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

OMB No 1545-0052 2010

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

For	calenc	dar year 2010, or tax year beginning , a	and ending					
G	Check	all that apply: Initial return Initial re	turn of a former public	cha	ity		Final return	
		Amended return Add	ress change		Name	change	 	
N	ame of fo	oundation				,	loyer identification nur -2253490	nber
7	HE.	JINKS PRIVATE FOUNDATION					phone number (see page	10 of the instructions)
		nd street (or P O box number if mail is not delivered to street addre	ss) Ro	oom/s	uite		0-426-5160	•
		LEONIDAS TRAIL	·			C If exe	emption application is pen-	ding, check here
	ity or tow	vn, state, and ZIP code				D 1. Fo	oreign organizations, chec	k here
N	IARI	ETTA GA 30064				2. Fo	oreign organizations meet	ing the
Н	Check I	type of organization X Section 501(c)(3) exempt private	foundation				5% test, check here and a	· -
	Section	n 4947(a)(1) nonexempt charitable trust Other taxable	e private foundation			E If priv	vate foundation status was	terminated under
I F	air mar	rket value of all assets at J Accounting method	Cash X Acc	rual		section	on 507(b)(1)(A), check he	re 🕨 📘
e	end of y	rear (from Part II, col (c), Other (specify)				F If the	foundation is in a 60-mor	ith termination
	ne 16)	▶ \$ 1,884,062 (Part I, column (d) must	be on cash basis)			unde	r section 507(b)(1)(B), che	eck here
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	١ "			[,, ,, , , ,	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(D	Net inv inco	restment me	(c) Adjusted net income	for charitable purposes
	r	the amounts in column (a) (see page 11 of the instructions))		ļ				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)		<u> </u>				
	2	Check ► X If the foundation is not required to attach Sch B	46 65-	 				
\equiv	3	Interest on savings and temporary cash investments	13,867	\vdash		13,867	-	
201	4	Dividends and interest from securities	51,656	<u> </u>		51,656		
70	5a	Gross rents		<u> </u>				
CANNICATION NOV 3	b	Net rental income or (loss)	1 227		<u>-</u>			
	6a	Net gain or (loss) from sale of assets not on line 10	-1,337					
	b	Gross sales price for all assets on line 6a 61,223				0		
	7	Capital gain net income (from Part IV, line 2)					0	
Tj	8	Net short-term capital gain		 			0	
	9	Income modifications Gross sales less returns & allowance RECEIVED		┝				
Ę	10a	Less Cost of goods sold		\vdash			 	
が	b	Gross profit or (loss) (attach schedule) 9 9 2011))					
	11	Other income (attach schedule) 2 3 2011	64,186		····			·
	12	Total. Add lines 1 through 11	64,186	_		55,523	0	
	13	Compensation of officers, director rustees etc T	12,000			3,000		9,000
ë	14	Other employee salaries and wages				-		
benses	15	Pension plans, employee benefits						
	16a	Legal fees (attach schedule)						
Ü	b	Accounting fees (attach schedule) STMT 1	1,650			1,650		
ĭ	С	Other professional fees (attach schedule)						
rat	17	Interest						
ist	18	Taxes (attach schedule) (see page 14 of the instructions) STMT 2	500			500		
Ë	19	Depreciation (attach schedule) and depletion						
Ą	20	Occupancy						
₹	21	Travel, conferences, and meetings						
Operating and Administrative Ex	22	Printing and publications						
ğ	23	Other expenses (att sch) STMT 3	12,454		:	L2,454		
粪	24	Total operating and administrative expenses.	<u> </u>					
ers		Add lines 13 through 23	26,604	<u> </u>		L7,604	0	9,000
o	25	Contributions, gifts, grants paid	98,710				<u> </u>	98,710
_	26	Total expenses and disbursements. Add lines 24 and 25	125,314			17,604	0	107,710
	27	Subtract line 26 from line 12	C4 400					
	a	Excess of revenue over expenses and disbursements	-61,128	<u> </u>		17 010		
	b	Net investment income (if negative, enter -0-)			•	17,919	0	
	l c	Adjusted net income (if negative, enter -0-)					ı	I

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)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ▶

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

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

6 1,373,632

Form 990-PF (2010)

Part IV . Capital Gains as	<u>nd Losses for Tax on Investme</u>	nt Incor	ne				
(a) List and describ 2-story brick ware	be the kind(s) of property sold (e.g., real estate, shouse, or common stock, 200 shs. MLC Co.)		-	(b) How acquired P—Purchase	(c) Date a		(d) Date sold (mo , day, yr)
1a 2000 SHS ALLSTA	TE CORP			D—Donation P	12/12		11/02/10
b CAPITAL GAIN DI				<u> </u>	/	<u> </u>	11/02/10
С							
d						-	·
е							
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis			or (loss)) minus (g)
a 60,591				62,560			-1,969
ь 632				<u> </u>			632
С							
d							
е							
	g gain in column (h) and owned by the for	undation of	n 12/31/6	9	0).0	(Cal	(1-)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess	s of col (i) (j), if any	col (I	(I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
а							-1,969
b							632
С			· · · · · · · · · · · · · · · · · · ·				
d							
e					_		
2 Capital gain net income or (net ca	apital loss) If gain, also enter in F If (loss), enter -0- in F				2		-1,337
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (6)		` _				
	column (c) (see pages 13 and 17 of the		s). T		ŀ		
If (loss), enter -0- in Part I, line 8	coldimit (c) (coe pages to and the of the		٠,٠ <u> </u>		3		
	der Section 4940(e) for Reduce	ed Tax o	n Net I	nvestment Inco			
	is part blank ion 4942 tax on the distributable amount ify under section 4940(e) Do not comple			ase period?			Yes X No
1 Enter the appropriate amount in e	each column for each year, see page 18 o	of the instru	uctions be	efore making any en	ries		
(a) Base period years Calendar year (or tax year beginning i	(b)			(c) of noncharitable-use ass		Distr	(d) ibution ratio ivided by col. (c))
2009	129,	313		1,924,7	730	((-)	0.067185
2008	152,			2,208,6			0.069103
2007	115,			2,776,0)63		0.041714
2006	105,	593		2,417,5	46		0.043678
2005		015		2,123,3			0.040980
2 Total of line 1, column (d)					2		0.262660
, , ,	5-year base period—divide the total on lin	ne 2 bv 5 o	r by the	•		1	
	as been in existence if less than 5 years	.o 2 by 0, 0			3		0.052532
4 Enter the net value of noncharitab	ole-use assets for 2010 from Part X, line 5	5			4	<u> </u>	1,827,429
5 Multiply line 4 by line 3					5		95,999
6 Enter 1% of net investment incom	ie (1% of Part I, line 27b)				6		479
7 Add lines 5 and 6					7_		96,478
8 Enter qualifying distributions from					8_		107,710
If line 8 is equal to or greater than Part VI instructions on page 18	line 7, check the box in Part VI, line 1b,	and compl	ete that p	part using a 1% tax ra	ite. See the	•	

Form 990-PF (2010) THE JINAS			2233490	4:1\		Page t
	arding Activities for Which For	m 4720 May Be F	Required (con	tinued)		
5a During the year did the foundation pa	•					
	ise attempt to influence legislation (secti	, ,,	□ '	Yes X No		
	ecific public election (see section 4955),	, or to carry on,		-		
directly or indirectly, any voter re	•		=	Yes X No		
``	for travel, study, or other similar purpose		□,	Yes X No		
	on other than a chantable, etc., organiza				1	
	section 4940(d)(2)? (see page 22 of the		L '	Yes X No	1	
	an religious, charitable, scientific, literar	y, or educational		(==)		
purposes, or for the prevention of				Yes X No		
-	did any of the transactions fail to qualify			/-		
•	current notice regarding disaster assista	· · · · ·	ne instructions)?	N/A	5b	
• • •	otice regarding disaster assistance chec			▶ [_]		
•	(4), does the foundation claim exemption	n from the tax				
because it maintained expenditure re	•		N/A 📙 '	Yes No	1 1	}
· ·	ed by Regulations section 53 4945-5(d).					
6a Did the foundation, during the year, r	eceive any funds, directly or indirectly, t	o pay premiums		. ==		
on a personal benefit contract?				Yes 🗓 No		
- • •	pay premiums, directly or indirectly, on a	personal benefit cont	ract?		6b	X
If "Yes" to 6b, file Form 8870						1
	the foundation a party to a prohibited tax			Yes X No		
b If Yes, did the foundation receive any				N/A	7b	
	Officers, Directors, Trustees,	Foundation Man	agers, Highly	Paid Employ	ees,	
and Contractors			*** * * **			
List all officers, directors, trustees, f	oundation managers and their compe	nsation (see page 22	of the instruction	1	_	
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Exc	ense account,
(a) Name a	and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowances
	 			compensation	 	
JOHN JINKS, III	MARIETTA	CHAIRMAN				
1921 LEONIDAS TRAIL	GA 30064	5.00	12,000	ļ <u>.</u>	 	0
JILL JINKS	ATLANTA .	VICE CHAIR				
1521 FORDHAM CT NE	GA 30306	1.00	0		' 	0
JOHN JINKS, JR	GAINESVILLE	DIRECTOR	_			
9660 BROWN'S BRIDGE DR	GA 30506	1.00	0	<u> </u>	' 	0
•						
			<u> </u>	<u>. </u>	<u> </u>	
•	employees (other than those included	d on line 1 see pag	e 23 of the instru	ctions).		
If none, enter "NONE."		- 	I	(4) 0		
(a) Name and address of each a	employee acid more than \$50,000	(b) Title, and average	(a) Componentian	(d) Contributions to employee benefit	(e) Exp	ense account,
(a) Name and address of each e	employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		allowances
				compensation	├	· · · · · · · · · · · · · · · · · · ·
NONE					ł	
					├	
•						
					—	
					—	
					—	
			L	L	<u> </u>	, · · · · · · · · · · · · · · · · · · ·
tal number of other employees paid ove	r \$50,000				<u>. </u>	0
				For	m 990	-PF (2010)

Form **990-PF** (2010)

Total. Add lines 1 through 3

	art X . Minimum Investment Return (All domestic foundations must complete this part. Fore	eign fo	undations,
	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	1,590,357
b	Average of monthly cash balances	1b	28,005
С	Fair market value of all other assets (see page 25 of the instructions)	1c	<u>236,896</u>
d	Total (add lines 1a, b, and c)	1d	1,855,258
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,855,258
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	27,829
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,827,429
6	Minimum investment return. Enter 5% of line 5	6	91,371
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perating	
	foundations and certain foreign organizations check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	91,371
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	479
3	Distributable amount before adjustments Subtract line 2c from line 1	3	90,892
4	Recovenes of amounts treated as qualifying distributions	4	-
5	Add lines 3 and 4	5	90,892
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	90,892
	At VII Overlift in a Dietributions (see page 25 of the instructions)		
Pi	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	107,710
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	
ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	107,710
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	T	
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	479
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	107,231
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	tion	· · · · · · · · · · · · · · · · · · ·
	qualifies for the section 4940(e) reduction of tax in those years.		

Part X	III Undistributed Income (see)	page 26 of	the instructions)	· · · · · · · · · · · · · · · · · · ·		
1 Distr	ributable amount for 2010 from Part XI,		(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
line	7					90,892
2 Undi	istributed income, if any, as of the end of 201	10:				
	er amount for 2009 only				59,377	
	I for prior years: 20 , 20 , 20					
	ess distributions carryover, if any, to 2010		1.2.7			
a Fron						
	1 2006					
						
	1 2007					
-	1 2008					
e From						•
	I of lines 3a through e	ļ	w	<u> </u>		· · · · · · · · · · · · · · · · · · ·
	Ifying distributions for 2010 from Part XII,					
line 4	4: ▶ \$ <u>107,710</u>					
a Appl	ied to 2009, but not more than line 2a	į			59,377	
b Appl	ied to undistributed income of prior years				i	
(Elec	ction required—see page 26 of the instruction	ns)]	
c Trea	ted as distributions out of corpus (Election	ſ				
requi	ired—see page 26 of the instructions)					
	ied to 2010 distributable amount	Ī				48,333
	aining amount distributed out of corpus	ľ				
	ess distributions carryover applied to 2010	ŀ	-			
		ŀ				
	a amount appears in column (d), the same	į				
	unt must be shown in column (a))	}				
	r the net total of each column as					
	ated below:	Į.				
-	us Add lines 3f, 4c, and 4e. Subtract line 5	-				· · · · · · · · · · · · · · · · · · ·
	years' undistributed income. Subtract					
line 4	1b from line 2b	 				*
c Ente	r the amount of prior years' undistributed					
incor	ne for which a notice of deficiency has					
been	issued, or on which the section 4942(a)					
tax h	as been previously assessed					
d Subti	ract line 6c from line 6b Taxable					
amou	unt—see page 27 of the instructions					
e Undi	stributed income for 2009 Subtract line					, , , , , , , , , , , , , , , , , , ,
4a fro	om line 2a Taxable amount—see page	1				
	the instructions					
	stributed income for 2010. Subtract lines	ļ				
	nd 5 from line 1. This amount must be				1	
	buted in 2011					42,559
	unts treated as distributions out of corpus		 			
	tisfy requirements imposed by section					
	• • •				1	
	o)(1)(F) or 4942(g)(3) (see page 27 of the					
	uctions)	-				
	ss distributions carryover from 2005 not					
	ed on line 5 or line 7 (see page 27 of the					
	ictions)	-				
	ss distributions carryover to 2011.]	
Subtr	ract lines 7 and 8 from line 6a					** ** ** ** ** ** ** ** ** ** ** ** **
IO Analy	sis of line 9:				Ī	
a Exce	ss from 2006 _					
b Exce	ss from 2007				ļ	
c Exce	ss from 2008				Į	
d Exce	ss from 2009				į	
e Exce	ss from 2010 .					

Part XV Supplementary Information (co	ontinued)			
Part XV Supplementary Information (co 3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year SEE STATEMENT 7				98,710
·				
Total		<u> </u>	▶ 3a	98,710
b Approved for future payment	. , , , , , , , , , , , , , , , , , , ,			
N/A				
		L		
Total			▶ 3b	

_	Part XVI-A	Analysis of Income-Producing A	cuvities				
En	ter gross amo	ounts unless otherwise indicated	Unrelate	d business income	Excluded	d by section 512, 513, or 514	(e)
	•		(a)	(b)	(c)	(d)	Related or exempt function income
			Business code	Amount	Exclusion code	Amount	(See page 28 of
1	Program se	rvice revenue					the instructions)
	a		_				
			_		ļ		
	c				 		
	d						
			-				
	f		-		+		
_	=	d contracts from government agencies	ļ				
		dues and assessments	<u> </u>		14	12 067	
_		savings and temporary cash investments	-		14	13,867	
4		nd interest from securities			7.43	51,656	
5		come or (loss) from real estate:	-		+		
		anced property t-financed property	-		+ +		····
•		come or (loss) from personal property					· · · · · · · · · · · · · · · · · · ·
		ment income					
		s) from sales of assets other than inventory			18	-1,337	
	•	or (loss) from special events			 		· · · · · · · · · · · · · · · · · · ·
		or (loss) from sales of inventory					
		ue: a				· · · · · ·	
	e						
12	Subtotal Ad	d columns (b), (d), and (e)		0		64,186	(
13	Total. Add I	ne 12, columns (b), (d), and (e)				13	64,18
(Se	e worksheet	in line 13 instructions on page 29 to verify calculat					
F	Part XVI-B	Relationship of Activities to the A	ccomplishm	ent of Exempt P	urpose	s	
	Line No.	Explain below how each activity for which incom					
	▼	accomplishment of the foundation's exempt purp	ooses (other than	by providing funds fo	r such pu	rposes). (See page 29	of the
		instructions)				 	
	N/A						<u> </u>
							
		· 					
_							

<u>-orm 990</u>	-PF (201	O) THE JINK:	S PRIV	ATE FOUND	ATION	58-2	253490			Pag	<u>je 1</u>
Part X		Information Reg Exempt Organiz	_	ansfers To an	d Transactio	ns and Relati	onships W	ith Noncharitab	е		
1 Did		nization directly or ind		ge in any of the fol	lowang wath any	other organization	described			Yes	No
-		1(c) of the Code (other		-	-					163	
	anizations		ci tilali scot	on out (c)(o) organ		otton ozr, relating	to political				
_		m the reporting found	lation to a ne	oncharitable exem	nt organization o	.f					
	Cash	an are reporting reality			pr organización o	•			1a(1)		x
	Other as	sets							1a(2)		x
	er transa					•					
		assets to a noncharit	able exempt	organization					1b(1)		X
		es of assets from a no	•	•	on				1b(2)		x
		f facilities, equipment							1b(3)		X
(4)	Reimbur	sement arrangements	S						1b(4)		X
(5)	Loans or	loan guarantees					••		1b(5)		X
(6)	Performa	ance of services or m	embership o	r fundraising solici	tations				1b(6)]	X
c Sha	ring of fa	cilities, equipment, m	ailing lists, d	other assets, or pai	id employees				1c_		X
d If th	e answer	to any of the above i	s "Yes," con	nplete the following	g schedule Colu	mn (b) should alwa	ays show the	faır market			
valu	ue of the g	goods, other assets, o	or services g	iven by the reporti	ng foundation. If	the foundation red	eived less that	an fair market			
valu	e in any	transaction or sharing	arrangeme	nt, show in column	n (d) the value of	the goods, other a	ssets, or sen	rices received.			
(a) Lin	e no	(b) Amount involved	(c) Name	of nonchantable exer	mpt organization	(d) Description	n of transfers, to	ransactions, and sharing	arrange	ments	
N/A											
		·	ļ								
											
				_							
 						<u> </u>					
											
		· · · · · ·						· · · · · · · · · · · · · · · · · · ·			
··		 									
			<u> </u>			:	-				
		· -···	 			<u> </u>					
				 	·· · · · ·						
					<u>_</u>						
22 ls th	e founda	tion directly or indirec	tly affiliated	with or related to	one or more tay	-evemnt organizati	one .				
		section 501(c) of the	•				0113	[٦ ٧٤	s X	Νn
		plete the following sc			5)(6)) 6: 666			·			
		Name of organization		(b) Type of o	rganization		(c) Descri	otion of relationship			
N/A											
						-		-			
				_							
		afties of perjury, I declare									
Sign	belief, i is	true, correct, and comple	ete Declaratio	n of preparer (other th	nan taxpayer or fidu	iciary) is based on all	information of w	hich preparer has any kr	owledg	ie	
lere	lo-	m lend				11/11					
	\$igna	ture of officer or trustee			Date		Title				
	Pr/nt/Ty	pe preparer's name			Preparer's signa	ture	√	Date	. 1	Check	
Paid	V	$\mathbf{\mathcal{O}}$			1111	المددل الأسالة	N.L. D	Dr 11/a	/,,	self-emp	loyed
reparer					1///	- July	my -	CRB 11/1/	<u>"/ </u>		
lse Only	Firm's n				LLC	· · · · · · · · · · · · · · · · · · ·			43		
	Firm's a	ddress ► 6111	PEACHT	REE DUNW	DODY RD 1	BLG E STE	102	Firm's EIN ▶ 20 -	<u> 170:</u>	<u> 255</u>	<u> 5</u>

6111 PEACHTREE DUNWOODY RD BLG E STE 102

ATLANTA, GA 30328

Phone no

58-2253490	Federal	Federal Statements		
	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	art I, Line 16b - Account	ing Fees	,
Description ACCOUNTING FEES TOTAL	**************************************	Net Investment \$ 1,650 \$ 1,650	Adjusted Net	Charitable Purpose
	Statement 2 - Form 99	- Form 990-PF, Part I, Line 18 - Taxes	(es	
Description TAXES	Total	Net Investment \$ 500	Adjusted Net	Charitable Purpose
TOTAL		\$ 500	\$	O O
	Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses	Part I, Line 23 - Other Ex	penses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES TRAVEL NET PORTFOLIO DEDUCTIONS	\$ 8,560 3,294	8,560	v.	v.
REGISTRATION FEES TOTAL	\$ 12,454	\$ 12,454	· v	\o_{\begin{subarray}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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		Fair Market Value	\$ 1,625,926 \$ 1,625,926
	vestments	Basis of Valuation	COST
tements	990-PF, Part II, Line 10b - Corporate Stock Investments	End of Year	\$ 1,115,496 \$ 1,115,496
Federal Statements	orm 990-PF, Part II, Line	Beginning of Year	\$ 1,191,376 \$ 1,191,376
	Statement 4 - Form	Description	
58-2253490			SECURITIES TOTAL

	Fair Market Value	\$ 257,075	\$ 257,075
nents	Basis of Valuation	COST	
990-PF, Part II, Line 13 - Other Investmer	End of Year	257,075	257,075
Line '	•	Ϋ́	∾
990-PF, Part II,	Beginning of Year	243,351	243,351
- Form	_	٠ م	ψ
Statement 5	Description	CSV - OFFICERS LIFE INSURANCE	TOTAL

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Federal Statements

Statement 6 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

THE FOUNDATION ONLY GIVES TO CHARITABLE ORGANIZATIONS VIA LETTER REQUEST

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

NONE

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

NONE

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Federal Statements

Statement 7 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

	nut	3,500			5,000			3,500	5,000	-		5,000				2,500						50,000	
	Amount																					ц,	
	Purpose	OPERATIONS	OPERATIONS	OPERATIONS	OPERATIONS	OPERATIONS	OPERATIONS	OPERATIONS	OPERATIONS		OPERATIONS	OPERATIONS	OPERATIONS	ODEDAMITONIC	OF LICE LONG	OPERATIONS	OPERATIONS	OPERATIONS		OPERATIONS	OPERATIONS	OPERATIONS	OPERATIONS
	Status	SUITE 501(C)(3)	501(C)(3) STE	501(C)(3)	501(C)(3)	501(C)(3)	VE 501(C)(3)	KD 501(C)(3)	501(C)(3)		501(C)(3)	501(C)(3)	501(C)(3)	DR NE 501 (2)	(0) (0) (0)	501(C)(3)	501(C)(3)	501(0)(3)		501(C)(3)	501(C)(3)	501(C)(3)	501(C)(3)
Address	Relationship	CENTURY BLVD, CHARITY PARSONS RD	CHARITY	CHARITY PEACHTREE RD	CHARITY	L4TH ST NW CHARITY	E. SHADOWLAND CHARITY	LUST MOUNTAIN CHARITY	. BOX 7200 0 CHARITY	308 CLAIRMONT AVE	CHURCH STREET	CHARITY	CHARITY	N. MORNINGSIDE		CHARITY BOY 7795	CHARITY	GREENWOOD DRIVE CHARTTY	П	CHARITY CHIRCH STRFFT	Ę	CHARITY	RUM CREEK DR CHARITY
Name	Address	ALZHEIMERS ASSOCIATION 1925 ATLANTA GA 30345 AMERICAN CANCER SOCIETY 1138		GA 30067	. 0		a Z	LUKENS HOME SPRINGS GA 30	EAGLE RANCH P.O. CHESTNUT MOUNTAIN GA 3050		DECATUR GA 30030 FIRST PRESBYTERIAN CHURCH 189	MARIETTA GA 30060	GAINESVILLE GA 30501	MORNINGSIDE PRESBYTERIAN 1411	NORTH GA COLLEGE & STATE 70 A	DAHLONEGA GA 30533	ATLANTA GA 30357	SEA PINES MUSEUM 175 HILTON HEAD SC 29928	AN	UNION CITY GA 30291 ST. JAMES EPISCOPAL	MARIETTA GA 30060	LAND FL 32723	T.E.R.N. FORSYTH GA 31029

Federal Statements

Statement 7 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Address			
Address	Relationship	Status	Purpose	Amount
THE NATURE CONSERVANCY	4845 N. FAIRFAX DR,	DR, STE 1		
ARLINGTON VA 22203-1606 CHARITY	506 CHARITY	501(C)(3)	OPERATIONS	2.000
THE SALVATION ARMY	P.O. BOX 2256			
MARIETTA GA 30060	CHARITY	501(C)(3)	OPERATIONS	
THEATER IN THE SQUARE	11 WHITLOCK AVE			
MARIETTA GA 30064	CHARITY	501(C)(3)	OPERATIONS	5,000
TIM SMITH REHAB FUND	3186 CHESTNUT DRIVE			
DORAVILLE GA 30340	CHARITY	501(C)(3)	OPERATIONS	
TOMMY NOBIS CENTER	1480 BELLS FERRY RD			
MARIETTA GA 30066-6014	14 CHARITY	501(C)(3)	OPERATIONS	
UPPER CHATTAHOOCHEE RIVER 916 JOSEPH LOWERY	916 JOSEPH LOWERY BI	BLVD		
ATLANTA GA 30318	CHARITY	501(C)(3)	OPERATIONS	3.500
WILDLIFE CONSERVATION FUN 2070 U.S. HIGHWAY 278	2070 U.S. HIGHWAY 27	. 82)
SOCIAL CIRCLE GA 30025	25 CHARITY	501(C)(3)	OPERATIONS	13,710
TOTAL				98,710

Form 8868 (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue		▶ File :	a separate a	application for each return.					
		tomatic 3-Month Extension, comple	te 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 compl	ete Part II uni	ess you have already been granted an	automatic 3	3-month extension on a previously filed	Form 880	58			
Electronic fili	ng (e-file). Yo	u can electronically file Form 8868 if yo	ou need a 3-	month automatic extension of time to fi	e (6 mor	ths for			
a corporation i	required to file	Form 990-T), or an additional (not aut	omatic) 3-m	onth extension of time. You can electro	nically file	e Form			
8868 to reque:	st an extension	n of time to file any of the forms listed i	in Part I or P	Part II with the exception of Form 8870,	nformati	on			
Return for Tra	nsfers Associa	ited With Certain Personal Benefit Cor	ntracts, whic	h must be sent to the IRS in paper form	at (see				
instructions) F	or more detai	is on the electronic filing of this form, v	risit www.irs.	gov/efile and click on e-file for Charities	& Nonp	ofits			
Part I	Automati	c 3-Month Extension of Time	. Only sul	bmit original (no copies needed	i).				
A corporation i	required to file	Form 990-T and requesting an autom	atic 6-month	extension-check this box and complete)				
Part I only								▶ 🗍	
All other corpo	rations (includ	ing 1120-C filers), partnerships, REMI	Cs, and trus	ts must use Form 7004 to request an e	dension	of time			
to file income t	tax returns.								
Type or	Name of exe	empt organization	_		Employ	er iden	tification n	umber	
print									
File by the	THE JI	NKS PRIVATE FOUNDAY	rion		58-2	2534	190		
due date for	Number, stre	eet, and room or suite no. If a P.O. box	c, see instruc	ctions.					
filing your return See	1921 L	EONIDAS TRAIL							
Instructions	City, town or	post office, state, and ZIP code. For a	foreign add	fress, see instructions					
	MARIET	TA GA	30064	•					
Enter the Retu	rn code for the	e return that this application is for (file a	a separate a	pplication for each return)				04	
Application			Return	Application				Return	
Is For			Code	ls For				Code	
Form 990			01	Form 990-T (corporation)				07	
Form 990-BL	_		02	Form 1041-A				08	
Form 990-E2			03	Form 4720				09	
Form 990-PF	=		04	Form 5227				10	
	(sec. 401(a) o	408(a) trust)	05	Form 6069				11	
	(trust other tha		06	Form 8870	-			12	
		JOHN JINKS III					· · · ·		
		1921 LEONIDAS TRAIL							
The books a	re in the care of	► MARIETTA				G	A 3006	4	
		0-426-5160	FAX No	. •	•	•			
-	• •	not have an office or place of business	in the Unite	d States, check this box				ightharpoons	
_		irn, enter the organization's four digit G		• •	his is				
or the whole g		,		· · · · · · · · · · · · · · · · · · ·					
-		ls of all members the extension is for.	•	. Figure 3 and 3 and	••				
		3-month (6 months for a corporation re	equired to fil	e Form 990-T) extension of time					
•				panization named above. The extension	ie				
•	ganızation's re	· •			.0				
	alendar year								
	ax year beginr	•							
	, ,								
	-	in line 1 is for less than 12 months, ch	eck reason:	Initial return Final return					
∐ Ch	ange in accou	nting period							
3a If this app	nlication is for	Form 990-BL, 990-PF, 990-T, 4720, o	r 6060 ente	r the tentative tay less any		Γ	·		
		See instructions.	i 0005, ente	title teritative tax, less ally	1 20	•		0	
		Form 990-PF, 990-T, 4720, or 6069, e	ntor any rof	undable credits and	3 <u>a</u>	\$	· · · · · ·		
• •			•		2.			163	
		s made. Include any prior year overpay		<u></u>	3b	\$		T 0 2	
		line 3b from line 3a Include your payr	nent with thi	s iom, ii required, by using EF1PS				^	
		Payment System). See instructions.	h thin Earn	9969 coo Form 9463 50 and 5 003	3c	\$		0	
aution. If you	are going to f	nake an electronic lunu withdrawal Wit	n uns rom	8868, see Form 8453-EO and Form 88	9-EO 10	Ī			

Form 8868 (F	Rev 1-2011)						Page 2
		Automatic) 3-Month Ex	tension, co	mplete only Part II and check this box			► X
				nonth extension on a previously filed Fo			
	filing for an Automatic 3-Me						
^o art II	Additional (Not Aut	omatic) 3-Month E	xtension	of Time. Only file the original (no cop	ies needed).	
Type or print	Name of exempt organiza		Employer identification number 58-2253490				
File by the	THE JINKS PR	58-					
extended	Number, street, and room						
due date for filing your	1921 LEONIDA	S TRAIL	·				
return See	City, town or post office, s			-			
instructions	MARIETTA	G.A	30064	<u> </u>			
Enter the Ret	urn code for the return that th	nis application is for (file	a separate a	application for each return)			04
Application			Return	Application			Return
Is For			Code	ls For			Code
Form 990			01				
Form 990-E	L		02	Form 1041-A			08
Form 990-E	Z		03	Form 4720			09
Form 990-P	F	······	04	Form 5227			10
Form 990-T	(sec. 401(a) or 408(a) trust)		05	Form 6069			11
	(trust other than above)		06	Form 8870 3-month extension on a previously f			12
If this is for the whole going the whole going the wind the national form of the whole going the going the going the going the	inization does not have an of or a Group Return, enter the or group, check this box imes and EINs of all member at an additional 3-month externdar year 2010, or a year entered in line 5 is for mange in accounting period detail why you need the extensional COMPLETE RETURE.	organization's four digit of the life is for part of the extension is for. Insign of time until 11 pother tax year beginning less than 12 months, chemision I TIME TO GAT	i of the group /15/11 ceck reason	option Number (GEN) If this is population, check this box and	attach a	FILE AN A	► □
8a If this ap	plication is for Form 990-BL	990-PF 990-T 4720 o	r 6060 ente	r the tentative tax less any	-	T	
	ndable credits. See instruction	•	. 5555, 6116	and torium to tan, 1655 driy	8a	s	
	plication is for Form 990-PF		nter any refu	undable credits and	<u> </u>		
-	d tax payments made. Inclu	1					
amount	paid previously with Form 88	68.		•	8b	s	
c Balance	Due. Subtract line 8b from I	ine 8a. Include your payr	nent with thi	s form, if required, by using EFTPS			
(Electror	nic Federal Tax Payment Sys	stem). See instructions.			8c	\$	
		Sig	nature an	d Verification			
Under penalties or true, correct, and	of perjury, I declare that I have ex complete, and that I am authoriz	amined this form, including a ed to prepare this form	occompanying	schedules and statements, and to the best of	my knowle	edge and belief, it i	ıs
Signature	Mulan	Summer	Tıtl	· CPA		Date Date	3 11
					,,,	Form 88	68 (Rev 1-2011)