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### Form 990-PF

### **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

2010

		all that apply	Initial return	Initial return of a fo	rmer public i	<u>_</u>	Final return	
u	HECK	сан шасарру	Amended return	Address chan	•	· —	Name change	
Nar	ne of	foundation			<u>.                                    </u>		A Employer identification	number
					50 4505500			
<u> </u>			FOUNDATION	A			58-1587532	
Nun	nber a	and street (or P O box number		et address)		Room/suite	B Telephone number	1 -
_		P.O. BOX 1	18979			L	404-365-82	
City	or to	own, state, and ZIP code ATLANTA,					C if exemption application is poly a	check here
H_C	_			xempt private foundation			Foreign organizations me check here and attach co	mputation the 85% test,
느		ection 4947(a)(1) nonexem	·	Other taxable private founda			E If private foundation stat	
		arket value of all assets at	·   —	ting method. X Cash	Acc	rual	under section 507(b)(1)	(A), check here
(fr ▶		Part II, col (c), line 16)	2 201 (Part Look	Other (specify) umn (d) must be on cash i	hacie )		F If the foundation is in a (	
		Analysis of Revenue ar	nd Expenses	1		westment	under section 507(b)(1)	(d) Disbursements
		(The total of amounts in colunecessarily equal the amoun	umns (b), (c), and (d) may not nts in column (a) )	(a) Revenue and expenses per books		nvestment ome	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, gran	its, etc., received					
	2	Check X If the foundation	on is not required to attach Sch. B corary	730		700		Cm x minterior a
	3	Interest on savings and temporash investments		728.		728.		STATEMENT 1
		Dividends and interest fro	om securities	12,699.		2,699.		STATEMENT 2
		Gross rents						
	١ ـ	Net rental income or (loss)		17,703.				
<u>n</u>		Net gain or (loss) from sale of Gross sales price for all	55,478.	17,703.		<del> </del>		
Revenue		assets on line 6a  Capital gain net income (from			1	7,703.	<del>                                     </del>	<u> </u>
æ	8	Net short-term capital ga	·					
	9	Income modifications						
	10a	Gross sales less returns and allowances						
		Less Cost of goods sold						
	C	Gross profit or (loss)						
	11	Other income						
	12	Total. Add lines 1 throug	·	31,130.	3	1,130.	0.	
	13			0.		0.	0.	0.
	ı	Other employee salaries	-					
ွ	1	Pension plans, employee	e benents	<del></del>		<del> </del>		<u> </u>
ŠUS		Legal fees Accounting fees	STMT 3	1,975.		1,975.	0.	0.
ğ		Other professional fees	DIMI 5	RECEIVED		1,5,50		
ē E	17	Interest	Ĭ	- KEUEIVEL	1			
aţį	18		STMT 4	932.	S	268.	0.	0
istr	19	Depreciation and depletion		B NOV 07 2011	Ϊ́			
Ē	20		1		18			
Ą	21	Travel, conferences, and	meetings	OCCEN LI	-			
and	22	Printing and publications		- COPPIA	-			
gu	23	•	STMT 5	662.		662.	0.	0
rati	24	Total operating and adm		2.560				
Operating and Administrative		expenses Add lines 13	-	3,569.		2,905.	0.	0
		Contributions, gifts, gran		23,350.				23,350
	26	Total expenses and dist Add lines 24 and 25	oursements.	26,919.		2,905.	0.	23,350
_	27		e 12.	20,919.		4,505.	· · · · · · · · · · · · · · · · · · ·	23,330
	1-1	Capitali mie 20 HOIII IIIR	U 12.				İ	
	ء ا	Excess of revenue over expen	nses and dishursements	4.211.				
	Ι.	3 Excess of revenue over expent Net investment income		4,211.	2	28,225.		

Page 2

Cash - non-interest-bearing   Salance Sheets developes accounted by   (a) Book Value   (b) Book Value   (c) Far Market Value   (c) Far		٥rt	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
Sewings and temporary cash investments  3 Accounts recordable  Less allowance for doubtful accounts  4 Predges receivable  Less allowance for doubtful accounts  5 Grants receivable  6 Receivables due from officers, directors, trustees, and other degualited persons  7 Ohre earn affairs membral LSS, allowance for doubtful accounts  8 Investments for sale or use  8 Investments for sale or use  10 Investments for sale or use  11 Investments comporate stock  12 Investments - comporate stock  13 Investments - comporate stock  14 Land, fluiddings, and equipment basis  15 Investments - mortgage Gans  13 Investments - mortgage Gans  13 Investments - comporate stock  15 Other assets (describe ► STATEMENT 7)  16 Total assets to be completed by all filers)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Out has been others, directors, trustees, and other degualated persons  21 Investments - comporate stock  22 Total liabilities (add lines 17 through 22)  23 Total liabilities (add lines 17 through 22)  24 Fearnafellows that follow SFAS 117, check hare and complete lines 27 through 32.  25 Tatal liabilities (add lines 17 through 22)  26 Fearnafellows that follow SFAS 117, check hare and complete lines 27 through 32.  27 Capital stock, fursi primoral directors, trustees, and downend furned  28 Fearnafellows that do not office and complete lines 30 and and complete lines 31 through 32.  29 Returned carries, accumulated morne, endowment, or other funds  30 Total rel assets or fund balances  31 Total liabilities and net assets/fund balances for fund balances for fund balances for fund balan	드	art	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
A Pietoges receivable Less: allowance for doubtful accounts Less and the full accounts Less allowance for doubtful accounts Less and the full accounts Less and t		1	Cash - non-interest-bearing			
A Piedges receivable		2	Savings and temporary cash investments	19,785.	13,999.	13,999.
Periodic receivable   Less allowance for doubtful accounts   Serials receivable   Receivables due from officers, directors, frustees, and other doqualified persons   The members takes receivable   Receivables due from officers, directors, frustees, and other doqualified persons   The members takes receivable   Receivables described   Rec		3	Accounts receivable			
Eases allowance for doubturi accounts ▶  5 Grants receivable  8 Receivable  9 Receivable  9 Receivable  10 Receivable  11 Receivable  12 Receivable  13 Receivable  14 Land, buildings, and equipment bass business accompleted by all Mers)  15 Obter assets (describe business and one desqualed persons  17 Receivable  18 Grants payable  19 Deterred revenue  10 Deterred revenue  10 Deterred revenue  10 Less and complete intered accompleted by all Mers)  10 Receivable  10 Deterred revenue  10 Deterred revenue  10 Deterred revenue  10 Deterred revenue  10 Less and complete intered accompleted by all Mers)  10 Receivable  10 Receivable  10 Receivable  10 Receivable  10 Receivable  11 Receivable  12 Receivable  13 Receivable  14 Less and complete intered accompleted by all Mers)  15 Receivable  16 Receivable  16 Receivable  17 Receivable  18 Grants payable  19 Deterred revenue  10 Deterred rev		ŀ	Less: allowance for doubtful accounts			
Source		4				
6 Recevables due from officers, directors, trustees, and other disqualified persons 7 One-roles be bus increased Less: allowance for doubtful accounts > 10a Investments - U.S. and state government obligations 1 Investments - corporate bonds 1 Investments - other officers of the state o						
Total assets (to be completed by all filers)  Total file billites (add lines 17 through 22)  Total file billites (add lines 17 through 22)  Total and constructed  Total assets (to constructed by and constructed by a service by and constructed by a service by and constructed by a service by and constructed by an another by		1				
## Propad expenses and deterred charges   Propad expenses and deterred charges		6				
Less: allowance for doubtful accounts      The interiories for sale or use   STATEMENT   S			· · · · ·		<u>.                                  </u>	
8 Inventories for sale or use 99 Prepad expenses and deterred charges 10a Investments - Corporate stock c Investments - Corpor		7	-			
b Investments - corporate stock c Investments - corporate stock c Investments - corporate bonds 11 Investments - corporate bonds 12 Investments - corporate bonds 13 Investments - corporate bonds 14 Land, buildings, and equipment basis less accumulated deprecation 15 Other assets (describe)  STATEMENT 7) 0 . 1,341. 1,341.  16 Total assets (to be completed by all filers)  That I assets (to be completed by all filers)  That I assets (to be completed by all filers)  Deferred revenue 20 Leans to motices, directions, fusities, and other disquashed persons 21 Mortgages and other notes payable 22 Other labilities (add lines 17 through 22)  Total liabilities (add lines 17 through 28 and lines 30 and 31.  Unrestricted 25 Permanently restricted 26 Permanently restricted 27 Foundations that follow SFAS 117, check here and complete lines 27 through 31.  28 Paid-in or capital surplus, or land, blidg., and equipment fund 29 Permanently restricted 30 Total ret assets or fund balances 31 Total liabilities and net assets/fund balances  10 Total inet assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-ol-year figure reported on pror year's return)  1 592, 818.						
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tess accumulated deprecation    12   Investments - mortgage loans		١	·			
12   Investments - mortgage loans   13   Investments - other   14   Land, buildings, and equipment basis		11	Investments - land, buildings, and equipment basis			
13 Investments - other   14 Land, buildings, and equipment: basis   Less accumulated dispectation   1,341.						
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18   Grants payable   19   Deferred revenue   20   Loans from officers, directors, trustees, and other disqualified persons   21   Mortgages and other notes payable   22   Other liabilities (describe   STATEMENT 8   0	_	_		332,010.	002,201.	002,201.
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Unrestricted   25 Temporarily restricted   26 Permanently restricted   Foundations that do not follow SFAS 117, check here   X   and complete lines 27 through 31.   27 Capital stock, trust principal, or current funds   0		ł				
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31 Total liabilities and net assets/fund balances 592,818. 662,201.  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 592,818.	Ę		and complete lines 27 through 31.			
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Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  1 592,818.		2.	Total lightlitics and not seemts Hund belongs	592 818	662 201	
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  1 592,818.	=				002,201.	
(must agree with end-of-year figure reported on prior year's return) 1 592,818.	E	art	Analysis of Changes in Net Assets or Fund B	Balances		
	1			30		E00 010
	^				<b>└</b> ──	

023511 12-07-10 Form **990-PF** (2010)

64,605.

661,634.

0.

3

4

5

6

3 Other increases not included in line 2 (itemize) ► FMV ADJUSTMENT - NORTHERN TRUST

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

5 Decreases not included in line 2 (itemize)

4 Add lines 1, 2, and 3

Part IV Capital Gains a		sses for Tax on In		Income					3 130	7552 Tage 1
						c) Date a (mo., da		(d) Date sold (mo., day, yr.)		
1a 6,468.31 SHARES MFB NORTHERN FD			DS MUL	ΤÏ						
b MANAGER LARGE			****				P 1	2/03	3/08	02/02/10
c CAPITAL GAINS I	DIVII	DENDS								
d	_									
е		·								
(e) Gross sales price	(f) [ 	Depreciation allowed (or allowable)	(g) Cos plus e	st or other basis expense of sale					in or (loss (f) minus	
a					_					
b 50,000.				37,77	5.					12,225
c 5,478.				<del></del>						5,478
<u>d</u>										
<u>e</u>				10101100						
Complete only for assets showin							(I) (	Gains (Co	ol. (h) gain	minus
(i) F.M.V as of 12/31/69	I	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			coi. (	k), but ni Losses (	ot less that from col. (	n -U-) <b>o</b> r (h))
a										
b										12,225 5,478
С										5,478
d					[					
e				_						
2 Capital gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7 7	}	2				17,703
Net short-term capital gain or (los	s) as defi	ned in sections 1222(5) an	id (6):							
If gain, also enter in Part I, line 8,			- \-/-		) I					
If (loss), enter -0- in Part I, line 8		ection 4940(e) for			Л	3			N/A	
Vas the foundation liable for the sect f "Yes," the foundation does not qual					rıod?					Yes X No
<ol> <li>Enter the appropriate amount in e</li> </ol>	ach colu	mn for each year, see instri	uctions before	making any entri	es.					
(a) Base period years Calendar year (or tax year beginnir	ng in)	(b) Adjusted qualifying dis		Net value of no	(c) nchai	ritable-			Distrit col. (b) div	oution ratio rided by col. (c))
2009			3,642.			53	3,302.			.11933
2008			7,500.				6,448.			.01092
2007			0,100.			80	8,422.			.04960
2006		5	2,290.			84	9,078.			.06158
2005		5	5,430.			85	9,112.			.06452
2 Total of line 1, column (d)								2		.30596
Average distribution ratio for the 5 the foundation has been in exister	•	•	on line 2 by 5,	or by the number	of ye	ars		3		.06119
4 Enter the net value of noncharitab	le-use as	sets for 2010 from Part X.	line 5					4	, ,	590,071
5 Multiply line 4 by line 3								5		36,109
6 Enter 1% of net investment incom	ne /10/ c4	Part I line 27h\						6		282
	10 (170 UI	ι ωτι, που <i>ΕΙ <b>υ</b>)</i>								36,391
7 Add lines 5 and 6								7		
8 Enter qualifying distributions from If line 8 is equal to or greater than		•	1b, and comp	olete that part usin	ıg a 1	% tax	rate.	8		23,350
See the Part VI instructions.	<del>.</del>						<u> </u>		F	orm <b>990-PF</b> (2010

023531

12-07-1

Form 990-PF (2010) THE INMAN FOUNDATION			58-15875	32	Page 6
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	es X No		ļ
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir	ectly,	:		- [
any voter registration drive?		Ye	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		1		
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for			
the prevention of cruelty to children or animals?		Ye	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□ 「		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	rom the tax because it mainta	ined			
expenditure responsibility for the grant?	N	I/A 🗀 Ye	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53 4945	5-5 <i>(d)</i>				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				
a personal benefit contract?		Ye	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, 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 foundation a party to a prohibited tax s	helter transaction?	Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, Foundation Ma	anagers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
/ Marra and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	(e)	Expense ount, other
(a) Name and address	to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	alle	owances
	TRUSTEE				
PO BOX 18979					
ATLANTA, GA 31126	0.00	0.	0.		0.
				ļ	
				İ	
				1	
				<u> </u>	
				ļ	
				İ	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	onton HNONE II		<u></u>	
2 Compensation of the highest-paid employees (other than those mo	(b) Title, and average	enter NONE.	(d) Contributions to	(0)	Evnense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acco	Expense ount, other
NONE	devoted to position		compensation	alic	owances
				<del> </del>	
				1	
		<del> </del>		<del>                                     </del>	<del></del>
				ł	
		† · · · · · · · · · · · · · · · · · · ·		<del>                                     </del>	
		· .		1	<del></del>
Total number of other employees paid over \$50,000		· , <u> ,       ,                           </u>	<b>▶</b>	•	0

023551 12-07-10

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	<del></del>
(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		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the	Expenses
1 N/A	uuceu, eic	
	.=	
2		
3		
4		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 N/A	Tilles Tallu Z.	Aillouilt
2		
All other program-related investments. See instructions.		
3		
		0
Total. Add lines 1 through 3	<u> </u>	0 . Form <b>990-PF</b> (2010)

P	art X Minimum Investment Return (All domestic foundations must con	nplete this part. Foreign foun	dations, s	ee instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., pi	urposes:	. [	<del>.</del>
а	Average monthly fair market value of securities	,	1a	573,207.
b	Average of monthly cash balances	Ī	1b	25,850.
	Fair market value of all other assets		1c	_
d	Total (add lines 1a, b, and c)		1d	599,057.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	599,057.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see insti	ructions)	4	8,986.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V,	line 4	5	590,071.
6	Minimum investment return. Enter 5% of line 5		6	29,504.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) processor organizations check here  and do not complete this part.)	orivate operating foundations and	d certain	
1	Minimum investment return from Part X, line 6		1	29,504.
2a	Tax on investment income for 2010 from Part VI, line 5	565.		
b	Income tax for 2010. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	565.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	28,939.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	28,939.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line	1	7	28,939.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			00 050
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	23,350.
b			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	ourposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)		3a	
þ	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 X	III, line 4	4	23,350.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	23,350.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calc	ulating whether the foundation q	ualifies for t	he section
	4040(a) radication of tax in those years			

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				28,939.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
<b>b</b> Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005 12,804.				
<b>b</b> From 2006 10,205.				
c From 2007 20,090.				
<b>d</b> From 2008				
eFrom 2009 37,121.				
f Total of lines 3a through e	80,220.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$ 23,350.				
a Applied to 2009, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				23,350.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	5,589.			5,589.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	74,631.			
b Prior years' undistributed income. Subtract				<del></del>
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				<del></del>
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	7,215.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	67,416.			
10 Analysis of line 9.				
a Excess from 2006 10, 205.				
<b>b</b> Excess from 2007 20,090.				
c Excess from 2008				
d Excess from 2009 37,121.				
e Excess from 2010				Form 000-DE (2010)

023581 12-07-10 Form **990-PF** (2010

023601 12-07-10

Part XV Supplementary Informati	on (continued)		30 130	7552 Tago
Grants and Contributions Paid During th	e Year or Approved for Future F	Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		- ·
a Paid during the year				
	:			
SEE STATEMENT 9				
Total  Approved for future payment		-	<b>▶</b> 3a	23,3
Approved for future payment				
NONE				
7-0-1				
Total			<b>▶</b> 3b	1

Part XVI-A Analysis of Income-Producing Activit	ies
---	-----

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	781104110	
a b					
	<b>-</b>		-		_ <del></del>
d			-		···
	<u> </u>				
f			$\vdash$		
g Fees and contracts from government agencies					
2 Membership dues and assessments			1		
3 Interest on savings and temporary cash investments			14	728.	
4 Dividends and interest from securities			14	12,699.	
5 Net rental income or (loss) from real estate:				· · ·	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	17,703.	
9 Net income or (loss) from special events				-	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		31,130.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	31,130.
(See worksheet in line 13 instructions to verify calculations.)		<del></del>			<del></del>

#### Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
023621 12-07-10	Form <b>990-PF</b> (2010

Form'990-PF		NMAN FOUN					L587532		ige 13
Part XVII	☐ Information Re Exempt Organ		sfers To a	and Transactions	and Relations	ships With Nor	ncharitable	<b>e</b>	
1 Did the c	organization directly or indi		of the followin	g with any other organizat	ion described in sec	tion 501(c) of		Yes	No
	(other than section 501(c							-	
	s from the reporting found								
(1) Cas	h			-			1a(1)		Х
(2) Othe	er assets						1a(2)		Х
<b>b</b> Other tra	insactions								
(1) Sale	es of assets to a noncharita	ble exempt organizat	tion				1b(1)		Х
	chases of assets from a no						1b(2)		X
(3) Ren	tal of facilities, equipment,	or other assets					1b(3)		Х
(4) Reir	nbursement arrangements						1b(4)		X
( <b>5</b> ) Loa	ns or loan guarantees						1b(5)		Х
(6) Perf	formance of services or me	embership or fundrais	sing solicitatio	ns			1b(6)		Х
c Sharing	of facilities, equipment, ma	ıılıng lısts, other asse	ts, or paid em	ployees			10		Х
d If the ans	swer to any of the above is	"Yes," complete the f	following sche	dule. Column (b) should a	lways show the fair i	market value of the g	oods, other ass	ets,	-
or servic	es given by the reporting f	oundation. If the four	ndation receive	ed less than fair market va	lue in any transactioi	n or sharing arranger	nent, show in		
column	(d) the value of the goods,	other assets, or serv	ices received.						
(a)Line no	(b) Amount involved	(c) Name of	noncharitable	e exempt organization	(d) Descriptio	n of transfers, transaction	ns, and sharing ar	rangeme	ents
			N/A						
	<u> </u>								
								•	
2a is the fo	undation directly or indirec	tly affiliated with, or r	related to, one	or more tax-exempt organ	izations described				
ın sectio	n 501(c) of the Code (othe	r than section 501(c)	(3)) or in sect	ion 527?			Yes	X	No
b If "Yes,"	complete the following sch								
	(a) Name of org	ganization		(b) Type of organization		(c) Description of rel	ationship		
	N/A								
and	der penalties of perjury, I declar i complete Declaration of prepa						and belief, it is tri	ue, corre	ct,
Sign	11	MAG	•	110-7		10			
Here	A. Dune		-			Urm.			
	Signature of officer or tru		I B	Date	<del></del>	Title	DTIN		
	Print/Type preparer's na		Preparer's s	ignature	Date /		PTIN		
Date	CHRISTOPHE	K B.			9/20/10	self- employed			
Paid	DAVIS	TH 3500			1/00/1/	<u> </u>			
Preparer	1	SIF, AROGE	TT, &	WYNNE, L.L	. 2/ /	Firm's EIN			
Use Only		7777 - 003-00	m an	737777777	1 1 0 0 0				
				RKWAY, SUIT	R 1000				-
	AT	LANTA, GA	30328			Phone no. 40	<u> 14-892-</u>	965	1

404-892-9651 Form **990-PF** (2010)

023622 04-26-11

TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A 7  FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT  SOURCE GROSS AMOUNT DIVIDENDS AMOUNT  DIVIDENDS - NORTHERN TRUST 18,177. 5,478. 12,6  TOTAL TO FM 990-PF, PART I, LN 4 18,177. 5,478. 12,6  FORM 990-PF ACCOUNTING FEES STATEMENT    ACCOUNTING FEES   ACCOUNT INCOME   CHARITA PER BOOKS   NET INCOME   NET INCOME   PURPOS								
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A   7	FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY C	ASH IN	VESTMENTS	STATEME	INT :
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A 7  FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT  SOURCE GROSS AMOUNT DIVIDENDS - NORTHERN TRUST 18,177. 5,478. 12,6  TOTAL TO FM 990-PF, PART I, LN 4 18,177. 5,478. 12,6  FORM 990-PF ACCOUNTING FEES STATEMENT    CAPITAL GAINS   COLUMN (A AMOUNT)	SOURCE						AMOU	NT
FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT  SOURCE GROSS AMOUNT CAPITAL GAINS AMOUNT  DIVIDENDS - NORTHERN TRUST 18,177. 5,478. 12,6  TOTAL TO FM 990-PF, PART I, LN 4 18,177. 5,478. 12,6  FORM 990-PF ACCOUNTING FEES STATEMENT  (A) (B) (C) (D)  EXPENSES NET INVEST- ADJUSTED CHARITA PER BOOKS MENT INCOME NET INCOME PURPOS  1,975. 1,975. 0.  TO FORM 990-PF, PG 1, LN 16B 1,975. 1,975. 0.  FORM 990-PF TAXES STATEMENT	INTEREST - NORTHERN TRUST					,		728
SOURCE GROSS AMOUNT DIVIDENDS AMOUNT  DIVIDENDS - NORTHERN TRUST 18,177. 5,478. 12,6  TOTAL TO FM 990-PF, PART I, LN 4 18,177. 5,478. 12,6  FORM 990-PF ACCOUNTING FEES STATEMENT  (A) (B) (C) (D)  EXPENSES NET INVEST- ADJUSTED CHARITA PER BOOKS MENT INCOME NET INCOME PURPOS  1,975. 1,975. 0.  TO FORM 990-PF, PG 1, LN 16B 1,975. 1,975. 0.  FORM 990-PF TAXES STATEMENT  (A) (B) (C) (D)	TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A		:		728
SOURCE         GROSS AMOUNT         DIVIDENDS         AMOUNT           DIVIDENDS - NORTHERN TRUST         18,177.         5,478.         12,6           TOTAL TO FM 990-PF, PART I, LN 4         18,177.         5,478.         12,6           FORM 990-PF         ACCOUNTING FEES         STATEMENT           DESCRIPTION         (A) (B) (C) (D)         (C) (D)           EXPENSES NET INVEST- ADJUSTED PURPOS         CHARITA PURPOS           1,975.         1,975.         0.           TO FORM 990-PF, PG 1, LN 16B         1,975.         1,975.         0.           FORM 990-PF         TAXES         STATEMENT	FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECUE	RITIES	STATEME	NT 2
TOTAL TO FM 990-PF, PART I, LN 4 18,177. 5,478. 12,6  FORM 990-PF ACCOUNTING FEES STATEMENT  (A) (B) (C) (D)  EXPENSES NET INVEST- ADJUSTED CHARITA PER BOOKS MENT INCOME NET INCOME PURPOS  1,975. 1,975. 0.  TO FORM 990-PF, PG 1, LN 16B 1,975. 1,975. 0.  FORM 990-PF TAXES STATEMENT  (A) (B) (C) (D)	SOURCE		GROSS	AMOUNT				
FORM 990-PF ACCOUNTING FEES STATEMENT  (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITA PER BOOKS MENT INCOME NET INCOME PURPOS  1,975. 1,975. 0.  TO FORM 990-PF, PG 1, LN 16B 1,975. 1,975. 0.  FORM 990-PF TAXES STATEMENT  (A) (B) (C) (D)	DIVIDENDS - NORTHERN TRUST			18,177.		5,478.	1	2,699
Ca	TOTAL TO FM 990-PF, PART I,	LN 4		18,177.		5,478.	1	2,699
DESCRIPTION         EXPENSES PER BOOKS MENT INVEST-PER BOOKS MENT INCOME         ADJUSTED NET INCOME         CHARITA PURPOS           1,975.         1,975.         0.           TO FORM 990-PF, PG 1, LN 16B         1,975.         1,975.         0.           FORM 990-PF         TAXES         STATEMENT           (A)         (B)         (C)         (D)	FORM 990-PF	AC	COUNTI	NG FEES			STATEME	NT :
TO FORM 990-PF, PG 1, LN 16B 1,975. 1,975. 0.  FORM 990-PF TAXES STATEMENT  (A) (B) (C) (D)	DESCRIPTION	EXPE	NSES	NET INV		ADJUSTED	CHAR	ITABLI
FORM 990-PF TAXES STATEMENT  (A) (B) (C) (D)		-	1,975.	1	,975.		0.	0
(A) (B) (C) (D)	TO FORM 990-PF, PG 1, LN 16B		1,975.	1	,975.		0.	0
	FORM 990-PF		TAX	ES			STATEME	NT 4
DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHARITA PER BOOKS MENT INCOME NET INCOME PURPOS	DESCRIPTION	EXPE	NSES	NET INV	EST-	ADJUSTED	CHAR	ITABLI
IRS 662. 0. 0. FOREIGN TAXES 268. 268. 0. 2. 0. 0.			268.		268.		0.	0 .
TO FORM 990-PF, PG 1, LN 18 932. 268. 0.	TO FORM 990-PF, PG 1, LN 18		932.		268.		0.	0

FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM		ABLE
INVESTMENT FEES LICENSE FEE	587. 75.		587. 75.		0.	0.
TO FORM 990-PF, PG 1, LN 23	662.		662.		0.	0.
FORM 990-PF	CORPORAT	E STOCK	<u>:</u>	<u> </u>	STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARK VALUE	ET
SECURITIES				646,861.	646,	861.
TOTAL TO FORM 990-PF, PART II,	LINE 10B			646,861.	646,	861.
FORM 990-PF	OTHER	ASSETS			STATEMENT	7
DESCRIPTION		NING OF K VALUE		OF YEAR OK VALUE	FAIR MARK	
				M VALUE	VALUE	ET
DIVIDENDS RECEIVABLE - NORTHER TRUST	SN	0.		1,341.		ET 341.
		0.			1,	
TRUST		0.		1,341.	1,	341.
TRUST TO FORM 990-PF, PART II, LINE	15	0.	ВОУ	1,341.	1,	341.
TRUST TO FORM 990-PF, PART II, LINE FORM 990-PF	15	0.	ВОУ	1,341.	1, 1, STATEMENT	341.

FORM 990-PF

STATEMENT

9

	DURING THE YEAR	STAT	EMENT 9
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ATLANTA BOTANICAL GARDENS 1345 PIEDMONT AVENUE NE ATLANTA, GA 30309	NONE GIFT-UNRESTRICTED	N/A	2,500.
BASCOM - LOUISE GALLERY/FINE ART CENTER 554 MAIN STREET HIGHLANDS, NC 28741	NONE GIFT-UNRESTRICTED	N/A	1,000.
FERNBANK MUSEUM OF NATURAL HISTORY 767 CLIFTON ROAD, NE ATLANTA, GA 30307	NONE GIFT-UNRESTRICTED	N/A	2,500.
FIRST PRESBYTERIAN CHURCH 1328 PEACHTREE ST NE ATLANTA, GA 30309	NONE GIFT-UNRESTRICTED	N/A	1,500.
HIGHLANDS CASHIERS HOSPITAL FOUNDATION 190 HOSPITAL DRIVE HIGHLANDS, NC 28741	NONE GIFT-UNRESTRICTED	N/A	1,000.
LIFE CHALLENGE OF W. NORTH CAROLINA 318 CAGLE BRANCH ROAD SYLVA, NC 28779	NONE GIFT-UNRESTRICTED	N/A	1,000.
MOREHEAD CAIN SCHOLARSHIP FOUNDATION P.O. BOX 690 CHAPEL HILL, NC 27514	NONE GIFT-UNRESTRICTED	N/A	1,000.
WESTMINSTER SCHOOLS 1424 WEST PACES FERRY ROAD NW ATLANTA, GA 30327	NONE GIFT-UNRESTRICTED	N/A	1,000.

GRANTS AND CONTRIBUTIONS

THE INMAN FOUNDATION			58-1587532
WOODRUFF ARTS CENTER 1280 PEACHTREE STREET NE ATLANTA, GA 30309	NONE GIFT-UNRESTRICTED	N/A	1,000.
ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVENUE, FL. 17 CHICAGO, IL 60601		N/A	2,750.
ATLANTA HISTORY CENTER 130 WEST PACES FERRY ROAD NW ATLANTA, GA 30305		N/A	2,000.
	NONE GIFT-UNRESTRICTED	N/A	100.
	NONE GIFT-UNRESTRICTED	N/A	500.
CARTER CENTER 453 FREEDOM PARKWAY ATLANTA, GA 30307	NONE GIFT-UNRESTRICTED	N/A	2,000.
GEORGIA FOUNDATION FOR INDEPENDENT COLLEGES 945 E PACES FERRY RD NE STE 17 ATLANTA, GA 30326	NONE GIFT-UNRESTRICTED	N/A	250.
GEORGIA PUBLIC BROADCASTING 260 14TH STREET NW ATLANTA, GA 30318	NONE GIFT-UNRESTRICTED	N/A	500.
LOVETT SCHOOL 4075 PACES FERRY ROAD NW ATLANTA, GA 30327	NONE GIFT-UNRESTRICTED	N/A	500.
PATH FOUNDATION 1601 W. PEACHTREE STREET NE ATLANTA, GA 30309	NONE GIFT-UNRESTRICTED	N/A	1,000.

THE INMAN FOUNDATION			58-1587532
ST. LUKES EPISCOPAL CHURCH 435 PEACHTREE STREET NE ATLANTA, GA 30308	NONE GIFT-UNRESTRICTED	N/A	500.
TREES ATLANTA 225 CHESTER AVENUE ATLANTA, GA 30316	NONE GIFT-UNRESTRICTED	N/A	250.
TRINITY SCHOOL 4301 NORTHSIDE PARKWAY ATLANTA, GA 30327	NONE GIFT-UNRESTRICTED	N/A	500.
TOTAL TO FORM 990-PF, PART XV, LI	INE 3A	_	23,350.

The Inman Foundation 1/1/2010 to 12/31/2010 Schedule of Average Fair Market Value

			CASH		SECU	SECURITIES
		N Trust	N Trust	AVG Cash	N Trust	AVG Securities
December	2009	1,134.85	18,649.79		573,032.61	
January	2010	3,634.85	13,913.65	18,666.57	550,426.07	561,729.34
February	2010	3,612.78	24,148.69	22,654.99	552,825.58	551,625.83
March	2010	3,612.78	25,995.05	28,684.65	580,267.70	566,546.64
April	2010	3,612.78	26,199.48	29,710.05	588,865.64	584,566.67
May	2010	1,612.78	26,362.18	28,893.61	541,764.48	565,315.06
June	2010	1,362.78	28,336.53	28,837.14	524,133.96	532,949.22
July	2010	1,362.78	28,528.68	29,795.39	562,234.60	543,184.28
August	2010	1,287.78	28,697.55	29,938.40	543,881.38	553,057.99
September	2010	4,287.78	20,913.88	27,593.50	593,698.05	568,789.72
October	2010	1,787.78	21,069.94	24,029.69	618,530.20	606,114.13
November	2010	11,712.78	11,712.78 11,253.07	22,911.79	611,911.99	615,221.10
December	2010	637.78	637.78 13,361.42	18,482.53	646,861.21	629,386 60

573,207 21 Average monthly securitie \$ Average monthly cash \$ 25,849.86

Form 8868 (Rev. 1 2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month I	Extension, d	complete only Part II and check this	xoc		► X
Note. Only complete Part II if you have already been granted ar	n automatic	3 month extension on a previously file	d Form	8868	
<ul> <li>If you are filing for an Automatic 3-Month Extension, comp</li> </ul>					
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no	copies	needed).	
Type or Name of exempt organization			Emp	loyer identifica	tion nu <b>mber</b>
print THE INMAN FOUNDATION			5	8-158753	12
File by the extended Number, street, and room or suite no. If a P O box,	see instruc	tions		<del></del>	
due date for P.O. BOX 18979					
return See City, town or post office, state, and ZIP code. For a	foreign add	iress, see instructions			
ATLANTA, GA 31126	-				
Enter the Return code for the return that this application is for (	file a separa	te application for each return)			0 4
Application	Return	Application		<del></del>	Return
ls For	Code	Is For	A ST		Code
Form 990	01	Example 1	75	a constant	
Form 990-BL	02	Form 1041 A			08
Form 990-EZ	03	Form 4720			09
Form 990-PF	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
STOP! Do not complete Part II if you were not already grants	ed an autor	natic 3-month extension on a previo	usly file	d Form 8868.	
<ul> <li>The books are in the care of ▶ PO BOX 18979 - Telephone No. ▶ 404-365-8215</li> <li>If the organization does not have an office or place of business.</li> </ul>	ess in the Ur	FAX No ▶			<b>▶</b> □
If this is for a Group Return, enter the organization's four dig				r the whole grou	•
box ► If it is for part of the group, check this box ►		ch a list with the names and EINs of a	ll memb	ers the extension	in is for
4 I request an additional 3 month extension of time until	NOVEM	BER 15, 2011.			
5 For calendar year $2010$ , or other tax year beginning		, and ending	7		
6 If the tax year entered in line 5 is for less than 12 months,	, check reas	on. I Initial return	∬ Final i	eturn	
Change in accounting period					
7 State in detail why you need the extension		0 0710 1 001001000 1		GOVED 1 MP	
ADDITIONAL INFORMATION IS NEI	EDED T	O FILE A COMPLETE A	A UM	CCURATE	TAX
RETURN.	·····		<del></del>		
			<del></del>	<del></del>	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	), or 6069, e	nter the tentative tax, less any			0
nonrefundable credits. See instructions	0		8a	\$	0.
b If this application is for Form 990-PF, 990 T, 4720, or 606			Ì		
tax payments made Include any prior year overpayment	allowed as a	credit and any amount paid			^
previously with Form 8868		h the form of required by the	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your		n this torm, it required, by using	0-		0.
EFTPS (Electronic Federal Tax Payment System). See ins		d Verification	8c	\$	<u> </u>
			ha hool o	f mu knowlada- a	ad haliat
Under penalties of perjury, I declare that I have examined this form, inclinit is true, correct, and complete, and that tark authorized to prepare this		oanying schedules and statements, and to t	00 D621 0	n my knowieuge a	nu bellet,
and the second of the second o	CPA		Date	- 2/1c	/11
Signature	CEA		Daie		Rev 1 2011)
				FVIII 0000	TO A I SOLL)

Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check this be	эх	<b>•</b>	X
Note. Only complete Part II if you have already been granted an	automatic	3-month extension on a previously filed	Form	8868	
<ul> <li>If you are filing for an Automatic 3-Month Extension, comple</li> </ul>					
Part II Additional (Not Automatic) 3-Month E	Extensio	n of Time. Only file the original (no c	opies r	needed)	
Type or Name of exempt organization			Emp	loyer identification	number
print THE INMAN FOUNDATION			5	8-1587532	
Number, street, and room or suite no If a P O box,	see instruc	tions.			
due date for P.O. BOX 18979 filing your		<del>,                                      </del>	_		
return See Instructions ATLANTA, GA 31126	roreign add	dress, see instructions			
Enter the Return code for the return that this application is for (fi	le a separa	ate application for each return)			0 4
Application	Return	Application	_		Return
ls For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720		·	09
Form 990-PF	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)  O6 Form 8870  STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.					
<ul> <li>The books are in the care of ► PO BOX 18979 —</li> <li>Telephone No ► 404-365-8215</li> </ul>	ATLA	FAX No ▶	_	<del></del>	
If the organization does not have an office or place of business					
If this is for a Group Return, enter the organization's four digit      If this is for a Group Return, enter the organization's four digit      If this is for a Group Return, enter the organization is found in the control of the organization in the control of the control		· · · · · · · · · · · · · · · · · · ·		•	
box ► If it is for part of the group, check this box ►  I request an additional 3-month extension of time until		ach a list with the names and EINs of all BER 15, 2011	memb	ers the extension is	tor
5 For calendar year 2010, or other tax year beginning	110 1 111	, and ending			
6 If the tax year entered in line 5 is for less than 12 months,	check reas		Final r	eturn	
Change in accounting period	OFFICER TODA	on milarretant	i ii ici i	cturri	
7 State in detail why you need the extension					
ADDITIONAL INFORMATION IS NEE	DED T	O FILE A COMPLETE AN	ID A	CCURATE TA	X
RETURN.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less any			<del></del>
nonrefundable credits. See instructions			8a	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayment a	allowed as	a credit and any amount paid			
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a Include your p	-	th this form, if required, by using			•
EFTPS (Electronic Federal Tax Payment System) See inst		137 - 6:	8c	\$	0.
Under penalties of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized to prepare this	ding accomp	nd Verification panying schedules and statements, and to th	e best o	f my knowledge and b	elief,
Signature ▶ Title ▶			Date	<u> </u>	
				Form 8868 (Be	ev 1-2011)

Form 886	68 (Rev. 1-2011)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this bo	)X	<b>•</b>	X
	ly complete Part II if you have already been granted an a				8868	
	are filing for an Automatic 3-Month Extension, comple		•		0000.	
Part II				onies r	needed)	
Type or	Name of exempt organization		The trie drighter (no o	Employer identification		number
print	THE INMAN FOUNDATION			5	8-1587532	
File by the extended due date for	Number, street, and room or suite no. If a P.O. box, s P.O. BOX 18979	ee instruc	tions.	•		
filing your return See instructions	City, town or post office, state, and ZIP code For a for ATLANTA , GA 31126	oreign add	lress, see instructions			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicati	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 990	)	01_				
Form 990	)-BL	02	Form 1041-A			08
Form 990	)-EZ	03	Form 4720			09
Form 990	)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) 06 Form 8870						12
STOP! D	o not complete Part II if you were not already granted	an autor	natic 3-month extension on a previou	sly file	ed Form 8868.	
• The be	H. INMAN ALLEN poks are in the care of PO BOX 18979 -	ATLA	NTA, GA 31126			
	none No > 404-365-8215		FAX No. ▶			
	organization does not have an office or place of business	s in the Ur				
	is for a Group Return, enter the organization's four digit			ıs ıs fo	r the whole group, c	heck this
box ►	If it is for part of the group, check this box	1	ich a list with the names and EINs of all			
		_	BER 15, 2011		- COLOTTO CALCATORIO I I I C	101.
	r calendar year 2010, or other tax year beginning		, and ending			
	the tax year entered in line 5 is for less than 12 months, o	heck reas		Final r	return	
Ë	Change in accounting period	incon read	on milarretain	1 11121 1	ctairr	
7 Sta	ate in detail why you need the extension					
	DDITIONAL INFORMATION IS NEED	DED T	O FILE A COMPLETE AN	ID A	CCURATE TA	X
	ETURN.					
			· · · · · · · · · · · · · · · · · · ·			
Ra If ti	his application is for Form 990.BL 990.PF 990.T 4720	or 6060 a	nter the tentative tax less any	r	T	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					\$	0.
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	8a	Ψ .	
	payments made. Include any prior year overpayment al	-				
	., , , , , ,	lowed as a	a credit and any amount paid	Oh.	<b> </b>	0.
	eviously with Form 8868	···mont ud	th this form if required by using	8b	\$	<del></del>
	lance due. Subtract line 8b from line 8a Include your pa		in this form, it required, by using		<b> </b>	0.
	TPS (Electronic Federal Tax Payment System) See instru		d Verification	8c	\$	<del></del>
	ralties of perjury, I declare that I have examined this form, includ correct, and complete, and that I am authorized to prepare this fo	ling accomp		e best o	of my knowledge and b	elief,
Signature				Date	· <b>•</b>	
					F 0000 /0	4 0044