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Form 990-PF

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

For calcular year 2009, or tax year beginning			nue Service	Note	The foundation may be able	to use a copy of this retu	rn to satisfy sta	ite reporting	requirements	
Use the IRS label. Otherwise. Print or type: STINCHCOME PAMILY FOUNDATION, INC. Number and steel EP O Los number if mail is not delivered to sittle additional. The Check type of organization. See Specific. See Specific. See Specific. See Specific. The Check type of organization. See Specific. Se	For	calend	ar year 2009, or 1	tax year beginni	ing , a	and ending				
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Second				Amended	return Add	ress change	Name	change	_	
Coherwise, print Number and street (or P O box umber if mel in not delivered to street actions) Community	معاا	the IR	S Name of found	dation				A Emp	oyer identification numb	Der
STINCHCOME FANTLY FOUNDATION, INC. B Telephone number (see page 10 of the nestructions)			~					20	-4003704	
Description Sumber and street (or P O bits number of mail is not delivered to street address) Comparison Compariso			STINCH	COMB FAM	ILY FOUNDATI	ON, INC.		B Telep	hone number (see page 10) of the instructions)
See Specific Chyp or town, state, and ZiP code Instructions. PEACHTREE CTTY GA 30269 1 Check type of organization. Seed Section 501(c)(3) exempt private foundation Seedon 4947(a)(1) nonexempt charitable frust Other (specify) in the first market value of all assets at and J Accounting method of year (from Part II, ci), (c), (c), (her 16) × 1, 706, 315) (Part I. column (i) must be on cash base.) Part II Analysis of Revenue and Expenses the analysis of Revenue and Expenses of books. 1 1 Contributions, gifts, game, for, received father schodule) 2 Check 1 title foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 4 Dividends and mineral from securities 5 A force certification of the analysis of Revenue and Expenses for Revenue and Expenses for Revenue and Revenue			·	treet (or P O box n	umber if mail is not delivered	to street address)	Room/suite	67	8-364-9716	•
Instructions PEACHTREE CITY GA 30269	or	type.	312 BR	RADFORD W	VAY			C If exe	mption application is pendi	ng, check here
The Check type of organization. Section 501(c/3) exempt private foundation Section 4947(a)(1) nonexempt charitable fundation Section 4947(a)(1) nonexempt charitable fund	See	Specif	ic City or town, s	tate, and ZIP code				D 1. Fo	reign organizations, check	here •
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b Accounting fees (attach schedule) c Other professional fees (attach schedule) 17 Interest 18 Taxes (attach schedule) (see page 14 of the instructions) STMT 1 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 24 Total expenses (attach schedule) and administrative expenses. 25 Other expenses (attach schedule) and depletion 26 Other expenses (attach schedule) and depletion 27 Other expenses (attach schedule) 28 Other expenses (attach schedule) 29 Printing and publications 20 Other expenses (attach schedule) 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 24 Total expenses (attach schedule) 25 Occupancy 26 Other expenses (attach schedule) 27 Other expenses (attach schedule) 28 Other expenses (attach schedule) 29 Occupancy 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 24 Travel, conferences, and meetings 25 Other expenses (attach schedule) (attach schedule) 26 Occupancy 27 Occupancy 28 Occupancy 29 Occupancy 20 Occupancy 21 Travel, conferences, and meetings 20 Other expenses (attach schedule)	e ^l	15	Pension plans, e	mployee benefits	S		<u></u>			
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Other expenses (att sch.) 23 Other expenses (att sch.) 24 Total operating and administrative expenses. Add lines 13 th orda 23 2,625 0 0 0 25 Contributions, offs grants paid 89,400 89,400 27 Subtract lime 26 from line 12 0 a Excess of evenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 8,416	тш	ь	Accounting fees	(attach schedule	e)					
Other expenses (att sch.) 23 Other expenses (att sch.) 24 Total operating and administrative expenses. Add lines 13 th orda 23 2,625 0 0 0 25 Contributions, offs grants paid 89,400 89,400 27 Subtract lime 26 from line 12 0 a Excess of evenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 8,416	.ĕ	С	Other professional	fees (attach schedu	nje)					
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Other expenses (att sch.) 23 Other expenses (att sch.) 24 Total operating and administrative expenses. Add lines 13 th orda 23 2,625 0 0 0 25 Contributions, offs grants paid 89,400 89,400 27 Subtract lime 26 from line 12 0 a Excess of evenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 8,416	isi	18	Taxes (attach schedule	e) (see page 14 of the in	nstructions) STMT 1	334				
Other expenses (att sch.) 23 Other expenses (att sch.) 24 Total operating and administrative expenses. Add lines 13 th orda 23 2,625 0 0 0 25 Contributions, offs grants paid 89,400 89,400 27 Subtract lime 26 from line 12 0 a Excess of evenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 8,416		19	•	h schedule) and de	pletion					
Other expenses (att sch.) 23 Other expenses (att sch.) 24 Total operating and administrative expenses. Add lines 13 th orda 23 2,625 0 0 0 25 Contributions, offs grants paid 89,400 89,400 27 Subtract lime 26 from line 12 0 a Excess of evenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 8,416	퉏	20	Occupancy							
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25 Contributions, offis grants paid 26 Total expenses affig disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of evenue over expenses and disbursements 29 Beautiful Description over expenses and disbursements 20 Beautiful Description over expenses and disbursements 21 Beautiful Description over expenses and disbursements 22 Beautiful Description over expenses and disbursements 23 Beautiful Description over expenses and disbursements 24 Beautiful Description over expenses and disbursements 25 Beautiful Description over expenses and disbursements 26 Beautiful Description over expenses and disbursements 27 Beautiful Description over expenses and disbursements 28 Beautiful Description over expenses and disbursements 29 Beautiful Description over expenses and disbursements 20 Beautiful Description over expenses and		23	Other expenses (att so	zh)		1,691				
25 Contributions, offis grants paid 26 Total expenses affig disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of evenue over expenses and disbursements 29 Beautiful Description over expenses and disbursements 20 Beautiful Description over expenses and disbursements 21 Beautiful Description over expenses and disbursements 22 Beautiful Description over expenses and disbursements 23 Beautiful Description over expenses and disbursements 24 Beautiful Description over expenses and disbursements 25 Beautiful Description over expenses and disbursements 26 Beautiful Description over expenses and disbursements 27 Beautiful Description over expenses and disbursements 28 Beautiful Description over expenses and disbursements 29 Beautiful Description over expenses and disbursements 20 Beautiful Description over expenses and	氢	26			tive expenses.					
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27 Subtract line 26 from line 12 28 Determine 26 from line 12 39 Determine 26 from line 12 30 Determine 26 from line 12 30 Determine 26 from line 12 31 Determine 26 from line 12 32 Determine 26 from line 12 32 Determine 26 from line 12 33 Determine 26 from line 12 34 Determine 26 from line 12 36 Determine 26 from line 12 37 Determine 26 from line 12 38 Determine 26 from line 12 39 Determine 26 from line 12 30 Determine 26 from line 12 31 Determine 26 from line 12 32 Determine 26 from line 12 33 Determine 26 from line 12 34 Determine 26 from line 12 36 Determine 26 from line 12 37 Determine 26 from line 12 38 Determine 26 from line 12 39 Determine 26 from line 12 30 Determine 26 from line 12 30 Determine 26 from line 12 30 Determine 26 from line 12 31 Determine 26 from line 12 32 Determine 26 from line 12 35 Determine 26 from line 12 36 Determine 26 from line 12 37 Determine 26 from line 12 38 Determine 26 from line 12 39 Determine 26 from line 12 30 Determine 26 from line 12 30 Determine 26 from line 12 30 Determine 26 from line 12 31 Determine 26 from line 12 32 Determine 26 from line 12 36 Determine 26 from line 12 37 Determine 26 from line 12 38 Determine 26 from line 12 39 Determine 26 from line 12 30	ğ	D25 (្រ ី ក្រាក្រែងព្រឹត្រាន, ទូវ	ft3, grants paid						
B Excess of evenue over expenses and disbursements B Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) 8,416	<u> </u>		Total expenses at	fig disbursements	s. Add lines 24 and 25	92,025		0	0	89,400
c Adjusted net income (if negative, enter -0-) 8,416		27	-Subtract Ime 26	िर्णेत line 12						
c Adjusted net income (if negative, enter -0-) 8,416	\bigcirc	GD	Excess of evenu	e over expenses	and disbursements	889,691				
		b	-Net investment	income (it nega	tive, enter -0-)			8,416		
		С	Adjusted net in	come (if negative	e, enter -0-)		<u> </u>		8,416	

Form **990-PF** (2009)



Fo	m 990	-PF(2009) STINCHCOMB FAMILY FOUNDATION, INC.	20-400370	4	Page 2
	D4 1	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	fyear
	Part I	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	(c) Fair Market Value
П	1	Cash—non-interest-bearing	643,283	1,532,847	1,532,847
	2	Savings and temporary cash investments		, ,	
İ	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable ▶			
	•	Less. allowance for doubtful accounts			
ļ	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	·	disqualified persons (attach schedule) (see page 16 of the			
		instructions)			
	7	Other notes and loans receivable (att schedule)			
	•	Less allowance for doubtful accounts			
ß		·			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges		· · · · · · · · · · · · · · · · · · ·	
익	10a	Investments—U S and state government obligations (attach schedule)	007.002	007 410	172 460
	b	Investments—corporate stock (attach schedule) SEE STMT 3	207,283	207,410	173,468
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			<u> </u>
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶)			
-	16	Total assets (to be completed by all filers—see the			
4		instructions. Also, see page 1, item I)	850,566	1,740,257	1,706,315
- 1	17	Accounts payable and accrued expenses			
S	18	Grants payable			
Liabilities	19	Deferred revenue			
<u>≣</u>	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>.</u>	21	Mortgages and other notes payable (attach schedule)			
~	22	Other liabilities (describe ▶)			
\perp	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶			
S		and complete lines 24 through 26 and lines 30 and 31.			
nces	24	Unrestricted			
Net Assets or Fund Balar	25	Temporarily restricted			
ő	26	Permanently restricted			
힏		Foundations that do not follow SFAS 117, check here			
튀		and complete lines 27 through 31.			
딋	27	Capital stock, trust principal, or current funds	850,566	1,740,257	
S	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
šet	29	Retained earnings, accumulated income, endowment, or other funds			
ŝ	30	Total net assets or fund balances (see page 17 of the			
$\frac{1}{2}$		instructions)	850,566	1,740,257	
ž	31	Total liabilities and net assets/fund balances (see page 17			
	•	of the instructions)	850,566	1,740,257	
ᅥ	Part I				
_		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	aree with	<u> </u>	
٠		of-year figure reported on prior year's return)	g 	1	850,566
2		amount from Part I, line 27a		2	889,691
_		noreases not included in line 2 (itemize) ►		3	009,091
3		nes 1, 2, and 3		4	1,740,257
		· · · · · · · · · · · · · · · · · · ·			1,140,237
		eases not included in line 2 (itemize) ► net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), li	ne 30	5	1,740,257
_0	ividi	net assets or rund balances at end of year (line 4 milios line 5)—Fart it, column (b), if	110 30	101	<u> </u>

		AMILY FOUNDATION			20-4003704	·		Page 3
(a) List and de	scribe the kind(s	es for Tax on Investme of property sold (e g , real estate, ommon stock, 200 shs MLC Co)	nt Incor	ne	(b) How acquired P—Purchase D—Donation		Date acquired to , day, yr)	(d) Date sold (mo , day, yr)
1a N/A					D Conadon	1		 -
b					•			- -
d				_				
e								
(e) Gross sales price		(f) Depreciation allowed (or allowable)		(g) Cost or plus exper				in or (loss) (f) minus (g)
a								
b			<u></u>			<u> </u>		
С								
d			<u> </u>					
е					_	<u> </u>		
Complete only for assets show	ing gain in co	lumn (h) and owned by the fou	ındatıon on	12/31/69			(I) Gains (Co	ol (h) gain minus
(i) F M ∨ as of 12/31/69		(j) Adjusted basis as of 12/31/69		(k) Excess over col	s of col (i) (j), if any		col (k), but no	ot less than -0-) or from col (h))
a				· · · · ·				
b								
С								
d								
e								
 Capital gain net income or (ne Net short-term capital gain or (if gain, also enter in Part I, line if (loss), enter -0- in Part I, line 	loss) as defin 8, column (c	(see pages 13 and 17 of the II	nstructions	;)	·	3		
		<u>ction 4940(e) for Reduc</u>				ne		<u> </u>
(For optional use by domestic prival frection 4940(d)(2) applies, leave			a) tax on ne	et investme	nt income)			
Was the foundation liable for the si	·		of any year	n the base	e period? Y	es X	No	
If "Yes," the foundation does not qualified	ualify under so	ection 4940(e) Do not complet	e this part					
1 Enter the appropriate amount	n each colum	n for each year, see page 18 o	of the instru	ictions befo	re making any entre	es		
(a)		(b)			(c)			(d)
Base period years Calendar year (or tax year begini	ning in)	Adjusted qualifying distribution	ns	Net value	of nonchantable-use as	sets		stribution ratio) divided by col. (c))
2008		64	,384		1,366,	652		0.047111
2007			2,869		477,	992		0.068765
2006			,217		197,	206		0.072092
2005					1,	080		
2004								
2 Total of line 1, column (d)							2	0.187968
3 Average distribution ratio for th	ne 5-vear base	e period—divide the total on lin	e 2 bv 5. o	r by the				
number of years the foundatio	-		, -, -				3	0.062656
,		·	<u>-</u>					1,363,235
4 Enter the net value of nonchar	nable-use ass	eus for 2009 from Part X, line t	9				4	
5 Multiply line 4 by line 3							5	85,415
6 Enter 1% of net investment inc	come (1% of F	Part I, line 27b)					6	84
7 Add lines 5 and 6							7	85,499

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Form **990-PF** (2009)

89,400

8 Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18

	990-PF (2009) STINCHCOMB FAMILY FOUNDATION, INC. 20-4003704			P	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	ons)			
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 (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				84
	here ▶ X and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, 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				84
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-				84
6	Credits/Payments:				
а	2009 estimated tax payments and 2008 overpayment credited to 2009				
b	Exempt foreign organizations—tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached.				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				84
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11				
_Pa	rt 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	Į		Yes	No
	participate or intervene in any political campaign?	Į	1a		X
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	of the instructions for definition)?	Į.	1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	c Did the foundation file Form 1120-POL for this year?				
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 ▶ \$				
e	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?		2		X
	If "Yes," attach a detailed description of the activities				
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	Į.	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u> </u>
b	\cdot	A\I	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-	5		<u> </u>
	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	1			
	conflict with the state law remain in the governing instrument?	ļ	6	X	
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	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
	ınstructions) ► GA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	ļ	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	1			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page				
	27)? If "Yes," complete Part XIV	Ļ	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		Ì		
	names and addresses		10	\mathbf{x}_{\perp}	

orn	1 990-PF (2009) STINCHCOMB FAMILY FOUNDATION, INC. 20-4003704		P	<u>age 5</u>
Pa	art VII-A Statements Regarding Activities (continued)			
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 page 20 of the instructions)	11		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A	252	220	0
14	The books are in care of ▶ DONALD TOTH Telephone no ▶ 404-	252-	220	8
	90 WEST WIEUCA ROAD SUITE 100 Located at ► ATLANTA, GA ZIP+4 ► 3034	2		
	·	<u>.</u>		Г
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 15			
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	\Box	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		,	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(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 page 20 of the instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			x
_	were not corrected before the first day of the tax year beginning in 2009?	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)) At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
а	6e, Part XIII) for tax year(s) beginning before 2009? Yes X No			
	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 page 20 of the instructions) N/A	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			
	▶ 20 , 20 , 20 , 20			
3a	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 2009 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 2009) N/A			<u></u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			7.7
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	0.55	<u>X</u>
		orm 99	いーピト	(2009)

Form	990-PF (2009) STINCHCOMB F			1003704			Pag	<u>e 6</u>
_Pa	<u>ırt VII-B</u> Statements Regardin	g Activities for Which For	m 4720 May Be Re	equired (conti	nued)			
5a	During the year did the foundation pay or in	ncur any amount to		_	_	. 1	j	
	(1) Carry on propaganda, or otherwise atte	empt to influence legislation (section	n 4945(e))?	\ _\	res 🗓 No		- 1	
	(2) Influence the outcome of any specific p	oublic election (see section 4955); o	r to carry on,	_	_	ı		
	directly or indirectly, any voter registrat	ion drive?			res X No		-	
	(3) Provide a grant to an individual for trav	el, study, or other similar purposes'	7		res X No			
	(4) Provide a grant to an organization other	r than a charitable, etc , organization	on described in		_	i l		
	section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see page 22 of the in	structions)		res 🗓 No			
	(5) Provide for any purpose other than reli	gious, charitable, scientific, literary,	or educational				}	
	purposes, or for the prevention of crue	Ity to children or animals?			res 🗓 No		- }	
b	If any answer is "Yes" to 5a(1)-(5), did any	of the transactions fail to qualify un	der the exceptions desc	ribed in	_			
	Regulations section 53 4945 or in a current	t notice regarding disaster assistant	ce (see page 22 of the n	nstructions)?	N/A	5b		
	Organizations relying on a current notice re	egarding disaster assistance check	here	,	▶ □			
С	If the answer is "Yes" to question 5a(4), do	es the foundation claim exemption	from the tax					
	because it maintained expenditure respons	ibility for the grant?		N/A 🗍	res No			
	If "Yes," attach the statement required by F	Regulations section 53 4945-5(d)						
6a	Did the foundation, during the year, receive	any funds, directly or indirectly, to	pay premiums					
	on a personal benefit contract?	-		\sqcap	res X No			
b	Did the foundation, during the year, pay pre	emiums, directly or indirectly, on a p	ersonal benefit contract	?	_	6b		X_
	If "Yes" to 6b, file Form 8870.	·						_
7a	At any time during the tax year, was the for	undation a party to a prohibited tax	shelter transaction?		res 🗓 No			
b	If yes, did the foundation receive any proce	eds or have any net income attribu	table to the transaction?	<u> </u>	N/A	7b		
Pa	art VIII Information About Offi	cers, Directors, Trustees,	Foundation Mana	gers, Highly P	aid Employee	s,		
	and Contractors							
<u>1 L</u>	ist all officers, directors, trustees, founda	ation managers and their compen	sation (see page 22 of	the instructions)	•			
			(b) Title, and average	(c) Compensation	(d) Contributions to	1,,,		
	(a) Name and ac	idress	hours per week	(If not paid, enter	employee benefit plans and deferred		pense accor r allowance:	
			devoted to position	-0-)	compensation			
MA	TTHEW D. STINCHCOMB	PEACHTREE CITY	PT PRESIDENT					
31	2 BRADFORD WAY	GA 30269	5.00	0	0			0
JE	NNY STINCHCOMB	PEACHTREE CITY	PT DIRECTOR					
31	2 BRADFORD WAY	GA 30269	1.00	0	0			0
JO	NATHAN STINCHCOMB	KENNER	PT DIRECTOR					
10	10 CHATEAU LAFITTE W	LA 70065	5.00	0	0			0
AL	LISON STINCHCOMB	KENNER	PT DIRECTOR					
10	10 CHATEAU LAFITTE W	LA 70065	1.00					0
2	Compensation of five highest-paid empl	oyees (other than those included	on line 1 —see page 2	23 of the instructi	ons).			
	If none, enter "NONE."							
			(b) Title, and average		(d) Contributions to	(4) [
	(a) Name and address of each employe	ee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred		pense accor r allowance:	
			devoted to position	 	compensation	<u> </u>		
NO	NE							
						↓		
			1	1		1		
	<u> </u>				<u>.</u>	 		
								_
						1		
						<u> </u>		
			}			1		
				l		<u> </u>		
Total	number of other employees paid over \$50,0	000						
					Fo	m 990)-PF (20)09)

Form 990-PF (200	09) STINCHCOMB FAMILY FOUNDATION, INC.	20-4003704	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	on Managers, Highly Paid Empl	
3 Five higher	st-paid independent contractors for professional services (see page 23 of	the instructions). If none, enter "NONE.	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	-		
	·		
•			
Total number of	others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct chantable activities during the tax year. Include relevant statistical infor- other beneficiaries served, conferences convened, research papers produced, etc.	mation such as the number of	Expenses
1 N/A			
2			
3	<u> </u>		
4			
D-4 IV D	Summary of Program-Related Investments (see page 24	of the instructions)	
Part IX-B	largest program-related investments (see page 24		Amount
1 N/A	digest program related in section in made by the relation earling the tall year on most re-		Amoun
. 2., 22			
2	·		
	related investments See page 24 of the instructions		
3			
Total. Add lines 1	through 3	•	

опт	1990-PF (2009) STINCHCOMB FAMILY FOUNDATION, INC. 20-4003704		Page 8
•	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn fou	indations,
	see page 24 of the instructions.)		
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	149,588
b	Average of monthly cash balances	1b	1,234,407
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
ď	Total (add lines 1a, b, and c)	1d	1,383,995
e	Reduction claimed for blockage or other factors reported on lines 1a and		
•	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,383,995
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		·
•	the instructions)	4	20,760
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,363,235
6	Minimum investment return. Enter 5% of line 5	6	68,162
	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operations		
Г	foundations and certain foreign organizations check here	, atting	
1	Minimum investment return from Part X, line 6	1	68,162
	Tax on investment income for 2009 from Part VI, line 5	<u> </u>	
2a	Income tax for 2009. (This does not include the tax from Part VI)	1	
b	Add lines 2a and 2b	2c	84
C	Distributable amount before adjustments Subtract line 2c from line 1	3	68,078
3	·	4	00,000
4	Recoveries of amounts treated as qualifying distributions	5	68,078
5	Add lines 3 and 4	6	00/070
6	Deduction from distributable amount (see page 25 of the instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	7	68,078
	line 1		30,070
Pa	art XII Qualifying Distributions (see page 25 of the 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	89,400
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	89,400
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 page 26 of the instructions)	5	84
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	89,316
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	1	
	qualifies for the section 4940(e) reduction of tax in those years		

6786	В				
	990-PF (2009) STINCHCOMB FAMILY FOUNDAY		20-400370)4	Page 9
<u>Pa</u>	art XIII Undistributed Income (see page 26 of the				
	B14 1 4 14	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1	Distributable amount for 2009 from Part XI,		rears prior to zooo		68,078
2	Undistributed income, if any, as of the end of 2009				00,070
	Enter amount for 2008 only		1		
_	Total for prior years: 20 , 20 , 20				
ь 3	Excess distributions carryover, if any, to 2009				
э a	From 2004				
a h	From 2005	İ			
	From 2006 4,545				
٦	From 2007 8,969				
e	From 2008 10,784				
f	Total of lines 3a through e	24,298	I		
4	Qualifying distributions for 2009 from Part XII,				
•	line 4 ▶ \$ 89,400				
а	Applied to 2008, but not more than line 2a				
	Applied to undistributed income of prior years				
_	(Election required—see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)			!	
d	Applied to 2009 distributable amount				68,078
е	Remaining amount distributed out of corpus	21,322			
5	Excess distributions carryover applied to 2009				
	(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:	İ			
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	45,620			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed		1		
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		Ì		
	tax has been previously assessed			•	
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions				-
е	Undistributed income for 2008 Subtract line		ĺ		
	4a from line 2a Taxable amount—see page 27 of the instructions		İ		
f	Undistributed income for 2009 Subtract lines				<u>.</u>
•	4d and 5 from line 1. This amount must be				
	distributed in 2010				0
7	Amounts treated as distributions out of corpus				
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2004 not			•	
_	applied on line 5 or line 7 (see page 27 of the	į			
	instructions)]			
9	Excess distributions carryover to 2010				
-	Subtract lines 7 and 8 from line 6a	45,620			
10	Analysis of line 9				
а	Excess from 2005				
b	Excess from 2006 4,545				

8,969

10,784

21,322

Excess from 2007

Excess from 2008

Excess from 2009

	an exempt organization
	(4) Gross investment income
Pa	rt XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at
	any time during the year—see page 28 of the instructions.)
	Information Regarding Foundation Managers:
а	List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation
	before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
	JONATHAN STINCHCOMB
 ວ	List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the
	ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
	NONE
	Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
	Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept
	unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or
	organizations under other conditions, complete items 2a, b, c, and d
 a	The name, address, and telephone number of the person to whom applications should be addressed.
	MATTHEW STINCHCOMB 678-364-9716
	312 BRADFORD WAY PEACHTREE CITY GA 30269
 b	The form in which applications should be submitted and information and materials they should include
	SEE STATEMENT 4
c	Any submission deadlines
	NONE
d	Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
	NONE
	Form 990-PF (2009)
А	

Part XV Supplementary Information (continued)

Part XV Supplementary Information (co		B		
3 Grants and Contributions Paid During the		iture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor			
a Paid during the year				
MUNHOLLAND UNITED 1201 METAIRIE ROAD		OPERATI	NG GRANT	40,700
METAIRIE LA 70005			110 010111	207.00
UNION POINT FIRST		}	1	
324 N. RHODES ST		OPERATI	NG GRANT	5,000
UNION POINT GA 30669				
VOIDIO I TOD ENVEMBE COIDINY				
YOUNG LIFE FAYETTE COUNTY PO BOX 2483		ODERATI	NG GRANT	5,000
PEACHTREE CITY GA 30269		OFERMI	ING GIVINI	3,000
TEACHTREE CITT ON 30203				
GEORGIA TRANSPLANT			1	
3125 PRESIDENTIAL PKWY		OPERATI	NG GRANT	13,300
ATLANTA GA 30340				
CHILDREN'S TUMOR	İ	ODEDAMI	NG GRANT	F 000
95 PINE STREET, 16TH FL NEW YORK NY 10005		OPERATI	ING GRANT	5,000
NEW TORK NI 10005				
FEED THE CHILDREN				
PO BOX 36		OPERATI	NG GRANT	7,000
OKLAHOMA OK 73101				
DADIGITHIA HOMOMONINA CLUB				
PARKVIEW TOUCHDOWN CLUB PO BOX 2515			NG GRANT	5,000
LILBURN GA 30048		OPERALI	NG GRANT	5,000
HILDOR GA 50040				
TEAMMATES FOR KIDS				
4251 KIPLING ST SUITE 370		OPERATI	NG GRANT	5,000
WHEAT RIDGE CO 80033				
HUDSON FAMILY FOUNDATION		\D\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NG GRANT	2 400
245 N. HIGHLAND AVE. NE ATLANTA GA 30307		OPERALI	NG GRANT	3,400
ATHANIA OA 30307				
Tabel		<u> </u>	▶ 3a	89,400
Total b Approved for future payment		T	30	
N/A				
	<u> </u>	<u> </u>		
Total			<u>▶</u> 3b	- 000 BE (0000)

_	Part XVI-A	Analysis of Income-Producing Activ	vities				
_		unts unless otherwise indicated		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 (See page 28 of
1	Program ser	vice revenue					the instructions)
	a				ļ		
	b			· · · · · · · · · · · · · · · · · · ·	ļ		
	c				ļ		
					ļ		
					ļ		
					ļ		
_		d contracts from government agencies			 -		
	•	dues and assessments			 		
		avings and temporary cash investments	-		14	8,416	
4		nd interest from securities			+	8,410	
3		come or (loss) from real estate		-	 		
		anced property -financed property			 		
6		come or (loss) from personal property			 		
	Other investi				 		
		;) from sales of assets other than inventory		-			
		or (loss) from special events			†		
		or (loss) from sales of inventory					
	•	ue a					
	е				<u> </u>		···
12	Subtotal Ad	d columns (b), (d), and (e)		0	<u> </u>	8,416	
13	Total. Add lo	ne 12, columns (b), (d), and (e)				13 _	8,416
_		n line 13 instructions on page 28 to verify calculations					· · · · · · · · · · · · · · · · · · ·
	Part XVI-B	Relationship of Activities to the Acc					·
	Line No. ▼	Explain below how each activity for which income is accomplishment of the foundation's exempt purpose instructions)					the
_	N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
_	,						
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•	,	Exempt Organiza	_		a mandadire	no una reciationo	iipo witti ito	,,,o,,u,,,table		
1	Did the	organization directly or indir		n any of the follo	owing with any of	her organization describ	ed .		Yes	No
		n 501(c) of the Code (other								
	organiza	` '		(/ /)	,					
а	Transfer	s from the reporting founda	ition to a non	charitable exemp	t organization of					1
	(1) Cas	_			_			1a(1	ıl	X
	(2) Oth	er assets						1a(2	1	X
t	Other tra	ansactions								
	(1) Sale	es of assets to a nonchanta	ble exempt o	rganization				16(1)	X
	(2) Puro	chases of assets from a no	ncharitable e	xempt organization	on .			1b(2)	X
	(3) Ren	tal of facilities, equipment,	or other asse	ets				1b(3		X
	(4) Reir	mbursement arrangements						1b(4)	X
	(5) Loa	ns or loan guarantees				•		1b(5		X
	(6) Perf	formance of services or me	mbership or	fundraising solicit	ations			1b(6)	X
c	Sharing	of facilities, equipment, ma	ılıng lısts, oth	er assets, or paid	d employees	·		1c		X
c	I If the an	swer to any of the above is	"Yes," comp	lete the following	schedule Colum	n (b) should always sho	w the fair marke	et		
	value of	the goods, other assets, or	services giv	en by the reportin	ng foundation. If t	ne foundation received le	ess than fair ma	rket		
	value ın	any transaction or sharing	arrangement	, show in column	(d) the value of t	he goods, other assets,	or services rece	ived		
	(a) Line no	(b) Amount involved	(c) Name	of noncharitable exe	empt organization	(d) Description of	transfers, transact	tions, and sharing arrang	ements	
1/	A									
			ļ							
			ļ							
										
										
										
			<u> </u>							
			ļ			· · · · · · · · · · · · · · · · · · ·		·		
_										
					-					
_						1		••••		
22		undation directly or indirect	-			. •		п,	, च	a
		ed in section 501(c) of the C		ian section 501(c	(3)) or in section	52//		U '	es X	i No
	it Yes,	complete the following sch (a) Name of organization	edule	(b) Type of	organization		(a) Descention of	f rolationable		
	N/A	(a) Name of Organization		(b) Type of	organization		(c) Description o	relationship		
	M/A	· · · · · · · · · · · · · · · · · · ·				 				
							· · · · · · · · · · · · · · · · · · ·			
						+				
									_	
	Hodor por	nalties of perjury, I declare that	I hous evamin	d this satura, include		shedular and statements.	and to the best of o			
		true, oprrect, and complete D								
		Matter Carl			18/	31/10	tresk	FULL		
d)	Signa	ature of office) or trustee	<u> </u>		Date	<u> </u>	Title	<u> </u>		
ē						Date	T	Preparer's iden	dvina	
		Preparer's		1		Date	Check if	number (see S	gnature (
oign Here	Paid Preparer's Use Only	signature	rule 5.	Toph CRA	- 1	1 March 2010	self-employed	page 30 of the	_	۱ •
מ	Paic par e O			ADCOCK .			1	1.7046	961	<u>-</u>
1	Pre Us	Firm's name (or yours if self-employed), address,		TIEUCA RD			l	EIN ► 58-09	7902	0
	_	and ZIP code	ATLAN		30342-32			Phone no 404-2!		
		L <u> </u>						I HOHE HU ZVZ Z.	<u> </u>	

Page 13

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

Schedule of Contributors

OMB No 1545-0047

2009

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

STINCHCOMB FAM	AILY FOUNDATION, INC.	20-4003704
Organization type (check one	r):	
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	
	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule S	See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money contributor Complete Parts I and II	or
Special Rules		
sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulation 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Part	the greater
the year, aggregate co), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor ntributions of more than \$1,000 for use exclusively for religious, charitable, scientific, litera or the prevention of cruelty to children or animals. Complete Parts I, II, and III	
the year, contributions aggregate to more than year for an exclusively	(8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor for use exclusively for religious, charitable, etc., purposes, but these contributions did not a \$1,000. If this box is checked, enter here the total contributions that were received during religious, chantable, etc., purpose. Do not complete any of the parts unless the General R tition because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,000 or \$5,0	g the Rule
990-EZ, or 990-PF), but it must	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Forn t answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 9	n

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JONATHAN STINCHCOMB 1010 CHATEAU LAFITTE W KENNER LA 70065	\$ 973,300	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part If if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

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		Charitable Purpose		Charitable Purpose	\$		1-2
	Sex	Adjusted Net	xpenses	Adjusted Net	\[\text{O} \] \\ \strain \[\text{S} \]		
Federal Statements	Statement 1 - Form 990-PF, Part I, Line 18 - Taxes	Net Investment	. Part I, Line 23 - Other E	Net Investment	\(\text{O}\)		
	Statement 1 - Form 99	Total \$ 334	Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses	Total	\$ 1,691		
6786B STINCHCOMB FAMILY FOUNDATION, INC. 20-4003704 FYE: 12/31/2009		Description INDIRECT TAXES/LICENSES TOTAL	15	Description	EAFENSES MARKETING TOTAL		

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6786B STINCHCOMB FAMILY FOUNDATION, INC. 20-4003704 Federal Statements

FYE: 12/31/2009

Statement 3 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description						
	_	Beginning of Year	End of Year	Basis of Valuation	Fair Ma Valu	
CORPORATE STOCK						
	\$_	207,283 \$	207,410		\$ <u>17</u>	3,468
TOTAL	\$	207,283 \$	207,410		\$ 17	3,468

6786B STINCHCOMB FAMILY FOUNDATION, INC. 20-4003704 Federal Statements

FYE: 12/31/2009

Name of Manager	,	Amount
JONATHAN STINCHCOMB	\$	
TOTAL	\$	C
Form 990-PF, Part XV, Line 1b - Managers Who Owr	10% or	More Stoc
Name of Manager	/	Amount
NONE	\$	
TOTAL	\$	C
Statement 4 - Form 990-PF, Part XV, Line 2b - Application Fo	rmat and	d Required
		d Required
Statement 4 - Form 990-PF, Part XV, Line 2b - Application Fo Description LETTER TO MR. STINCHCOMB EXPLAINING THE PURPOSE OF THE	3	,
Statement 4 - Form 990-PF, Part XV, Line 2b - Application Fo Description LETTER TO MR. STINCHCOMB EXPLAINING THE PURPOSE OF THE GRANT AND NATURE OF THE APPLICANT'S ORGANIZATION	3	,
Statement 4 - Form 990-PF, Part XV, Line 2b - Application Fo Description LETTER TO MR. STINCHCOMB EXPLAINING THE PURPOSE OF THE GRANT AND NATURE OF THE APPLICANT'S ORGANIZATION Form 990-PF, Part XV, Line 2c - Submission	3	,
Statement 4 - Form 990-PF, Part XV, Line 2b - Application Fo Description LETTER TO MR. STINCHCOMB EXPLAINING THE PURPOSE OF THE GRANT AND NATURE OF THE APPLICANT'S ORGANIZATION Form 990-PF, Part XV, Line 2c - Submission Description	Deadlir	nes