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50rm 990-PF

Department of the Treasury

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

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2010

Internal Revenue Service For calendar year 2010, or tax year beginning , and ending Final return G Check all that apply initial return of a former public charity Initial return Name change Amended return Address change A Employer identification number Name of foundation 20-4003704 STINCHCOMB FAMILY FOUNDATION, INC. Telephone number (see page 10 of the instructions) 678-364-9716 Number and street (or P O box number if mail is not delivered to street address) Room/suite 312 BRADFORD WAY If exemption application is pending, check here City or town state, and ZIP code D 1. Foreign organizations, check here PEACHTREE CITY GA 30269 2 Foreign organizations meeting the X Section 501(c)(3) exempt private foundation 85% test, check here and attach computation. H Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A) check here X Cash Fair market value of all assets at J Accounting method end of year (from Part II, col (c), Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 2,619,596 (Part I. column (d) must be on cash basis) line 16) ▶ \$ Part I (d) Disbursements Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for chantable expenses per amounts in columns (b), (c) and (d) may not necessarily equal books income ıncome purposes the amounts in column (a) (see page 11 of the instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 915,000 1 2 Check ▶ ____ if the foundation is **not** required to attach Sch_B 2,219 2,219 2,219 3 Interest on savings and temporary cash investments 38,518 24,327 38,518 Dividends and interest from securities 4 Gross rents Net rental income or (loss) 8,295 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 416,837 b 8.295 7 Capital gain net income (from Part IV, line 2) 5,801 Net short-term capital gain 9 Income modifications 10a Gross sales less returns & allowances h Less Cost of goods sold Gross profit or (loss) (attach schedule) С 609 609 609 11 Other income (attach schedule) Total. Add lines 1 through 11. 964,641 35,450 47,147 12 Compensation of officers, directors, trustees, et 13 14 Other employee salaries and wages 2011 Pension plans, employee benefits 15 Legal fees (attach schedule) 16a Accounting fees (attach-schedule) - M 10,479 7,879 10,479 Other professional fees (attach schedule) С 17 Interest Taxes (attach schedule) (see page 14 of the instructions) STMT 3 690 18 19 Depreciation (attach schedule) and depletion 20 Occupancy 600 21 Travel, conferences, and meetings 400 22 Printing and publications 11,399 10,000 STMT 4 23 Other expenses (att sch) 24 Total operating and administrative expenses. 23,568 10,479 7,879 10,000 Add lines 13 through 23 107,861 107,861 25 Contributions, gifts, grants paid 10,479 7,879 117,861 131,429 Total expenses and disbursements. Add lines 24 and 25 26 27 Subtract line 26 from line 12 833,212 Excess of revenue over expenses and disbursements 27,571 Net investment income (if negative, enter -0-) 36,668 Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see page 30 of the instructions.

Form 990-PF (2010)

F	orm 990	-PF (2010) STINCHCOMB FAMILY FOUNDATION, INC.	20-400370	4	Page 2
	► Part I	Raiance Shoots Attached schedules and amounts in the description column	Beginning of year	End of	уеаг
	ranı	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
	1	Cash—non-interest-bearing	1,532,847	441,920	441,920
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
	ł	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 page 15 of the			
		instructions)			
	7				
	'	Other notes and loans receivable (att schedule) ► Less allowance for doubtful accounts ► 0			
s	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
SS	9			525,143	533,630
4	10a	(207,410	1,231,873	1,262,536
	b	277 Cm m 7	207,410	351,461	358,900
	C 44	, and the same same same same same same same sam		331,401	338,900
	11	Investments—land, buildings, and equipment basis ▶			
	40	Less accumulated depreciation (attach sch.)			
	12	Investments—mortgage loans Investments—other (attach schedule) SEE STATEMENT 8		23,072	22,610
	13			23,072	22,610
	14	Land, buildings, and equipment basis			
	4-	Less accumulated depreciation (attach sch)			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers—see the	1 740 257	2,573,469	2 610 506
-	47	Instructions Also, see page 1, item I)	1,740,257	2,373,409	2,619,596
	17	Accounts payable and accrued expenses			
es	18	Grants payable			
Liabilities	19	Deferred revenue			
ä	20	Loans from officers, directors, trustees, and other disqualified persons			
Ĕ	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)	0	0	
-	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here			
'n		and complete lines 24 through 26 and lines 30 and 31.			
Net Assets or Fund Balances	24	Unrestricted			
an	25	Temporarily restricted			
32	26	Permanently restricted			
þ	20	Foundations that do not follow SFAS 117, check here ▶ X			
		and complete lines 27 through 31.		1	
ī	27	Capital stock, trust principal, or current funds	1,740,257	2,573,469	
9	28	Paid-in or capital surplus, or land, bldg, and equipment fund		2,0.0,100	
et	29	Retained earnings, accumulated income, endowment, or other funds			
SS	30	Total net assets or fund balances (see page 17 of the			
tΑ	00	instructions)	1,740,257	2,573,469	
ž	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	1,740,257	2,573,469	
_	Part II				. .
		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must a	gree with		
		f-year figure reported on prior year's return)		1 1	1,740,257
2		amount from Part I, line 27a		2	833,212
3		increases not included in line 2 (itemize) ▶		3	
4		nes 1, 2, and 3		4	2,573,469
5		ases not included in line 2 (itemize)		5	
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), li	ine 30	6	2,573,469
_					Form 990-PF (2010)

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

orm	99	0-P	F	(2010)
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6

7

8

276

135,209

117,861

7 Add lines 5 and 6

Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18

Form	1990-PF (2010) STINCHCOMB FAMILY FOUNDATION, INC. 20-40	03704					P	age 4	
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—se	e page 18 of	the i	nstruc	tions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" or	n line 1	٦						
	Date of ruling or determination letter (attach copy of letter if necessary—see	nstructions)							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			1	ļ			551	
	here ▶ and enter 1% of Part I, line 27b								
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of								
	Part I, line 12, col (b)				,			0	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0	-)		2					
3	Add lines 1 and 2			3				551	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0)-)		4				0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5_				551	
6	Credits/Payments								
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a								
b	Exempt foreign organizations—tax withheld at source 6b								
С	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			7					
8	Enter any penalty for underpayment of estimated tax. Check here \overline{X} if Form 2220 is attached			8				1	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9				552	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10					
11_	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶	Refunded	<u> </u>	11	l				
Pa	art 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?					<u>1a</u>		X	
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)?					1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	als							
	published or distributed by the foundation in connection with the activities								
С	Did the foundation file Form 1120-POL for this year?					1c		X	
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 important	sed							
	on foundation managers \$							77	
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, a	irticles of						v	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				N/A	4a		_	
b	If "Yes," has it filed a tax return on Form 990-T for this year?				N/A	4b		X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					5		Λ	
_	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 language in the governing instrument in the governing in the govern	hat							
	By state legislation that effectively amends the governing instrument so that no mandatory directions to the control of the state of the control of the	nat				6	х		
_	conflict with the state law remain in the governing instrument?	cal (a) and D	~~ V\	,		7	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II.	cor (c), and P	ait A	•		⊢	22		
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) GA								
	,	eral							
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ger	cı aı				8b	х		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)	(3) or				55		 	
9									
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on 27)? If "Yes," complete Part XIV	Page				9		х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	their				Ť			
10	names and addresses					10	x		

Form	990-PF (2010) STINCHCOMB FAMILY FOUNDATION, INC. 20-4003704				P	age 5
_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		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before					
	August 17, 2008?			12	L	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?			13	X	<u> </u>
	Website address ► N/A					
14		one no 🕨	404-2	52-	220	8
	90 WEST WIEUCA ROAD SUITE 100					
	Located at ▶ ATLANTA GA	ZIP+4 ▶	30342			_
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			
16	At any time during calendar year 2010, 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		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter					
	the name of the foreign country ▶				_	<u></u>
_ <u>Pa</u>	ort VII-B Statements Regarding Activities for Which Form 4720 May Be Required					т
	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)	_				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it 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?	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)?	_ Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					į
	foundation agreed to make a grant to or to employ the official for a period after		37			•
	termination of government service, if terminating within 90 days)	Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		NT / 70	۱.,		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 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			ـ ا		x
_	were not corrected before the first day of the tax year beginning in 2010?			1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and	 Yes	X No	ļ		1
	6e, Part XIII) for tax year(s) beginning before 2010?	162	<u> </u>			
	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 22 of the instructions)		N/A	2b	ŀ	-
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		,			<u> </u>
С	► 20 , 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			ł		1
Ja	at any time during the year?	 Yes	X No			
ь	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or		,,,		1	
J	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 2010)		N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?		•	4a		Х
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 2010?			4b		X

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Form	990-PF (2010)	STINCHCOMB	FAMILY	FOUNDATION,	INC.	20-4	003704						Ρ.	age 6
Pa	rt VII-B S	tatements Regar	ding Activ	ities for Which Fo	rm 4720 May	Be Re	equired (co	ntı	nued)				
5a	During the year o	lid the foundation pay	or incur any ar	mount to										
	(1) Carry on pro	paganda, or otherwise	attempt to inf	luence legislation (sectio	n 4945(e))?		_	\	es/	X	No			
	(2) Influence the	outcome of any spec	ific public elect	tion (see section 4955), o	or to carry on,									
	directly or inc	directly, any voter regis	stration drive?				_	_ \	es :		No			ĺ
	(3) Provide a gra	ant to an individual for	travel, study, o	or other similar purposes	?			_ \	/es	X	No			
	(4) Provide a gra	ant to an organization	other than a ch	naritable, etc., organizati	on described in									
	section 509(a	a)(1), (2), or (3), or see	ction 4940(d)(2	?)? (see page 22 of the II	nstructions)		_	- ١	es	$\overline{\mathbf{X}}$	No	1 1		
				ritable, scientific, literary			~							
	• •	for the prevention of o	•	· ·				_ ,	es	$\overline{\mathbf{x}}$	No			
b		•	•	nsactions fail to qualify u	nder the exception	ons desc	ribed in	_						
				garding disaster assistan						N	I/A	5b		
				saster assistance check					>					
С	•			ndation claim exemption									l	
_		ained expenditure resp					N/A	_ `	es		No			
		•	=	s section 53 4945-5(d)				_		_				
6a	•	·		s, directly or indirectly, to	pay premiums								İ	
-	on a personal be	•	,	., , , , , , , ,				- ,	/es	$\overline{\mathbf{x}}$	No			
b	•		, premiums, di	rectly or indirectly, on a j	personal benefit	contract	? _	-				6ь		X
-	If "Yes" to 6b, file		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,										
7a	·		e foundation a	party to a prohibited tax	shelter transacti	on?	_	\	es/	$\overline{\mathbf{x}}$	No			
b				ve any net income attribi			, –	_			I/A	7b		
	rt VIII Info	ormation About (Officers. Di	rectors, Trustees,	Foundation	Mana	gers, High	ly F	Paid	Em	ploye	es,		
		d Contractors	, ·	,			• •	•				-		
1 L			undation man	agers and their compe	nsation (see pa	ige 22 o	f the instructi	ons	;).					
		· · · · · · · · · · · · · · · · · · ·		<u> </u>	(b) Title, and		(c) Compensati		(d) 0		utions to			
		(a) Name a	nd address		hours pe	r week	(if not paid, en				benefit deferred		ense ad allowar	
					devoted to	position	-0-)			mpens		00.0	0.01.0	
MA	TTHEW D. STIN	СНСОМВ	PE	ACHTREE CITY	PT PRES	IDENT						ĺ		
31	2 BRADFORD WA	Υ	GA	30269	5.00			0						0
JE	NNY STINCHCOM	В	PE	ACHTREE CITY	PT DIRE	CTOR								
31	2 BRADFORD WA	Υ	G.A.	30269	1.00	=		0			()		0
JO	NATHAN STINCH	COMB	KE	NNER	PT DIRE	CTOR								
10	10 CHATEAU LA	FITTE W	LA	. 70065	5.00			0			(0
AL	LISON STINCHO	OMB	KE	INNER	PT DIRE	CTOR	ŀ							
10	10 CHATEAU LA	FITTE W	LA	. 70065	1.00			0			(0
2	Compensation	of five highest-paid	employees (ot	her than those include	d on line 1 — s	ee page	23 of the inst	truc	tions)	١.				
	If none, enter "I	NONE."										т		
					(b) Title, an	d average					utions to benefit	(a) Ev	oense a	ccount
	(a) Name	e and address of each em	iployee paid mor	e than \$50,000	hours pe devoted to		(c) Compensat	ion	plan	s and	deferred		r allowa	
					- devoted to	D position			00	mpens	sation	ļ.—		
NO	NE													
												-		
												}		
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			=		-				<u> </u>		_	-		
					1									
_							L		L			┸-	$\overline{}$	0
Iota	number of other	employees paid over S	550,000									orm 99	L DE	
											-	ルロ ココ	J-F F	(ZUIU)

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Part VIII Information	About Officers, Directors, Trustee ctors (continued)			
	dent contractors for professional services	(see page 23 of the ins	ructions) 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 recovered	over \$50,000 for professional services			<u> </u>
	of Direct Charitable Activities			
	ct charitable activities during the tax year. Include rele- served, conferences convened, research papers pro-		ch as the number of	Expenses
BOTTLING COMPA	H ACADEMY SPORTS AND THANY TO PROVIDE BICYCLES UGHOUT GREATER NEW ORL	S TO UNDERPR		10,000
2				
3				
4				
Part IX-B Summary	of Program-Related Investments (see page 24 of the	instructions)	
	ited investments made by the foundation during the ta	x year on lines 1 and 2		Amount
1 N/A				
2				
All other program-related investments	See page 24 of the instructions			
Total, Add lines 1 through 3				

Form	1990-PF (2010) STINCHCOMB FAMILY FOUNDATION, INC. 20-4003704		Page 8
	art X Minimum Investment Return (All domestic foundations must complete this part Forei	gn foι	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	1,230,620
b	Average of monthly cash balances	1b_	931,022
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2,161,642
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,161,642
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	32,425
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,129,217
6	Minimum investment return. Enter 5% of line 5	6	106,461
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private open	erating	
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	106,461
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	551
3	Distributable amount before adjustments Subtract line 2c from line 1	3	105,910
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	105,910
6	Deduction from distributable amount (see page 25 of the instructions)	6	···
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	105,910
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		117 001
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	117,861
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	115 055
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	117,861
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	0

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

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117,861

Adjusted qualifying distributions Subtract line 5 from line 4

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

	990-PF (2010) STINCHCOMB FAMILY I			20-400370	04	Page 9
Pa	art XIII Undistributed Income (see page	26 of the	: instructions)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI, line 7	-	Corpus	Years prior to 2009	2009	²⁰¹⁰ 105,910
2	Undistributed income, if any, as of the end of 2010					<u> </u>
	Enter amount for 2009 only		1			
	Total for prior years 20 , 20 , 20					
	Excess distributions carryover, if any, to 2010	- -				
3	From 2005					
		4 545				
b		4,545 8,969				
		0,784				
		1,322	45 600			
f	Total of lines 3a through e	\vdash	45,620		 -	
4	Qualifying distributions for 2010 from Part XII,					
	line 4 ▶ \$ 117,861					
а	Applied to 2009, but not more than line 2a	ļ				
þ	Applied to undistributed income of prior years					
	(Election required—see page 26 of the instructions)				. <u> </u>	
С	Treated as distributions out of corpus (Election					
	required—see page 26 of the instructions)	_				
d	Applied to 2010 distributable amount	L				105,910
е	Remaining amount distributed out of corpus		11,951			
5	Excess distributions carryover applied to 2010	L				
	(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		57,571			
b	Prior years' undistributed income. Subtract					
	line 4b from line 2b					
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					
_	amount—see page 27 of the instructions					
P	Undistributed income for 2009 Subtract line					
·	4a from line 2a Taxable amount—see page		1			
	27 of the instructions					
f	Undistributed income for 2010 Subtract lines		-			
•	4d and 5 from line 1. This amount must be					
	distributed in 2011					a
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					
0	instructions)					
8	Excess distributions carryover from 2005 not					
	applied on line 5 or line 7 (see page 27 of the					
^	instructions)		-		<u></u>	
9	Excess distributions carryover to 2011.		E7 E74			
_	Subtract lines 7 and 8 from line 6a		57,571			
0	Analysis of line 9		Ì			
а		4,545	ł			
b		8,969				
С		0,784	į			
ď		1,322				
е	Excess from 2010	1,951				

Pa	ert XIV Private Operating Fou	undations (see pa	ige 27 of the instri	uctions and Part \	/II-A, question 9)	
1a	If the foundation has received a ruling or o					
	foundation, and the ruling is effective for 2		-	•		
b	Check box to indicate whether the founda			d in section 49	942(j)(3) or 4942	?(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	investment return from Part X for					
	each year listed					
b	85% of line 2a		-			
	Qualifying distributions from Part XII,					<u> </u>
С	• •					
_	line 4 for each year listed				-	
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
_	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in	,				
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public				-	
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income	L	<u> </u>			
Pa	rt XV Supplementary Inform				d \$5,000 or more	in assets at
	any time during the y		of the instruction	ns.)		
1	Information Regarding Foundation Ma	_				
а	List any managers of the foundation who				the foundation	
	before the close of any tax year (but only	it they have contributed	more than \$5,000) (S	ee section 507(d)(2))		
	JONATHAN STINCHCOMB	-				
b	List any managers of the foundation who				rtion of the	
	ownership of a partnership or other entity	of which the foundatio	n has a 10% or greater	interest		
	NONE					-
2	Information Regarding Contribution, G					
		makes contributions to				
	unsolicited requests for funds If the found			t the instructions) to ind	ividuals or	
	organizations under other conditions, com					
а	The name, address, and telephone numb			be addressed		
	MATTHEW STINCHCOMB					
	312 BRADFORD WAY PER					
þ	The form in which applications should be	submitted and informat	tion and materials they	should include		
	SEE STATEMENT 9					
С	Any submission deadlines					
	NONE					
d	Any restrictions or limitations on awards,	such as by geographica	al areas, charitable field	is, kinds of institutions,	or other	
	factors					
	NONE					
						Enr. 990-PF (2010

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SEE STATEMENT 10 107,861 107,861 ▶ 3a Total Approved for future payment N/A ▶ 3b Total

Ent	er gross amo	Analysis of Income-Producing Act unts unless otherwise indicated		d business income	Exclude	d by section 512, 513, or 514	(e)
1	Program co	vice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
•	•						
					-		
					<u> </u>		
	f		-		 		
		d contracts from government agencies					
2	-	dues and assessments			<u> </u>		
	•	avings and temporary cash investments			14	2,219	
		nd interest from securities			14	38,518	
		come or (loss) from real estate					
		anced property					·
		i-financed property					
6		come or (loss) from personal property				_	
	Other invest				14	609	
		s) from sales of assets other than inventory			18	8,295	
		or (loss) from special events					
		or (loss) from sales of inventory					
	•	ue a					
					<u> </u>		
	е						
12	Subtotal Ad	d columns (b), (d), and (e)				49,641	
13	Total Add I	ne 12, columns (b), (d), and (e)				13	49,641
		in line 13 instructions on page 29 to verify calculations	s)				
F	art XVI-B	Relationship of Activities to the Ac					
1	Line No ▼	Explain below how each activity for which income is accomplishment of the foundation's exempt purpos instructions.)					the
	N/A						
			<u></u>				
				. =			
			···				
							· · · · · · · · · · · · · · · · · · ·
						··	
							
						···	
_					•		
							
					-		
			_				
	<u> </u>						
							· · · · · · · · · · · · · · · · · · ·
_			 				
	_	1					

Date
Preparer's signature

ADCOCK AND COMPANY

30342

90 W WIEUCA RD NE SUITE 100

ATLANTA, GA

05. Toph CPA

PTIN

Phone no

Form 990-PF (2010)

P01313612

404-252-2208

Firm's EIN > 58-0979080

Check

Paid Preparer

Use Only

Signature of officer

Firm's name ▶

Firm's address ▶

Print/Type preparer's name

Schedule B

(Fdrm 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

ame of the organization		Employer identification number		
STINCHCOMB FAM	ILY FOUNDATION, INC.	20-4003704		
Organization type (check one				
Filers of	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
Note. Only a section 501(c)(7), instructions General Rule X For an organization filing	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 Second Rule			
property) from any one Special Rules	contributor Complete Parts I and II			
sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the result of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete.	he		
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, literar or the prevention of cruelty to children or animals. Complete Parts I, II, and III			
the year, contributions aggregate to more that 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, chantable, etc., purposes, but these contributions did not in \$1,000. If this box is checked, enter here the total contributions that were received during religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rigition because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or the parts.	the ule		
990-EZ, or 990-PF), but it mus	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form t answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-rtify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-	EZ, or on		

Page 1 of 1 of Part I

Name of organization Employer identification number STINCHCOMB FAMILY FOUNDATION, INC. 20-4003704

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	\$ 905,000	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
2	LOUISIANA COCA-COLA BOTTLING COMPANY 5601 CITRUS BOULEVARD HARAHAN LA 70123	\$ 10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	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)

6786B Stinchcomb Family Foundation, Inc. 20-4003704 FYE: 12/31/2010

Federal Statements

Adjusted Net Income	\$ 416 193 \$ 609		Charitable Purpose \$		Charitable Purpose		Charitable Purpose	\$ 10,000
Net Investment Income	\$ 416 193 \$ 609	ssional Fees	Adjusted Net \$\frac{10,479}{\$}\$	(es	Adjusted Net	kpenses	Adjusted Net	\$
Revenue per Ne Books	\$ 416 193 \$ 609	rm 990-PF, Part I, Line 16c - Other Professional Fees	Net Investment \$ 7,879 \$	ent 3 - Form 990-PF, Part I, Line 18 - Taxes	Net Investment	- Form 990-PF, Part I, Line 23 - Other Expenses	Net Investment	\$
			Total \$ 10,479	Statement 3 - Form 990	\$ 169 521 \$ 690	Statement 4 - Form 990-PF,	Total	\$ 1,399 10,000 \$ 11,399
Description	SMITH BARNEY REBATE INCOME SMITH BARNEY REBATE INCOME TOTAL	Statement 2	Description INVESTMENT FEES TOTAL		Description TAXES & LICENSES FOREIGN TAXES TOTAL	Stat	Description	EXPENSES MARKETING BICYCLE PURCHASES TOTAL

6786B Stinchcomb Family Foundation, Inc.

20-4003704 FYE: 12/31/2010

Federal Statements

	Fair Market Value \$ 533, 630 \$ 533, 630		Fair Market Value \$ 1,262,536 \$ 1,262,536		Fair Market Value \$ 358,900 \$ 358,900		Fair Market Value \$ 22,610 \$ 22,610	
nt Investments	Basis of Valuation COST	estments	Basis of Valuation	estments	Basis of Valuation COST	ents	Basis of Valuation COST	
S and State Governme	End of Year \$ 525,143	b - Corporate Stock Investments	End of Year \$ 1,231,873 \$ \$ 1,231,873	c - Corporate Bond Inv	End of Year \$ 351,461 \$ 351,461	ine 13 - Other Investme	End of Year \$ 23,072 \$ 23,072	
Statement 5 - Form 990-PF, Part II, Line 10a - US and State Government Investments	Beginning of Year	Statement 6 - Form 990-PF, Part II, Line 10b	Beginning of Year \$ 207,410 \$ \$ 207,410	Statement 7 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments	Beginning of Year	Statement 8 - Form 990-PF, Part II, Line 13 - Other Investments	Beginning of Year	
Statement 5	GOVT BONDS TOTAL	Statem	Description MUTUAL FUNDS TOTAL	Statem	Description CORPORATE BONDS TOTAL	OI	Description INTERNATIONAL BONDS TOTAL	

6786B Stinchcomb Family Foundation, Inc 20-4003704 Federal Statements

20-4003704 FYE: 12/31/2010

Name of Manager	Amount
JONATHAN STINCHCOMB	\$
TOTAL	\$0
Form 990-PF, Part XV, Line 1b - Managers Who	Own 10% or More Stock
Name of Manager	Amount
NONE	\$
TOTAL	\$0
Statement 9 - Form 990-PF, Part XV, Line 2b - Application	on Format and Required Con
Description	
	THE
GRANT AND NATURE OF THE APPLICANT'S ORGANIZATION	
FORM 990-PF, Part XV, Line 2c - Submi Description	
FORM 990-PF, Part XV, Line 2c - Submi Description	ssion Deadlines
Description NONE	ssion Deadlines

6786B Stinchcomb Family Foundation, Inc. 20-4003704 FYE: 12/31/2010

Federal Statements

Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Address		
Address	Relationship	Purpose	Amount
GEORGIA TRANSPLANT FDN	3125 PRESIDENTIAL PKWY	ODERATING GRANT	UUb
TEAMMATES FOR KIDS	4251 KIPLING ST SUITE 370		
WHEAT RIDGE CO 80033		OPERATING GRANT	2,000
HUDSON FAMILY FOUNDATION	245 N. HIGHLAND AVE. NE	OPERATING GRANT	2,251
MOUNTAIN PARK UMC	1405 ROCKBRIDGE ROAD		i) i
	8.7	OPERATING GRANT	20,000
WAY OF LIFE COMMUNITY CH TYRONE GA 30290	IIZ6 SENOIA KOAD	OPERATING GRANT	200
PEACHTREE PRESBYTERIAN	3434 ROSWELL ROAD		
ATLANTA GA 30305		OPERATING GRANT	250
SPECIAL OLYMPICS GEORGIA	4000 DEKALB TECH PKWY	OPERATING GRANT	1,000
FELLOWSHIP CHRISTIAN ATH	8701 LEEDS ROAD		•
KANSAS CITY MO 64129		OPERATING GRANT	4,100
CHILDREN'S HOSPITAL	200 HENRY CLAY AVENUE		1
		OPERATING GRANT	2,000
NEW GREATER ST. JOHNS CH	8616 HICKORY STREET	OPERATING GRANT	400
WELL SPRING LIVING			
NEW ORLEANS LA		OPERATING GRANT	200
			7
NEW ORLEANS LA 70118		OPERATING GRANT	160
ANCHELSINGE SHAW NEW ORLEANS LA 70118		OPERATING GRANT	100
LOUISIANA UMC CHILDREN	PO BOX 929		
RUSTON LA 71273-0929	GROG BIGIKHEM 1061	OPERATING GRANT	1,000
METAIRIE LA 70005		OPERATING GRANT	47,000
UNION POINT METHODIST	324 N. RHODES ST.	OPERATING GRANT	20.000

107,861 10 Amount Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued) Purpose Federal Statements Status Relationship Address 6786B Stinchcomb Family Foundation, Inc. Address Name 20-4003704 FYE: 12/31/2010 TOTAL

6786B Stinchcomb Family Foundation, Inc. **Federal Statements** 20-4003704 FYE⁻ 12/31/2010 **Taxable Interest on Investments** US Unrelated Exclusion Postal Description Amount Business Code Code Code Obs (\$ or %) SMITH BARNEY ACCT #2413G-16 2,219 14 TOTAL 2,219 \$ **Tax-Exempt Dividends from Securities** Unrelated Exclusion Postal InState Description Amount **Business Code** Code Code Muni (\$ or %) SMITH BARNEY ACCT #2413G-16 14 14,191 TOTAL 14,191 **Taxable Dividends from Securities** Unrelated Exclusion Postal US Description Business Code Code Code Amount Obs (\$ or %) SMITH BARNEY ACCT# 1106D \$ 310 14 SMITH BARNEY ACCT# 74460 161 14 SMITH BARNEY ACCT# 0A737 18,124 14 SMITH BARNEY ACCT# 2413G 14 5,723 SMITH BARNEY ACCT# 2416G 14 TOTAL 24,327 Other Investment Income Unrelated Exclusion Postal Description Amount **Business Code** Code Code SMITH BARNEY REBATE INCOME 416 14 SMITH BARNEY REBATE INCOME 193 14 TOTAL 609

000 DE I	C	Capital Gains and Losses f	or Tax on Inv	vestment Inco	ome	2040	
Form 990-PF	For calend	dar year 2010, or tax year beginning		, and ending		2010	
Name					Employer Ide	entification Number	
STINCHCOMB	FAMILY	FOUNDATION, INC.			20-400	3704	
(a) L	ist and descr 2-story brick w	tibe the kind(s) of property sold, e.g., real estate varehouse, or common stock, 200 shs. MLC Co		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo day, yr)	(d) Date sold (mo day yr)	
(1) CONOCOPHI		•		P	07/15/10	10/14/10	
(2) CONOCOPHI		/		P	08/20/10	10/14/10	
(3) CONOCO FU				P	04/07/10	07/15/10	
			SH	P	04/07/10	09/24/10	
		TIRST BOSTON 1,000 OAN MTG 19,000 SH		P	06/22/10	09/24/10	
(6) FEDERAL HO		AN MTG 19,000 SH		P	09/22/10	12/10/10	
		G ASSN 49,000 SH		P	04/07/10	08/11/10	
(9) GLASXOSMI			· -	P	04/07/10	06/24/10	
(10) PEPSICO II				P	04/07/10	05/13/10	
(11) RIO TINTO	FINAN	CE 18,000 SH		P	04/07/10	10/25/10	
(12) TRANSOCEAL	N SEDC	O 17,000 SH		P	04/07/10	10/19/10	
(13) TRANSOCEAL				P	09/22/10	10/19/10	
		ES 87,000 SH		P	04/01/10	09/22/10	
(15) US TREASU	RY NOT	ES 2,000 SH		P .	04/01/10	08/11/10	
(e) Gross sales prio	ce	(f) Depreciation allowed (or allowable)	(g) Cost or o	other basis se of sale	(h) Ga (e) plus	ın or (loss) (f) mınus (g)	
(1) 21,3	352			20,773		579	
$(2) \qquad \qquad 2,2$				2,238		10	
$(3) \qquad 21,3$				21,273		68	
(4) 22,1	L90			21,589		601	
$(5) \qquad \qquad 1,1$				1,082		28	
(6) 21,3				20,686		707	
(7) 97,7				97,733		66	
(8) 49,3				49,280		112	
$\frac{(9)}{(40)}$ $\frac{17}{32}$				17,246	169 257		
(10) 22,4 (11) 22,3				22,191 21,177	1,193		
(11) 22,3 (12) 18,4				18,417		-8	
(13) $1,0$				1,034		49	
(14) 93,6				91,899		1,769	
(15) 2,1				1,924	201		
Complete only for ass	ets showing	gain in column (h) and owned by the four	ndation on 12/31/69		T		
(i) F M V as of 12/31	Ì	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (ı) (ı), ıf any	(I) Gains (col (k), but not Losses (fr	Col (h) gain minus less than -0-) or om col (h))	
(1)						579	
(2)						10	
(3)						68	
(4)						601	
(5)						28	
(6)	-					707	
(7)	~				1	66	
(8)					 	112 169	
(9)					+	257	
(10) (11)					 	1,193	
(12)			····				
(13)						49	
(14)				<u></u>		1,769	
(15)						201	
1.0/	<u></u>	·			<u> </u>		

		, C	apital Gains and	Losses fo	r Tax on Inv	estment Inco	ome	0040
Form	990-PF							2010
Name		For calend	dar year 2010, or tax year b	eginning		, and ending	Employer Ide	ntification Number
Hame							Limpleyeride	- tunodilon (tunioc)
ST	INCHCOMB	FAMILY	FOUNDATION,	INC.			20-400	3704
	(a)	List and descr 2-story brick w	ibe the kind(s) of property sold, varehouse, or common stock, 2	, e g , real estate, 00 shs MLC Co		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo, day yr)	(d) Date sold (mo , day, yr)
(1)	SMITH BA	RNEY AC	CT #0A737-17					
(2)		 				<u> </u>		-
(3)		·						
(4)	· · ·	· · · · · ·						+
(5) (6)				···				+
(7)								
(8)			·					
(9)								
(10)								
(11)			·					
(12)				<u> </u>				
(13) (14)							<u> </u>	
(15)								
1.5/						<u> </u>		
	(e) Gross sales p	orice	(f) Depreciation allo (or allowable)	owed	(g) Cost or o	ther basis se of sale	(h) Ga (e) plus	in or (loss) (f) minus (g)
(1)	2,	494						2,494
(2)								
(3)								
(4)							-	
(5)	- ,						<u> </u>	
(6) (7)								
(8)								
(9)	 -					· · · · · · · · · · · · · · · · · · ·		············
(10)		_						
(11)								
(12)								
(13)		· · · ·					<u> </u>	
(14)								
(15)				<u></u>			<u> </u>	
Cor	mplete only for a	ssets showing	gain in column (h) and ov	vned by the found	ation on 12/31/69			
	i) FMV as of 12.		(j) Adjusted basi as of 12/31/69		(k) Excess	s of col (i) (j), if any	(I) Gains (C col (k), but not Losses (fro	Col (h) gain minus less than -0-) or om col (h))
(1)								2,494
(2)								
(3)								
(4)				-	<u>.</u> .			
(5) (6)								
(7)					 	·		
(8)								
(9)								
(10)								
(11)								
(12)								
(13)	 -							· · · · · ·
(14) (15)								
1.0/-			1				L	

Form **8868**(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

. .

 If you are 	filing for an Automatic 3-Month Extension, complete	only Part I	and check this box			► X			
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) 									
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868									
Electronic fili	ing (e-file). You can electronically file Form 8868 if you	need a 3-mo	onth automatic extension of time to file (6 months fo	or				
	required to file Form 990-T), or an additional (not auton								
	st an extension of time to file any of the forms listed in I								
	nsfers Associated With Certain Personal Benefit Contri								
	For more details on the electronic filing of this form, visi								
Part I	Automatic 3-Month Extension of Time.								
	required to file Form 990-T and requesting an automati					_			
Part I only	3		,			▶ 🗍			
•	orations (including 1120-C filers), partnerships, REMICs	and trusts	must use Form 7004 to request an exter	nsion of tim	ne	_			
to file income f		•	·						
Type or	Name of exempt organization			Employe	er identification r	number			
print	The state of the s			' 1					
File by the	STINCHCOMB FAMILY FOUNDAT	ION, I	NC.	20-4	003704				
due date for filing your	Number, street, and room or suite no If a P O box, 312 BRADFORD WAY	see instruction	ons						
return See instructions	City, town or post office, state, and ZIP code For a f	oreign addre	ss, see instructions						
		30269							
						04			
Enter the Retu	irn code for the return that this application is for (file a s	eparate app	lication for each return)			U-3			
Application		Return	Application			Return			
Is For Code Is For									
Form 990 01 Form 990-T (corporation)									
Form 990-B	L	02	Form 1041-A			08			
Form 990-EZ 03 Form 4720									
Form 990-P	F	04	Form 5227			10			
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T	(trust other than above)	06	Form 8870			12			
Telephone If the orga If this is for the whole of a list with the interest of the second seco	are in the care of e No inization does not have an office or place of business in a Group Return, enter the organization's four digit Group, check this box If it is for part of names and EINs of all members the extension is for an automatic 3-month (6 months for a corporation rec	oup Exemption the group, ch	States, check this box on Number (GEN) neck this box If and atta	this is		▶ 🗆			
	08/15/11 , to file the exempt organization return			1					
_	organization's return for								
	calendar year 2010 or tax year beginning , and ending								
	tax year beginning , and ending								
	x year entered in line 1 is for less than 12 months, che change in accounting period	ck reason	Initial return Final return						
3a If this ar	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or	6069, enter t	he tentative tax, less anv						
	ndable credits See instructions		,	3a	\$				
	oplication is for Form 990-PF, 990-T, 4720, or 6069, en	ter any refun	idable credits and						
•	ed tax payments made Include any prior year overpayr			3b	\$				
	e due. Subtract line 3b from line 3a Include your paym								
	nic Federal Tax Payment System) See instructions			3c_	\$				
	u are going to make an electronic fund withdrawal with	this Form 88	368, see Form 8453-EO and Form 8879	-EO for					

payment instructions