Form **990-PF**

Return of Private Foundation

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

OMB No. 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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. For calendar year 2017 or tax year beginning . 2017, and ending Name of foundation A Employer identification number 45-3482652 Jenkins Charitable Foundation, Inc. Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) (813)961-0530 3010 W DeLeon Street City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ Tampa FL 33609 Initial return of a former public charity D 1. Foreign organizations, check here **G** Check all that apply: Initial return Final return Amended return 2. Foreign organizations meeting the 85% test, Address change Name change check here and attach computation E If private foundation status was terminated under H Check type of organization:

☒ Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here . Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation J Accounting method: ☒ Cash ☐ Accrual Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here line 16) ▶ \$ (Part I, column (d) must be on cash basis.) 3,696,855. Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per books purposes the amounts in column (a) (see instructions).) (cash basis only) 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► X if the foundation is **not** required to attach Sch. B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 137,124 137,124 Gross rents h Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 198,345. Gross sales price for all assets on line 6a L-6a Stmt 937,704 7 Capital gain net income (from Part IV, line 2) . . 198,345 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) Other income (attach schedule) See. Stmt. 11 12 **Total.** Add lines 1 through 11 . 335,469. 335,469. Compensation of officers, directors, trustees, etc. 13 Operating and Administrative Expenses 14 Other employee salaries and wages . 15 Pension plans, employee benefits L-16a Stmt Legal fees (attach schedule) . . 2,791. 16a 3,721 Accounting fees (attach schedule) Other professional fees (attach schedule) L-16c Stmt. 23,465. 23,465 17 Taxes (attach schedule) (see instructions) See . Stmt. 18 1,504. 1,504. Depreciation (attach schedule) and depletion . . . 19 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications . . . 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 28,690. 27,760. 25 Contributions, gifts, grants paid 527,500 527,500 26 Total expenses and disbursements. Add lines 24 and 25 27,760 527,500. 556,190 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements -220,721 **Net investment income** (if negative, enter -0-) 307,709

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

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D	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) (a) Book Value (b) Book Value		End of year		
ГС		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Valu	ıe	(c) Fair Market Value
	1	Cash—non-interest-bearing	7.		7.	7.
	2	Savings and temporary cash investments	66,031.	30,6	07.	30,607.
	3	Accounts receivable ►				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ►				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other		_		
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶				
ţ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments—U.S. and state government obligations (attach schedule)				
•	b	Investments—corporate stock (attach schedule) L-10b Stmt	3,688,372.	3.665.4	31	3,665,431.
	С	Investments—corporate bonds (attach schedule)	3700073721	3,003,1	<u> </u>	3,003,131.
	11	Investments—land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe ► L-15 Stmt)	2,800.	8	10.	810.
	16	Total assets (to be completed by all filers—see the	2,000.			010.
		instructions. Also, see page 1, item I)	3,757,210.	3,696,8	55	3,696,855.
	17	Accounts payable and accrued expenses	37.3772231	3,050,0		3703070331
	18	Grants payable				
<u>ie</u> s	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
jab	21	Mortgages and other notes payable (attach schedule)				
Ξ	22	Other liabilities (describe ►				
	23	Total liabilities (add lines 17 through 22)				
alances		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.				
ī	24	Unrestricted				
als	25	Temporarily restricted				
B	26	Permanently restricted				
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here ► ⊠ and complete lines 27 through 31.				
o	27	Capital stock, trust principal, or current funds				
ţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
Se	29	Retained earnings, accumulated income, endowment, or other funds	3,757,210.	3,696,8	55.	
ğ	30	Total net assets or fund balances (see instructions)	3,757,210.	3,696,8		
et	31	Total liabilities and net assets/fund balances (see		. , , .		
_		instructions)	3,757,210.	3,696,8	55.	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances		•		
1		Il net assets or fund balances at beginning of year-Part II, colu				
	end-	-of-year figure reported on prior year's return)			1	3,757,210.
2		er amount from Part I, line 27a			2	-220,721.
3		er increases not included in line 2 (itemize) See Statement			3	160,366.
4	Add	lines 1, 2, and 3			4	3,696,855.
		reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—			5	
6	Tota	Il net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b). lii	ne 30	6	3,696,855.

Part	IV Capital Gains and	Losses for Tax on Investm	ent Income			
		d(s) of property sold (for example, real es e; or common stock, 200 shs. MLC Co.)	tate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	Publicly traded sec	urities				
b	Publicly traded sec	urities				
c						
d						
е			() 0		# N S -	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) (f) minus (g))
<u>a</u>	937,221.			739,359.		197,862.
b	483.			0.		483.
<u>C</u>						
d						
e	Complete only for assets show		y the foundation	on 12/31/69		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	es of col. (i) . (j), if any	col. (k), but no	I. (h) gain minus t less than -0-) or rom col. (h))
a						197,862.
b						483.
С						
d						
e						
2	Capital gain net income or		also enter in Pa enter -0- in Pa		2	198,345.
3	If gain, also enter in Part	or (loss) as defined in sections, line 8, column (c). See instruc	ctions. If (loss)		3	
Part		er Section 4940(e) for Redu		let Investment	-	
(For o	ptional use by domestic priv	rate foundations subject to the s	section 4940(a)	tax on net invest	ment income.)	
If sect	ion 4940(d)(2) applies, leave	this part blank.				
		section 4942 tax on the distribut ualify under section 4940(e). Do			pase period?	☐ Yes 🗷 No
1		unt in each column for each yea			aking any entries.	
	(a)	(b)	.,	(c)		(d)
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value o	f noncharitable-use as		tribution ratio divided by col. (c))
	2016	158,02	26.	3,646,2	, , ,	0.043340
	2015	129,00		3,587,7		0.035957
	2014	183,84		3,716,5		0.049466
	2013	168,20	00.	3,497,0	42.	0.048098
	2012	148,80	08.	3,024,8	80.	0.049195
2	Total of line 1, column (d)				. 2	0.226056
3	Average distribution ratio	or the 5-year base period—divi	ide the total on	line 2 by 5.0, or	by	
	the number of years the fo	undation has been in existence	if less than 5 ye	ears	. 3	0.045211
4	Enter the net value of nonc	sharitable-use assets for 2017 fr	om Part X, line	5	. 4	3,908,304.
5	Multiply line 4 by line 3				. 5	176,698.
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)			. 6	3,077.
7	Add lines 5 and 6				. 7	179,775.
8		ns from Part XII, line 4				527,500.
	If line 8 is equal to or great Part VI instructions.	ter than line 7, check the box in	Part VI, line 1b	o, and complete t	that part using a 1	1% tax rate. See the

Part	Excise Tax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	nstru	Ctioi	ns)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: 09/30/2011 (attach copy of letter if necessary—see instructions)	N/	7	>		
b						
	here ► 🗵 and enter 1% of Part I, line 27b	3,0				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.			
3	Add lines 1 and 2	3,0				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	3,0	77.			
6	Credits/Payments:					
a b	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 810. Exempt foreign organizations—tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868) . 6c 0.					
d	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d	8	10.			
8	Enter any penalty for underpayment of estimated tax. Check here 🗵 if Form 2220 is attached		60.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	2,3				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		0.			
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 0. Refunded ▶ 11					
Part '	VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?	1a		×		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		×		
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.					
С	Did the foundation file Form 1120-POL for this year?	1c		×		
d	 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ (2) On foundation managers. ► \$ 					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		×		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3 4a		×		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		^		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×		
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?	6		×		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	×			
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ FL					
b						
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	×			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9		×		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	-		. •		
	names and addresses	10		×		

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address ► N/A			
14	The books are in care of ▶ Gordon, Myers & Matthew CPAs Telephone no. ▶ (813)	961-	0530	· · · · · ·
	Located at ▶ 13623 N Florida Ave Tampa FL ZIP+4 ▶ 33613			<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year \Delta 15		•	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Dari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
rait	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):		100	110
ıu	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	10		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	10		
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3a	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2017.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		×

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Part	: VII-B	Statements Regarding Activities	for W	/hich Form	4720 I	May Be R	equire	d (contir	nued)			
5a	During th	e year, did the foundation pay or incur a	any am	ount to:							Yes	No
		on propaganda, or otherwise attempt t		_	•	٠,	•	Yes	X No			
		nce the outcome of any specific public ly or indirectly, any voter registration dr		on (see secti 			-	Yes	X No			7
	(3) Provi	de a grant to an individual for travel, stu	dy, or c	other similar	ourpose	es?		Yes	× No			4
	(4) Provi	de a grant to an organization other than on 4945(d)(4)(A)? See instructions	a cha	ritable, etc.,	organiz	ation descr	ibed in	□Yes	V.			
		de for any purpose other than religious,						_	× No			
		oses, or for the prevention of cruelty to co						Yes	× No			
b	If any ans	swer is "Yes" to 5a(1)-(5), did any of the	transa	ctions fail to	qualify	under the	excepti					
	•	ns section 53.4945 or in a current notice	U	Ü						5b		
	_	tions relying on a current notice regarding	_									
С		swer is "Yes" to question 5a(4), does t it maintained expenditure responsibility							□ No			
_		attach the statement required by Regula										
6a		oundation, during the year, receive any sonal benefit contract?						Yes	× No			
b		oundation, during the year, pay premiun						_		6b		X
-		o 6b, file Form 8870.	10, 4110	ony or manor	otiy, on	a pordona.	DOMONI	Jonardot		O.D		
		e during the tax year, was the foundation a						_	× No			
		did the foundation receive any proceeds								7b		
Part		Information About Officers, Direction and Contractors	tors, I	rustees, F	ounda	tion Mana	igers,	Highly F	'aid E	mploy	ees,	
1		fficers, directors, trustees, and found	ation r	nanagers ar	d their	compens	ation S	See instru	ictions	<u> </u>		
•	Liot all o			e, and average		mpensation	(d) (Contributions	s to	(e) Expe		
		(a) Name and address		rs per week ed to position	(If n	ot paid, ter -0-)		yee benefit erred compe			allowand	
Ricl	nard S	Jenkins	Pres	ident								
		e Avenue Tampa FL 33609		0.00		0.			0.			0.
Car	ole C J	enkins	Treas	surer								
440	2 W Dal	e Avenue Tampa FL 33609	4	0.00		0.			0.			0.
	ra LaRo		Secre	etary								•
401	W Beac	h Park Tampa FL 33609		0.00		0.			0.			0.
2	Compen "NONE."	sation of five highest-paid employee	es (oth	er than thos	se inclu	uded on li	ne 1—:	see instr	uction	s). If no	one, e	enter
	(a) Name and	I address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to pe	veek	(c) Comper		(d) Contribution employee plans and compens	benefit leferred	(e) Expe	nse acc allowand	count,
None												
otal	number of	other employees paid over \$50,000 .							. ▶	0		

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Part VIII	Information About Officers, Directors, Trustees, Foundariand Contractors (continued)	tion Managers, Highly Paid Em	ployees,
3 Five I	nighest-paid independent contractors for professional services. See	e instructions. If none, enter "NONI	= "
0 11101	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None			
	т. н. — фто ооо с		
Total number	er of others receiving over \$50,000 for professional services		0
Part IX-A	Summary of Direct Charitable Activities		
	dation's four largest direct charitable activities during the tax year. Include relevant st s and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1			
2			
3			
4			
D. LIV D			
Part IX-B	Summary of Program-Related Investments (see instruct	· · · · · · · · · · · · · · · · · · ·	Amount
1	two largest program-related investments made by the foundation during the tax year or	Tilles I aliu 2.	Amount
2			
-	gram-related investments. See instructions.		
3			
Total. Add li	nes 1 through 3		

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Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	ign fo	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes:		
а	Average monthly fair market value of securities	1a	3,852,270.
b	Average of monthly cash balances	1b	115,551.
C	Fair market value of all other assets (see instructions)	1c	113,331.
d	Total (add lines 1a, b, and c)	1d	3,967,821.
e	Reduction claimed for blockage or other factors reported on lines 1a and		3727,0221
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	3,967,821.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	59,517.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,908,304.
6	Minimum investment return. Enter 5% of line 5	6	195,415.
Part		ound	ations
	and certain foreign organizations, check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	195,415.
2a	Tax on investment income for 2017 from Part VI, line 5	-	
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	3,077.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	192,338.
4	Recoveries of amounts treated as qualifying distributions	4	100 220
5	Add lines 3 and 4	5	192,338.
6 7	Deduction from distributable amount (see instructions)	6	
'	line 1	7	192,338.
		1	192,330.
Part	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	527,500.
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	527,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	
_	Enter 1% of Part I, line 27b. See instructions	5	3,077.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	524,423.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whe	ther the foundation

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. 01111	3011 (2017)				raye •
Part	VIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
	line 7				192,338.
2	Undistributed income, if any, as of the end of 2017:				
а	Enter amount for 2016 only			0.	
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2017:				
a	From 2012				
b	From 2013				
c d	From 2014				
e	From 2016 0.				
f	Total of lines 3a through e	150,000.			
4	Qualifying distributions for 2017 from Part XII, line 4: ► \$ 527,500.				
а	Applied to 2016, but not more than line 2a.				
b					
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2017 distributable amount				192,338.
е	Remaining amount distributed out of corpus	335,162.			
5	Excess distributions carryover applied to 2017				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	485,162.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
u	amount-see instructions		0.		
е	Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount—see instructions			0.	
f	Undistributed income for 2017. Subtract lines			0.	
	4d and 5 from line 1. This amount must be distributed in 2018				0.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2012 not				
	applied on line 5 or line 7 (see instructions) .	150,000.			
9	Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	335,162.			
10	Analysis of line 9:				
а	Excess from 2013				
b	Excess from 2014				
C	Excess from 2015 0.				
d	Excess from 2016 0.				
е	Excess from 2017 335,162.				

BAA REV 10/16/18 PRO Form **990-PF** (2017)

factors:

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During t			ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Hope International Ministries, Inc.				
11415 International Drive				
Tampa FL 33625		501(c)(3)	Children's Welfare	0.
Jesuit High School				
4701 N. Himes Ave				
Tampa. FL 33614		501(c)(3)	Education	500,000.
Friends of Joshua House				
PO Box 26333				
Tampa FL 33623		501(c)(3)	Children's Welfare	0.
American Heart Association				
7272 Greenville Ave				
Dallas TX 75231		501(c)(3)	Social welfare	5,000.
Christian Appalachian Project				
PO Box 1270				_
MT Vernon KY 40456		501(c)(3)	Children's welfare	0.
Metropolitan Ministries				
165 E Frances Ave				
Tampa FL 33602		501(c)(3)	Social welfare	20,000.
Salvation Army				
1100 W Sligh Ave				
Tampa FL 33604		501(c)(3)	Social welfare	0.
The Kind Mouse Project				
113 Central Avenue		501()(2)		
Saint Petersburg FL 33705		501(C)(3)	Social welfare	0.
Emily Faith Charity				
655 H Fairview Road		F01 () (2)		
Simpsonville SC 29680		501(C)(3)	Social welfare	0.
See Statement				
				2 500
				2,500.
Total			▶ 3a	527,500.
b Approved for future payment				
	Y			
Tatal			<u> </u>	
Total			▶ 3b) [

Pa	rt X	VI-A Analysis of Income-Producing Ad	ctivities				
Ente	r gro	oss amounts unless otherwise indicated.		usiness income	Excluded by sect	ion 512, 513, or 514	(e)
1	Pro	gram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
	а						
	b						
	С						
	d						
	е						
	f						
	g	Fees and contracts from government agencies					
2	Ме	mbership dues and assessments					
3	Inte	erest on savings and temporary cash investments					
4	Div	idends and interest from securities	900001	137,124.	32		7
5	Net	rental income or (loss) from real estate:					
	а	Debt-financed property					
	b	Not debt-financed property					
6	Net	rental income or (loss) from personal property					
7	Oth	ner investment income					
8	Gai	n or (loss) from sales of assets other than inventory			32	198,345.	
9	Net	income or (loss) from special events					
10	Gro	oss profit or (loss) from sales of inventory					
11	Oth	ner revenue: a					
	b						
	С						
	d						
	е						
		ototal. Add columns (b), (d), and (e)				198,345.	
		tal. Add line 12, columns (b), (d), and (e)				13	335,469.
		ksheet in line 13 instructions to verify calculation					
		VI-B Relationship of Activities to the A			<u> </u>		
	e No ▼	 Explain below how each activity for which accomplishment of the foundation's exempt out 	income is reported in reported	orted in column	(e) of Part XVI	I-A contributed in	mportantly to the
		accompliant of the realization of short par	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
N/A	1			/			

5 40

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Part XVII **Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(2) Other transactions: (1) Sales of assets to a noncharitable exempt organization . . . 1b(1) × (2) Purchases of assets from a noncharitable exempt organization . 1b(2) × (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) × (5) Loans or loan guarantees 1b(5) × (6) Performance of services or membership or fundraising solicitations . . . 1b(6) X Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations **b** If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return with the preparer shown below? Here 11/15/2018 President See instructions.

Yes
No Signature of officer or trustee

Form 990-PF (2017)

	orginatare or ormoor or tractor	2410		
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa	er Steven L Myers	Steven L Myers	12/15/2020	self-employed P01324510
lise O	Firm's name Gordon, Myers	& Matthew, LLC	Firm's	s EIN ▶ 82-3438240
030 0	Firm's address ► 13623 N Florid	la Ave	Phon	e no. (813)961-0530
BAA	Tampa	FL 33613		Form 990-PF (2017)

Jenkins Charitable Foundation, Inc. 453482652

Form 990-PF: Return of Private Foundation

Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

Continuation Statement

Name and Address Information	Form Information	Submission Information	Restrictions
3010 W De Leon Ave	No specil forms are required; however, the organization must be a qualified 501(C)(3)	NO	NO

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

Recipient name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a. Paid during the year				
The Bank of America Charitable Gift Fund		501(c)(3)	Social welfare	0.
PO Box 55850 MA1-255-04-02				
Boston, MA 02205-5850				
AVM Organization IMO Megan Lum		501(c)(3)	Social welfare	2,500.
3636 Castro Valley Blvd. Ste 3				
Castro Valley, CA 94546				
				2,500.

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Income

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income

Total

Form 990-PF: Return of Private Foundation

Taxes Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Foreign taxes	1,504.	1,504.		
Total	1,504.	1,504.		

Form 990-PF: Return of Private Foundation

Other Increases

Continuation Statement

Continuation Statement

	Description	Amount
Increase (decrease) in FMV		166,501.
Other increases (decreases)		-6,135.
	Tota	160,366.

Employer Identification No.

Form 990-PF Part I, Line 6a

Name

Jenkins Charitable Foundation, Inc.	45-3482652
Asset Information:	
Description of Property Merrill Lynch #2555	
Business CodeExclusion Code 32	
Date AcquiredVarious How Acquired _ Purchased	
Date Sold 12/31/17 Name of Buyer . Various	
Check Box, if Buyer is a Business	
Sales Price 937, 221. Cost or other basis (do not reduce b	ov depreciation) 739 359
Sales Expense Valuation Method Fair Ma	
Total Gain (Loss) 197,862. Accumulated Depreciation	ince varue
Description of Property Merrill Lynch #2555	
Business Code Exclusion Code 32	
Date Acquired	
Date Sold12/31/17 Name of Buyer . Various	
Check Box, if Buyer is a Business	
	y depreciation)
Sales Price. 483. Cost or other basis (do not reduce b	
Sales Expense Valuation Method Fair Ma	
Total Gain (Loss) 483 . Accumulated Depreciation	
Description of Property	
Business CodeExclusion Code	
Date Acquired How Acquired	
Date Sold Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price. Cost or other basis (do not reduce b	by depreciation).
Sales Expense Valuation Method	
Total Gain (Loss) Accumulated Depreciation	
Description of Property	
Business CodeExclusion Code	
Date Acquired How Acquired	
Date Sold Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce b	y depreciation).
Sales Expense Valuation Method Valuation Method	
Total Gain (Loss) Accumulated Depreciation	
Description of Property	
Business Code Exclusion Code	
Date Sold Name of Buyer	
Check Box, if Buyer is a Business	
	y depreciation).
Sales Expense Valuation Method	
Total Gain (Loss) Accumulated Depreciation	
Totals:	
Total Gain (Loss) of all assets <u>198,345.</u>	
Gross Sales Price of all assets 937,704.	
Unrelated Business Income Business Code .	
Excluded by section 512, 513, 514198, 345. Exclusion Code .	32
Related/Exempt Function Income	
QuickZoom here to Form 990-PF, Page 1	
QuickZoom here to Form 990-PF, Page 12	▶

2017

Name
Jenkins Charitable Foundation, Inc.

Employer Identification No. 45-3482652

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Hill Ward	Consultation	3,721.			
Total to Form 990	-PF, Part I, Line 16a	3,721.			

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total to Form 990-	PF, Part I, Line 16b				

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Florida Inves	Investment adv	23,465.			
Total to Form 990-P	PF, Part I, Line 16c	23,465.			

Name Jenkins Charitable Found	dation, Inc.				yer Identification No. 482652
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	US Govern Obligati Book Va	nment ons	of Year US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a					
Line 10b - Investm	ents - Corporate	Stock:	Book Value	c ·	of Year Fair Market Value
Equities at Merrill Ly	nch		3,665	431.	3,665,431.
Totals to Form 990-PF, Part II, I	Line 10b		3,665,	431.	3,665,431.
Line 10c - Investme	ents - Corporate I	Bonds:	Book Value	•	of Year Fair Market Value
Totals to Form 990-PF, Part II, I	Line 10c				
Line 12 - Investme	ents - Mortgage I	oans:	Book Value	(of Year Fair Market Value
Totals to Form 990-PF, Part II, I	Line 12				
Line 13 - Inve	estments - Other	:	Book Value	(of Year Fair Market Value
Totals to Form 990-PF, Part II, I	Line 13				I

2017

Name				Employer Identification No.
Jenkins	Charitable	Foundation,	Inc.	45-3482652

Line 15 - Other Assets:	Beginning Year Book Value	End o Book Value	f Year Fair Market Value
Prepaid Federal Tax	2,800.	810.	810.
Totals to Form 990-PF, Part II, line 15	2,800.	810.	810.

Line 22 - Other Liabilities:	Beginning Year Book Value	Ending Year Book Value
Totals to Form 990-PF, Part II, line 22		

Underpayment of Estimated Tax by Corporations

Department of the Treasury Internal Revenue Service

► Attach to the corporation's tax return. ▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number 45-3482652 Jenkins Charitable Foundation, Inc.

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part	Required Annual Payment									
						3,077.				
1	Total tax (see instructions)		1			3,077.				
2a b										
D	contracts or section 167(g) for depreciation under the income forecast method 2b									
С	Credit for federal tax paid on fuels (see instructions)		2c							
d	Total. Add lines 2a through 2c	2d								
3	Subtract line 2d from line 1. If the result is less than \$500, do not cor				on					
	doesn't owe the penalty				3	3,077.				
4	Enter the tax shown on the corporation's 2016 income tax return. See in				or					
	the tax year was for less than 12 months, skip this line and enter the				4					
5	Required annual payment. Enter the smaller of line 3 or line 4. If the co	•			ter					
	the amount from line 3				5	3,077.				
Part		-		e checked, th	ie corporatioi	n must file				
	Form 2220 even if it doesn't owe a penalty. See instruc	Ctions	S.							
6	The corporation is using the adjusted seasonal installment method.									
7	The corporation is using the annualized income installment method.									
8	The corporation is a "large corporation" figuring its first required insta	allment	based on the p	rior year's tax.						
Part	Figuring the Underpayment		(a)	(%)	(2)	(4)				
_			(a)	(b)	(c)	(d)				
9	Installment due dates. Enter in columns (a) through (d) the 15th day									
	of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/17	06/15/17	09/15/17	12/15/17				
10	Required installments. If the box on line 6 and/or line 7 above is	9	03/13/17	00/13/17	09/13/17	12/13/17				
10	checked, enter the amounts from Schedule A, line 38. If the box on									
	line 8 (but not 6 or 7) is checked, see instructions for the amounts to									
	enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	769.	769.	769.	770.				
11	Estimated tax paid or credited for each period. For column (a) only,	10	703.	, 05.	703.	,,,,,				
••	enter the amount from line 11 on line 15. See instructions	11	810.							
	Complete lines 12 through 18 of one column before going to the		010.							
	next column.									
12	Enter amount, if any, from line 18 of the preceding column	12		41.						
13	Add lines 11 and 12	13		41.						
14	Add amounts on lines 16 and 17 of the preceding column	14			728.	1,497.				
15	Subtract line 14 from line 13. If zero or less, enter -0	15	810.	41.	0.	0.				
16	If the amount on line 15 is zero, subtract line 13 from line 14.									
	Otherwise, enter -0	16		0.	728.					
17	Underpayment. If line 15 is less than or equal to line 10, subtract line									
	15 from line 10. Then go to line 12 of the next column. Otherwise, go									
	to line 18	17		728.	769.	770.				
18	Overpayment. If line 10 is less than line 15, subtract line 10 from line									
	15. Then go to line 12 of the next column	18	41.							

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17-no penalty is owed.

Form 2220 (2017) Page **2**

Part	riguring the Penalty					
			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19	See Stmt			
20	Number of days from due date of installment on line 9 to the date shown on line 19	20				
21	Number of days on line 20 after 4/15/2017 and before 7/1/2017	21				
22	Underpayment on line 17 \times Number of days on line 21 \times 4% (0.04)	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2017 and before 10/1/2017	23				
24	Underpayment on line 17 \times Number of days on line 23 \times 4% (0.04)	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2017 and before 1/1/2018	25				
26	Underpayment on line 17 \times Number of days on line 25 \times 4% (0.04)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2017 and before 4/1/2018	27				
28	Underpayment on line 17 \times Number of days on line 27 \times 4% (0.04)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2018 and before 7/1/2018	29				
30	Underpayment on line 17 × Number of days on line 29 ×4%	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2018 and before 10/1/2018	31				
32	Underpayment on line 17 × Number of days on line 31 × %	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2018 and before 1/1/2019	33				
34	Underpayment on line 17 × Number of days on line 33 × %	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2018 and before 3/16/2019	35				
36	Underpayment on line 17 \times Number of days on line 35 \times %	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the total here a	and or	n Form 1120, lin	e 33; or the con	nparable	

REV 02/07/18 PRO Form **2220** (2017)

^{*}Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 1-800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method See instructions.

Form 1120S filers: For lines 1, 2, 3, and 21, below, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

			(a)	(b)	(c)	(d)
1	Enter taxable income for the following periods.		First 3 months	First 5 months	First 8 months	First 11 months
а	Tax year beginning in 2014	1a				
b	Tax year beginning in 2015	1b				
С	Tax year beginning in 2016	1c				
2	Enter taxable income for each period for the tax year beginning in					
	2017. See the instructions for the treatment of extraordinary					
	items	2				
3	Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
а	Tax year beginning in 2014	3a				
b	Tax year beginning in 2015	3b				
c	Tax year beginning in 2016	3c				
	. ,		1			
4	Divide the amount in each column on line 1a by the amount in					
	column (d) on line 3a	4				
5	Divide the amount in each column on line 1b by the amount in					
	column (d) on line 3b	5				
6	Divide the amount in each column on line 1c by the amount in					
	column (d) on line 3c	6				
7	Add lines 4 through 6	7				
8	Divide line 7 by 3.0	8				
9a	Divide line 2 by line 8	9a				
b	Extraordinary items (see instructions)	9b				
С	Add lines 9a and 9b	9c				
10	Figure the tax on the amount on line 9c using the instructions					
	for Form 1120, Schedule J, line 2 or comparable line of					
	corporation's return	10				
11a	Divide the amount in columns (a) through (c) on line 3a by the					
	amount in column (d) on line 3a	11a				
b	Divide the amount in columns (a) through (c) on line 3b by the					
	amount in column (d) on line 3b	11b				
С	Divide the amount in columns (a) through (c) on line 3c by the					
	amount in column (d) on line 3c	11c				
12	Add lines 11a through 11c	12				
13	Divide line 12 by 3.0	13				
14	Multiply the amount in columns (a) through (c) of line 10 by					
	columns (a) through (c) of line 13. In column (d), enter the					
	amount from line 10, column (d)	14				
15	Enter any alternative minimum tax for each payment period. See					
	instructions	15				
16	Enter any other taxes for each payment period. See instructions	16				
17	Add lines 14 through 16	17				
18	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions					
40		18				
19	Total tax after credits. Subtract line 18 from line 17. If zero or					
	less, enter -0	19				

Part	Annualized Income Installment Method					
			(a)	(b)	(c)	(d)
			First	First	First	First
20	Annualization periods (see instructions)	20	months	months	months	months
21	Enter taxable income for each annualization period. See					
	instructions for the treatment of extraordinary items	21				
22	Annualization amounts (see instructions)	22				
00	A					
23a	Annualized taxable income. Multiply line 21 by line 22	23a 23b				
b C	Extraordinary items (see instructions)	23c				
·	Add iii les 25a and 25b	200				
24	Figure the tax on the amount on line 23c using the instructions					
	for Form 1120, Schedule J, line 2, or comparable line of					
	corporation's return	24				
25	Enter any alternative minimum tax for each payment period (see					
	instructions)	25				
26	Enter any other taxes for each payment period. See instructions	26				
07	Tabal tary And disease 0.4 through 0.0	07				
27	Total tax. Add lines 24 through 26	27				
28	For each period, enter the same type of credits as allowed on					
	Form 2220, lines 1 and 2c. See instructions	28				
29	Total tax after credits. Subtract line 28 from line 27. If zero or					
	less, enter -0	29				
30	Applicable percentage	30	25%	50%	75%	100%
				st First First months months months Start First months months First months Start Fi		
31	Multiply line 29 by line 30	31				
Part	Required Installments Note: Complete lines 32 through 38 of one column before		1ot	and	2rd	4th
	completing the next column.		installment			
32	If only Part I or Part II is completed, enter the amount in each column					
32	from line 19 or line 31. If both parts are completed, enter the					
	smaller of the amounts in each column from line 19 or line 31	32				
33	Add the amounts in all preceding columns of line 38. See					
	instructions	33				
34	Adjusted seasonal or annualized income installments.					
	Subtract line 33 from line 32. If zero or less, enter -0	34				
	Enter OF 0/ (0 OF) of line E are never 1 of Ferre 2000 in each					
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for					
	line 10 for the amounts to enter	35				
		- 55				
36	Subtract line 38 of the preceding column from line 37 of the					
	preceding column	36				
37	Add lines 35 and 36	37				
38	Required installments. Enter the smaller of line 34 or line 37					
	here and on page 1 of Form 2220, line 10. See instructions .	38				

Form **8879-E0**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning , 2017, and ending

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ▶ Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization **Employer identification number** Jenkins Charitable Foundation, Inc. 45-3482652 Name and title of officer Richard S Jenkins, President Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. **1a** Form 990 check here ► ☐ **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) 1b 2a Form 990-EZ check here ▶ ☐ b Total revenue, if any (Form 990-EZ, line 9) 2b **b Total tax** (Form 1120-POL, line 22) 3a Form 1120-POL check here ► 3b 4a Form 990-PF check here ► 🗵 b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 3,077 5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c) 5b **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only ☑ I authorize Gordon, Myers & Matthew, 2 to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature ▶ Date ▶ 11/15/2018 Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ 12/15/2020 **ERO Must Retain This Form — See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So

Underpayment Penalty Statement ► Attach to return

2017

Name Jenkins Charitable Foundation, Inc. Employer Identification No. 45-3482652

'Event'	Date	Date Amount Due		Balance Due (Overpayment)	Percent	# of Days	Penalty	
Amount Due	05/15/17	769.		769.	4.00	0		
Applied	05/15/17		810.	-41.	4.00			
Amount Due	06/15/17	769.		728.	4.00	92	7.34	
Amount Due	09/15/17	769.		1,497.	4.00	91	14.93	
Amount Due	12/15/17	770.		2,267.	4.00	151	37.5	
Date Filed	05/15/18			2,267.	4.00	-		