		37		es X No	1	- 1	ļ
	(4) Provide a grant to an organization of				_	ł	1	ļ
	section 4945(d)(4)(A)? See instruct			Y	es 🗓 No	}	1	
	(5) Provide for any purpose other than	religious, charitable, scientific, literary	, or educational			· •		ĺ
	purposes, or for the prevention of c	ruelty to children or animals?		Y	es 🗓 No	i	[	
b	If any answer is "Yes" to 5a(1)-(5), did a	any of the transactions fail to qualify u	inder the exceptions des	scribed in		ł	l	
	Regulations section 53 4945 or in a cur				N/A	5b		L
	Organizations relying on a current notice	e regarding disaster assistance, chec	k here		▶ 🛅			
С	If the answer is "Yes" to question 5a(4),	does the foundation claim exemption	from the tax			ĺ		ĺ
	because it maintained expenditure resp			N/A Y	es No	}		1
	If "Yes," attach the statement required b							1
6a	Did the foundation, during the year, rec	• •	pay premiums		į			
	on a personal benefit contract?	•			es 🗓 No			
ь	Did the foundation, during the year, pay	premiums, directly or indirectly, on a	personal benefit contra	ct?		6b		X
-	If "Yes" to 6b, file Form 8870		•		}			
7a	At any time during the tax year, was the	foundation a party to a prohibited tax	shelter transaction?	Y	es X No			
b	If "Yes," did the foundation receive any				N/A	7b	-	
8	is the foundation subject to the section	·						
	remuneration or excess parachute payr	, , , , ,		Y	es 🏋 No			
P	rt VIII Information About C	Officers, Directors, Trustees,	Foundation Mana	agers, Highly	Paid Employe	ees,		
	and Contractors					•		
1	ist all officers, directors, trustees, an	d foundation managers and their o	ompensation. See ins	tructions.				
	(a) Name and	d address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred		pense ad er allowa	
		<del> </del>		Cite o y	compensation	<del> </del> -		
P	AULINE ADKINS	MCLEAN	PRESIDENT					
	759 LEGERE CT	VA 22102	0.00	o	0	<del> </del>		0
W.	ILLIAM H ADKINS	MCLEAN	VICE PRESIDE	]		]		
_7	59 LEGERE CT	VA 22102	0.00	0	0	<del>' </del> -		0
M	ARIA/ CHRISTOPHER CLARK	RALEIGH	DIRECTOR/SEC			1		
3:	.21 CONE MANOR	NC 27613	0.00	0	0	4		0
D	OMINIQUE ADKINS	MCLEAN	TREASURER			1		
	759 LEGERE CT	VA 22102	0.00	0	0	<u> </u>		0
2	Compensation of five highest-paid ( "NONE."	employees (other than those include	led on line 1 – see ins	tructions). If none	e, enter			
	(a) Name and address of each employe	ee 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		rpense a er allowa	
N	DNE							
	<del></del>	<del></del>			·····	<del> </del>		
			<del></del>			+		
						-	<del></del>	
			j	J .		1		
		<del></del>			<del></del>	<del>                                     </del>		
Tota	al number of other employees paid over S	\$50,000			<b>•</b>			O F (2018)

Form 990	PF (2018) ADKINS FAMILY FOUNDATION	83-3318406		Page 7
Part \	Information About Officers, Directors, Trustees, Foundation Contractors (continued)	ındation Managers, Highly Paid E	mplo	oyees,
3 Fiv	e highest-paid independent contractors for professional services. See in	structions. If none, enter "NONE."		
	(a) Name and address of each person paid more than \$50,000	(b) Type of service		(c) Compensation
NONE				
T-1-1				
	X-A Summary of Direct Charitable Activities	<del></del>	<u> </u>	
	oundation's four largest direct chantable activities during the tax year. Include relevant statistical informations and other beneficianes served, conferences convened, research papers produced, etc.	tion such as the number of		Expenses
	O HELP TRANSFORM THE LIFE OF CHILDREN A OPULATION THAT ARE AT RISK AND SHATTER OW INCOME FAMILIES AND THEIR CHILDREN.	ND THE HOMELESS THE BARRIERS FOR		
2				
3				······································
4		<del> </del>		
Part	IX-B   Summary of Program-Related Investments (see in	structions)	<u> </u>	
Describe	the two largest program-related investments made by the foundation during the tax year on lines 1 and	2		Amount
1 N	/A			
2				
All other	program-related investments. See instructions			· · · · · · · · · · · · · · · · · · ·
Total. Ad	dd lines 1 through 3	<b>&gt;</b>	1	

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

Pa	rt XIII Undistributed Income (	see instructions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part XI,		Corpus	Years prior to 2017	2017	2018
	line 7					4,902
2	Undistributed income, if any, as of the end of	of 2018	i			•
а	Enter amount for 2017 only	į		<u> </u>		
b	Total for prior years 20 , 20	, 20				1
3	Excess distributions carryover, if any, to 201	18.		i		•
а	From 2013					1
b	From 2014					1
ε	From 2015		,			
d	From 2016					1
е	From 2017		_			
f	Total of lines 3a through e					
4	Qualifying distributions for 2018 from Part X	31,				}
	line 4 ▶ \$		1	i		ŧ
	Applied to 2017, but not more than line 2a					
þ	Applied to undistributed income of prior year	rs				
	(Election required – see instructions)					
С	Treated as distributions out of corpus (Elect	tion				1
	required – see instructions)			<del></del>	<u> </u>	
	Applied to 2018 distributable amount					_ <del></del>
	Remaining amount distributed out of corpus		· · · · · · · · · · · · · · · · · · ·			<del></del>
5	Excess distributions carryover applied to 20					
	(If an amount appears in column (d), the sai	me				
•	amount must be shown in column (a) )					
6	Enter the net total of each column as indicated below:		1			
_	Corpus Add lines 3f, 4c, and 4e Subtract li	.no 5		4,		,
	Prior years' undistributed income Subtract	ine 5				
	line 4b from line 2b					
_	Enter the amount of prior years' undistribute	ed		<del></del>		1
·	income for which a notice of deficiency has					
	been issued, or on which the section 4942(					
	tax has been previously assessed	-,		Į.		•
d	Subtract line 6c from line 6b Taxable					
	amount - see instructions					·
е	Undistributed income for 2017 Subtract line	e				
	4a from line 2a Taxable amount - see			Ì	[	,
	instructions					
f	Undistributed income for 2018 Subtract line	es				
	4d and 5 from line 1. This amount must be				j	
	distributed in 2019				· ·	4,902
7	Amounts treated as distributions out of com-	ous		{		
	to satisfy requirements imposed by section					,
	170(b)(1)(F) or 4942(g)(3) (Election may be	•	{			1 '
	required—see instructions)					
8	Excess distributions carryover from 2013 no		ļ	]		,
	applied on line 5 or line 7 (see instructions)	1		ļ		
9	Excess distributions carryover to 2019.			•	-	· . ·
	Subtract lines 7 and 8 from line 6a		ļ	<u> </u>	<del> </del>	ļ
10	Analysis of line 9		1			<b>!</b>
а	Excess from 2014		}	,	}	ļ
þ	Excess from 2015		· ·		1	
C	Excess from 2016		1	1		
ď	Excess from 2017		1	[	1	:
_ <u>e</u>	Excess from 2018		L	<u> </u>	<u> </u>	L

	990-PF (2018) ADKINS FAMILY  1 XIV: Private Operating Found			83-33184	<del></del>	Pag
	If the foundation has received a ruling or dete				1	
	foundation, and the ruling is effective for 201			<b>.</b> g		
	Check box to indicate whether the foundation	`		ribed in section 4	942(j)(3) or 49	42(j)(5)
	Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	
	Income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	investment return from Part X for		<del></del>			
	each year listed				/	1
	85% of line 2a					
	Qualifying distributions from Part XII,					
	line 4 for each year listed					
	Amounts included in line 2c not used directly					
	for active conduct of exempt activities				<u> </u>	<u> </u>
	Qualifying distributions made directly		1	\ /	•	{
	for active conduct of exempt activities.		ļ		}	
	Subtract line 2d from line 2c		<u> </u>	<u> </u>	<u> </u>	<del></del>
	Complete 3a, b, or c for the			$X \setminus$		1
	alternative test relied upon.		/			
	"Assets" alternative test – enter				j	
	(1) Value of all assets	<del></del>	ļ <i>/</i>	<del> </del>		
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)	<del></del> ,	<del>/</del>	<u> </u>	<del>\</del>	<del></del>
	"Endowment" alternative test – enter 2/3		1			}
	of minimum investment return shown in					
	Part X, line 6 for each year listed		<del> </del>	<del></del>	<del>                                     </del>	+
	"Support" alternative test – enter		1			
	(1) Total support other than gross investment income (interest,		}			
	dividends, rents, payments on		Ļ			
	securities loans (section		1			
	512(a)(5)), or royalties)				<u> </u>	<u> </u>
	(2) Support from general public		1	Ì		
	and 5 or more exempt organizations as provided in		1			
	section 4942(j)(3)(B)(iii)			1		
	(3) Largest amount of support from					
	an exempt organization					`.
	(4) Gross investment income					
a	rt XV Supplementary Information	tion (Complet	e this part only	if the foundation h	ad \$5,000 or mo	re in assets a
	any time during the year	r – see instru	ctions.)			
	Information Regarding Foundation Mana	-				
	List any managers of the foundation who have					
	before the close of any tax year (but only if the	ney have contribut	ed more than \$5,000	) (See section 507(d)(2)	)	
_	N/A					
	List any managers of the foundation who ow				portion of the	
	ownership of a partnership or other entity) of	which the founda	tion has a 10% or gre	eater interest		
_	N/A					
	Information Regarding Contribution, Gra					
	Check here ► X if the foundation only ma			-		
	unsolicited requests for funds if the foundation		rants, etc., to individu	ais or organizations unde	er other conditions,	
	complete items 2a, b, c, and d See instruction	ons				

b The form in which applications should be submitted and information and materials they should include  $\mathbf{N/A}$ 

Any submission deadlines  $\mathbf{N/A}$ 

**▶** 3b

Total

"Part XVI-A	Analysis of Income-Producing Ac	LIVILIES				<del> </del>
Enter gross amo	ounts unless otherwise indicated	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Program ser		<u></u>		<b>}</b>		(See instructions )
a		·		<del> </del>	<del> </del>	
			<u> </u>	+		
				┼──	·	
		-		┼──	<del></del>	
f		·		<del> </del>		
	nd contracts from government agencies	· }		<del> </del>		
	o dues and assessments		<del> </del>	1		
	savings and temporary cash investments	<u> </u>		†		
	nd interest from securities		<del></del>	<del>                                     </del>		
	ncome or (loss) from real estate					, , , , , ,
	anced property			1		
	ot-financed property					
	ncome or (loss) from personal property			1		
7 Other invest						
8 Gain or (los:	s) from sales of assets other than inventory					
9 Net income	or (loss) from special events					
10 Gross profit	or (loss) from sales of inventory					
11 Other reven	nue. a	_	<u></u>	1		
ь		.		<u> </u>		 
c	<del></del>			<u> </u>		<u> </u>
				ļ		
e				<b>_</b>		
12 Subtotal Ad	dd columns (b), (d), and (e)	A THE TAIL			) O	(
					<del></del>	
	line 12, columns (b), (d), and (e)				13 _	
(See worksheet	in line 13 instructions to verify calculations)	Accomplishm	ent of Evennt P	Purnos	<del>-</del>	
(See worksheet	in line 13 instructions to verify calculations)				es	
See worksheet **Part-XVI-B Line No. ▼	in line 13 instructions to verify calculations )  Relationship of Activities to the A	e is reported in co	olumn (e) of Part XVI-	A contrib	es uted importantly to the	
See worksheet Part-XVI-B Line No.	In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	e is reported in co	olumn (e) of Part XVI-	A contrib	es uted importantly to the	
See worksheet Part-XVI-B Line No.	In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	e is reported in co	olumn (e) of Part XVI-	A contrib	es uted importantly to the	
See worksheet Part-XVI-B Line No.	In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	e is reported in co	olumn (e) of Part XVI-	A contrib	es uted importantly to the	
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See worksheet Part-XVI-B Line No.	In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	e is reported in co	olumn (e) of Part XVI-	A contrib	es uted importantly to the	
See worksheet Part-XVI-B Line No.	In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	e is reported in co	olumn (e) of Part XVI-	A contrib	es uted importantly to the	
See worksheet Part-XVI-B Line No.	In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	e is reported in co	olumn (e) of Part XVI-	A contrib	es uted importantly to the	
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See worksheet Part-XVI-B Line No.	In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	e is reported in co	olumn (e) of Part XVI-	A contrib	es uted importantly to the	
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(See worksheet Part-XVI-B Line No. ▼	In line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which income	e is reported in co	olumn (e) of Part XVI-	A contrib	es uted importantly to the	ons )

ĕPart≀X	VII;	Information Rega Organizations	arding Tra	insters To and	d Transactio	ns and Relations	hips Witi	n Noncharit	able Ex	empt	
1 · Did	the ora	anization directly or indi	rectiv engage	e in any of the follo	wing with any of	her organization describ	bed		نلان ء	Yes	No
	_	01(c) (other than section		=	-	=			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	washer.	+ C
	anizatio				, , , , , , , , , , , , , , , , , , , ,	g p			1 . 1	4504	1
_		rom the reporting found:	ation to a nor	ncharitable exempl	t organization of				1	<b>DXR</b> 对	- 3 4
	Cash	om the reperting reamer							1a(1)		X
	Other a	esots							1a(2)		X
	er trans									-14	- A
-		of assets to a noncharita	hle exempt c	organization					1b(1)		X
		ses of assets from a no	•	-	n				1b(2)		x
				· -					1b(3)		X
		of facilities, equipment,		515					1b(3)		$\frac{\mathbf{x}}{\mathbf{x}}$
		ursement arrangements							1b(5)		×
		or loan guarantees nance of services or me	mhorchin or	fundraising caliaits	ations				1b(6)		x
		facilities, equipment, ma	•	•					1c		X
	-	er to any of the above is		•		n (h) chould always ch	ou the fair	markat	10	لـــــا	
		e goods, other assets, o	-	_		• •					
		y transaction or sharing	-	• •	_						
(a) Lin		(b) Amount involved		of nonchantable exemp				s received isactions, and shari		nts	
N/A	-	(b) Amount involved	(c) italiic	Of Horionalitable exemp	t digamzation	(a) Description of		isactions, and shari	ig arrangame	1113	
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•		1	<u></u>		<del></del>	L	<del> </del>	<del> </del>	<del> </del>		
		dation directly or indirec	-			exempt organizations			Π	177	1
		n section 501(c) (other t		501(c)(3)) or in sec	ction 52/7				Y6	es X	; No
וי זו פ		mplete the following sch	ieaule	# T (-		r	4400				
N/2		(a) Name of organization		(b) Type of o	rganization		(c) Descripti	on of relationship			
	1					<del></del>	<u> </u>				
				<del></del>						-	
	Lindar na	enailies of pequry, I declare that	I I have examin	od this saturn, including	accompagning school	ules and statements and to th	a bast of my k	naviodae and bolio	f it is tore		
İ		and complete Declaration of p									<del></del>
									i discuss this re parer shown be		ı
Sign		_				1 1		See instructi	P	Yes	No
Here		2. 1	Delke	,	1	٠٠٠ ماريا					
į		Buline (	cele	us-		14/19		IDENT			
	▼ Sigi	nature of officer or trustee			Date		Title	r			
	Print/1	ype preparer's name			Preparer's signatu	re	-1	Da	ıte	Check	
Paid							1////			self-em	ployed
Preparer	MATI	HEW DECOSKEY			MATTHEW D	ECOSKEY /	1111		/13/19		
Jse Only	I Firm's	name ► LANGI		OMPANY LI					<u>200364</u>		
Joe Only	Firm's		JS HIGH			E 100 /	L		6-174		
	<u></u>	GARNE	ER, NC	27529-40	)51			Phone no 9	19-66		
									Form 99	90-PF	(2018)

## ADKINSFAMIL ADKINS FAMILY FOUNDATION 83-3318406 FYE: 12/31/2018

## Federal Statements

	Fees
,	ssiona
	r Profe
	- Othe
	160
,	Line
	Part
	90-PF
	Form 9
	ent 1 -
	Statem

Charitable Purpose	\$ \$
Adjusted Net	\$ \$
Net Investment	\$ \$
Total	179
	S S
Description	AFF FILING FEES TOTAL

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Name of the organization

Employer identification number

ADKINS FAMI	LY FOUNDATION 83-3318406				
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Charles	and account that the Connect Bulle are Special Bulle				
	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 by or property) from any one contributor. Complete Parts I and II. See instructions for determining a I contributions				
Special Rules					
regulations unde 13, 16a, or 16b,	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II				
contributor, during literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) (b) instead of the contributor name and address), II, and III				
contributor, durin contributions tota during the year fi General Rule ap	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ing the year, contributions exclusively for religious, charitable, etc., purposes, but no such alled more than \$1,000. If this box is checked, enter here the total contributions that were received for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the oplies to this organization because it received nonexclusively religious, charitable, etc., contributions for more during the year.				
990-EZ, or 990-PF), but	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, or check the box on line H of its Form 990-EZ or on its 2 to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PE)				

PAGE 1 OF 1

Page 2

Employer identification number

ADKIN	S FAMILY FOUNDATION			3-3318406
Part I	Contributors (see instructions). Use de	uplicate copies of	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	WILLIAM & PAULINE ADKINS 7759 LEGERE CT MCLEAN VA	. 22102	s 100,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
	,		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)