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Form 990-PF

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

Department of the Treasury Internal Revenue Service For calendar year 2011 or tax year beginning and ending Name of foundation A Employer identification number THE INMAN FOUNDATION 58-1587532 Number and street (or P O box number if mail is not delivered to street address) Room/surte **B** Telephone number 404-365-8215 P.O. BOX 18979 City or town, state, and ZIP code C If exemption application is pending, check here 31126 <u>ATLANTA, GA</u> Initial return Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply: Final return Amended return Foreign organizations meeting the 85% test, 2. check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust ____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: Accrual If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 616,837. (Part I, column (d) must be on cash basis) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income ıncome Contributions, gifts, grants, etc., received Check I I if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 12,001 Dividends and interest from securities 12,249 STATEMENT 5a Gross rents b Net rental income or (loss) 26,831 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 68,104. 26,831 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less return and allowances 280 b Less Cost of goods so c Gross profit or (loss) MON I 8 501 S 11 Other income 图 Total. Add lines 1 through 39.080 38.832 0. 0. 0. 14 Other employee salaries and wages DEN O 15 Pension plans, employee benefits 16a Legal fees STMT 2 1,975 1,975 0. 0. **b** Accounting fees c Other professional fees 17 Interest 1,165 438 STMT 3 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 780 23 Other expenses STMT 4 780 0. 0. 24 Total operating and administrative <u>3,920</u> 3.193 0. expenses. Add lines 13 through 23 0. 10,915 10,915. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 3.193 0 10,915. 14,835 Add lines 24 and 25 27 Subtract line 26 from line 12: 24,245 8 Excess of revenue over expenses and disbursements 35,639 b Net investment income (if negative, enter -0-) 0. c Adjusted net income (if negative, enter -0-) Form **990-PF** (2011) LHA For Paperwork Reduction Act Notice, see instructions.

For	m 99	00-PF (2011) THE INMAN FOUNDATION		58-:	1587532 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	End of	<u></u>
<u>:</u>	-	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing			
	1	Savings and temporary cash investments	13,999.	23,202.	23,202.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
	1	Less; allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons			
	7	Other notes and loans receivable			
	ļ	Less: allowance for doubtful accounts			
ħ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 5	646,861.	593,635.	593,635.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
	1	Less accumulated depreciation			
	15	Other assets (describe ►	1,341.	0.	0.
	`	`			
	16	Total assets (to be completed by all filers)	662,201.	616,837.	616,837.
	17	Accounts payable and accrued expenses	-		
	18	Grants payable			
ŵ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abil	21	Mortgages and other notes payable			
I	22		567.	727.	
	23	Total liabilities (add lines 17 through 22)	567.	727.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ç	24	Unrestricted .		· · · · · · · · · · · · · · · · · · ·	
a	25	Temporarily restricted			
Ba	26	Permanently restricted			
or Fund Balances		Foundations that do not follow SFAS 117, check here	ļ		
Ī		and complete lines 27 through 31.			
8	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	661,634.	616,110.	
Net	30	Total net assets or fund balances	661,634.	616,110.	
	1				
_	31	Total liabilities and net assets/fund balances	662,201.	616,837.	
F	art	III Analysis of Changes in Net Assets or Fund Bal	lances		
_	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 30	<u> </u>		
•		st agree with end-of-year figure reported on prior year's return)	•	1	661,634.
9	•	r amount from Part I. line 27a		2	24,245.
3		er increases not included in line 2 (itemize)	••	. 2	0.
-		lines 1, 2, and 3	-		685,879.
		reases not included in line 2 (itemize) FMV ADJUSTMENT	- NORTHERN TR	• —	69,769.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu		6	616,110.
_					Form 990-PF (2011)

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Part IV Capital Gains	and Losses for Tax on	Investmen	t Income					
	ribe the kind(s) of property sold (e rehouse; or common stock, 200 s			`P-P	v acquired urchase onation	(c) Date acq (mo., day,	ured yr.)	(d) Date sold (mo., day, yr.)
18 5,186.72 SHARE	S PIMCO FDS PAC	INVT M	GMT		P	VARIO	JS	03/10/11
b CAPITAL GAINS	DIVIDENDS							-
<u>c</u>				<u> </u>				
d								
<u>e</u>				<u> </u>				<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale	_		(h) Gain (e) plus (f)		(g)
a 50,000.			41,27	3.	_			8,727.
ь 18,104.				-+-				18,104.
c d				+		 _		
<u> </u>				+				
	g gain in column (h) and owned b	v the foundation	on 12/31/69			(I) Gains (Col.	(h) gain	minue
	(i) Adjusted basis	T	cess of col. (I)			l. (k), but not	less tha	n -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			Losses (fro	om col. ((h))
8								8,727.
<u>b</u>		-						18,104.
C								
d						· · · · · · · · · · · · · · · · · · ·		
e					_			
	(If gain, also ent	ter in Part I, line	7	7				
Capital gain net income or (net ca	prital loss) If (loss), enter	-0- in Part I, line	7		2			26,831.
Net short-term capital gain or (los	•							
If gain, also enter in Part I, line 8,	•	and (o).)				
If (loss), enter -0- in Part I, line 8				<u> </u>	<u> </u>		N/A	<u> </u>
Part V Qualification U	nder Section 4940(e) fo	or Reduced	Tax on Net	Inves	tment In	come		
For optional use by domestic private	foundations subject to the section	n 4940(a) tax or	ı net investment in	come.)				
f section 4940(d)(2) applies, leave th	nie nart hlank							
Section 4340(u)(2) applies, leave th	ns part bigns.							
Vas the foundation liable for the sect		• •	•	riod?		•		Yes X No
f "Yes," the foundation does not qual								
Enter the appropriate amount in (a)	each column for each year; see ins	structions before	making any entri					(d)
Base periód years Calendar year (or tax year beginnii			Net value of no			100	Distrit I. (b) div	bùtión ratio vided by col. (c))
2010		23,350.			<u>590,07</u>			.039572
2009		63,642.			33,30			.119336
2008		7,500.			86,44			.010926
2007		40,100.			308,42			.049603
2006		<u>52,290.</u>	<u> </u>	{	349,07	8.		.061584
								004004
Total of line 1, column (d)						2		.281021
Average distribution ratio for the !	•	al on line 2 by 5,	or by the number	of years	1			256224
the foundation has been in exister	nce if less than 5 years			•		3		.056204
								CER 020
Enter the net value of noncharitab	le-use assets for 2011 from Part >	X, line 5				4		657,038.
								26 000
Multiply line 4 by line 3		-	•			5		36,928.
								256
Enter 1% of net investment incom	1e (1% of Part I, line 2/b)					6		356.
5 10								27 204
Add lines 5 and 6	•	•				7		37,284.
Fater mode on detail to the	a Dark VIII time 4							10 015
Enter qualifying distributions from						8		10,915.
	ı line 7, check the box in Part VI, lii	ne 1b, and com	olete that part usin	g a 1% t	ax rate.			
See the Part VI instructions.								orm 990-PF (2011)
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<u>Pa</u>	nt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948	- see instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 📖 and enter "N/A" on line 1.	1	1		
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 📖 and enter 1%	1		7	<u>13.</u>
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 🔾				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	 		<u>0.</u>
-	Add lines 1 and 2	3_		<u>7</u>	<u>13.</u>
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_	 	<u> </u>	<u>13.</u>
6	Credits/Payments:				
	2011 estimated tax payments and 2010 overpayment credited to 2011		1		
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld				_
	Total credits and payments. Add lines 6a through 6d	. 7	 		<u> 0.</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	 		14.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	 	<u> </u>	<u> 27.</u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 		
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	d ▶ 11	<u> </u>		
	art VII-A Statements Regarding Activities			V	Na
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or int	ervene in	 	res	No
	any political campaign?	١٥.	_ <u>1a</u> _		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definit		. 1b_		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pl	iblished or	Ì		
	distributed by the foundation in connection with the activities				
	Did the foundation file Form 1120-POL for this year?		1c	<u> </u>	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	^			
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$	<u>0.</u>			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	1	Ì		
_	managers. ▶ \$ 0.				37
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	2		X
_	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpora	auon, or		!	₹.
4	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?		3		X
	of "Yes," has it filed a tax return on Form 990-T for this year?	· N	1/2 48	- -	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		I/A 4b 5	 	x
J	If "Yes," attach the statement required by General Instruction T	•	-3-		-47
e	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
Ü	By language in the governing instrument, or		Ì		
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the 	e state law			
	remain in the governing instrument?	10 0410 1411	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	
•	If "Yes," complete Part II, col. (c), and Part XV.	-	-*		
80	Enter the states to which the foundation reports or with which it is registered (see instructions)		}		
Ju	GA				
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation		8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) if	or calendar	-05		
-	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	·········	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	-	10		X
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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	nued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))? .	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indir	ectly,	İ	
any voter registration drive?		Y	es 🗓 No	1 1
(3) Provide a grant to an individual for travel, study, or other similar purposes	s?	Y	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es X No	1 1
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or	for		
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations	ļ	
section 53,4945 or in a current notice regarding disaster assistance (see instri		•	N/A	5ь /
Organizations relying on a current notice regarding disaster assistance check l	, , , , , , ,			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption is		ined .		
expenditure responsibility for the grant?		_ , _	es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 494		··		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay promiserio on		es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nersonal benefit contract?			Bb 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	shelter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib			_	7b
Information About Officers Directors Trust		nagers. Highly		
Part VIII Paid Employees, and Contractors				
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
H. INMAN ALLEN	TRUSTEE			
PO BOX 18979			ĺ	
ATLANTA, GA 31126	0.00	0.	0.	0.
	}	}		
	1			
]			
				
	=			
	_	ł		
Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."	·	
	(b) Title, and average hours per week		(d) Contributions to	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deterred compensation	account, other allowances
NONE		<u> </u>		
310312	†			
	1		[
		<u> </u>		
	1			
		 		-
	1			
	 	 		
	1			
Total number of other employees paid over \$50,000		1	<u>' </u>	
i o real transport of outlier embroaces hair over 400,000	·		Form	90-PF (2011)
			i viili v	• • (4011)

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P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	641,287.
	Average of monthly cash balances	1b	25,757.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	667,044.
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	667,044.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	10,006.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	_657,038.
6_	Minimum investment return. Enter 5% of line 5	6	32,852.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	32,852.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	713.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	32,139.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	32,139.
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	32,139.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		4.0.04.
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	10,915.
b	Program-related investments - total from Part IX-B	_1b	<u> </u>
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	Suntability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	10,915.
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	10,915.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies for	the section

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	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2010	2010	2011
1 Distributable amount for 2011 from Part XI, line 7				32,139.
2 Undistributed income, if any, as of the end of 2011		, ,,,		
a Enter amount for 2010 only			0.	
b Total for prior years:				
,,		0.		·····
3 Excess distributions carryover, if any, to 2011:			•	
a From 2006 10, 205.				
b From 2007 20,090.				
¢ From 2008				
d From 2009 37,121.				
e From 2010		ĺ	ĺ	
f Total of lines 3a through e	67,416.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ► \$10,915.			_	
a Applied to 2010, but not more than line 2a			0.	
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 2011 distributable amount				10,915.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	21,224.			21,224.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	46,192.			
b Prior years' undistributed income. Subtract				
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				
amount - see instructions	Ì	0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.	Ì		0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012			·	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 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	46,192.			
10 Analysis of line 9:				
a Excess from 2007 9,071.			1	
b Excess from 2008				
c Excess from 2009 37,121.				
d Excess from 2010	1	Ì	}	
e Excess from 2011				
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Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid During		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				
		}		
LZHEIMER'S ASSOCIATION	NONE	N/A	GIFT-UNRESTRICTED	
25 N. MICHIGAN AVENUE, FL. 17				
NICAGO IL 60601				215
IRST PRESBYTERIAN CHURCH	NONE	N/A	GIFT-UNRESTRICTED	
328 PEACHTREE ST NE				
TLANTA, GA 30309				2,500
EORGIA PUBLIC BROADCASTING	NONE	N/A	GIFT-UNRESTRICTED	
60 14TH STREET NW				
TLANTA, GA 30318				500
IGHLANDS CASHIERS HOSPITAL	NONE	N/A	GIFT-UNRESTRICTED	
OUNDATION				
90 HOSPITAL DRIVE				
IGHLANDS NC 28741				1,000
OVETT SCHOOL	NONE	N/A	GIFT-UNRESTRICTED	
075 PACES FERRY ROAD NW				500
TLANTA GA 30327 Total SEE	CONTINUATION SHEE	ET(S)	. ▶ 3a	500 10_915
b Approved for future payment				
1017			1	
NONE				
				·-
			 	
		<u> </u>		
Total			<u>▶ 3b</u>	m 990-PF (2011

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Part XVI-A Analysis of Income-Production	ucing Activitie	es			
Enter gross amounts unless otherwise indicated.	Unrelated I	business income		y section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
8					
b	_				
c	-				
d			 		
e	-	·	 		
· † 	-		 - -		
g Fees and contracts from government agencies	 		 		
2 Membership dues and assessments	+		+-		
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	12,249.	
5 Net rental income or (loss) from real estate:			+	12/4450	
a Debt-financed property			1 -		
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	26,831.	
9 Net income or (loss) from special events			 		
10 Gross profit or (loss) from sales of inventory	ļ <u> </u>		 		
11 Other revenue:					
a	_				
b			 		
c			 		
d	-		 - - -		
e 12 Subtotal Add columns (b), (d), and (e)	- -	0.	 	39,080.	0
13 Total. Add line 12, columns (b), (d), and (e)	L		· L	13	
(See worksheet in line 13 instructions to verify calculations.)		•		. 19	39,000
Part XVI-B Relationship of Activities		anlishment of F	yemnt Pi	Imoses	
					· · · · · · · · · · · · · · · · · · ·
Line No. Explain below how each activity for which in the foundation's exempt purposes (other that			A contributed	importantly to the accomp	dishment of
the foundation's exempt purposes (other tha	in by providing land	3 tot such purposes).			
					
			-		
				·····	
					
		. 			
	. <u></u>				
		<u> </u>			
					

123621 12-02-11

	Exempt Organ	izations				•			
1 Did the c			of the followin	g with any other organization	on described in sect	on 501(c) of	T	Yes	No
				?7, relating to political organ		(0)	1		
	s from the reporting found			·					
(1) Cas				gu			1a(1)	} }	х
	er assets			•			1a(2)		X
	insactions:		-•	•		• •	10(2)		
	es of assets to a noncharita	hla avamnt araaniza	tion				16(1)		X
• •	chases of assets from a no			•				\vdash	X
• •		-	JI Yaii izaliuli	•		•	1b(2)		X
• •	tal of facilities, equipment,		•	• •		•	1b(3)	\vdash	X
	nbursement arrangements	•	•			• •	1b(4)		
• •	ns or loan guarantees				•	•	1b(5)	-	X
	formance of services or me					• •	1b(6)	\vdash	X
	of facilities, equipment, ma						1c	لــــــــا	X
			-	dule. Column (b) should al				ets,	
				ed less than fair market vali	ie in any transaction	i or snaring arrangement, s	now in		
	(d) the value of the goods,				- //				
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(0) Description	of transfers, transactions, and	sharing an	rangeme	nts
			N/A		<u> </u>				
		<u></u>							
	<u> </u>								
				·····					
	_ <u></u> _								
		<u></u>							
_									
ın sectio	undation directly or indirec in 501(c) of the Code (othe complete the following sch (a) Name of org	r than section 501(c		<u> </u>		(a) Description of relations	Yes	X] No
		janizanuli		(b) Type of organization	 	(c) Description of relations	ıııp		
	N/A				 				
									
									
									
Sign Here	belief, it is true, correct and cor	mplete Declaration of pr		g accompanying schedules and n taxpayer) is based on all inform		r has any knowledge May retu Sho	the IRS of the with the win below	e prepare	er
	Print/Type preparer's na		Preparer's s		Date .	Check If PTIN	-		
	1 " ' '		Trichater 2.2	ynature 	1 /	self- employed			
Doid	CHRISTOPHE	K B.			11/2/2		.	420	
Paid	DAVIS		مريد		2///	, 	0546		
Preparer		SIF, AROGE	TI, &	WYNNE, L.L.	P.//	Firm's EIN ► 57-13	1575	23	
Use Only					1000	<u> </u>			
	Į.			RKWAY, SUITE	1000				_
	AT	<u>'LANTA, GA</u>	30328			Phone no. 404 – 8			
						Fo	rm 990	-PF	2011\

FORM 990-PF DIVIDENT	OS AND INTER	REST FROM SECT	JRITIES	STATEMENT 1
SOURCE	GROSS		PITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
DIVIDENDS - NORTHERN TRUST		30,353.	18,104.	12,249.
TOTAL TO FM 990-PF, PART I, I	.N 4	30,353.	18,104.	12,249.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS			
TO FORM 990-PF, PG 1, LN 16B	1,975. 1,975.		-	0. 0.
-				
FORM 990-PF	KAT	ŒS 		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS			
IRS FOREIGN TAXES	713. 438. 14.	438	•	0. 0. 0. 0.
TO FORM 990-PF, PG 1, LN 18 =	1,165.	438	•	0. 0.
FORM 990-PF	OTHER E	EXPENSES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
INVESTMENT FEES LICENSE FEE	730. 50.			0. 0.
TO FORM 990-PF, PG 1, LN 23	780.	780	•	0. 0.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor MOREHEAD CAIN SCHOLARSHIP FOUNDATION NONE N/A GIFT-UNRESTRICTED P.O. BOX 690 1,000. CHAPEL HILL NC 27514 TRINITY SCHOOL NONE N/A GIFT-UNRESTRICTED 4301 NORTHSIDE PARKWAY ATLANTA GA 30327 1,000, NONE N/A GIFT-UNRESTRICTED WESTMINSTER SCHOOLS 1424 WEST PACES FERRY ROAD NW 1,250. ATLANTA GA 30327 WOODRUFF ARTS CENTER NONE N/A GIFT-UNRESTRICTED 1280 PEACHTREE STREET NE 1,000. ATLANTA GA 30309 BERRY COLLEGE NONE N/A GIFT-UNRESTRICTED 2277 MARTHA BERRY HWY NW MOUNT BERRY, GA 30149 1,000. FORWARD ARTS FOUNDATION NONE N/A GIFT-UNRESTRICTED 3130 SLATON DRIVE NORTHWEST 450, ATLANTA GA 30305 HIGHLANDS COMMUNITY CHILD DEVELOPMENT GIFT-UNRESTRICTED N/A 89 CHURCH STREET HIGHLANDS NC 28741 500. Total from continuation sheets 6 200.

The Inman Foundation 1/1/2011 to 12/31/2011 Schedule of Average Fair Market Value

SECURITIES	N Trust AVG Securities	646,861.21	650,972.98 648,917.10	668,495.02 659,734.00	662,536.02 665,515.52	687,328.79 674,932.41	675,244.00 681,286.40	663,303.74 669,273.87	657,074.95 660,189.35	621,522.37 639,298.66	558,289.18 589,905.78	618,647.92 588,468.55	611,782.92 615,215.42	593.634.90 602.708.91
	AVG Cash		14,757.37	15,569.06	21,989.41	28,294.22	28,308.04	29,071.45	29,845.77	29,514.72	29,583.29	30,138.45	27,755.90	24,253.27
CASH	N Trust	13,361.42	637.78 14,877.76	587.78 15,034.80	27,768.46	287.78 27,944.42	28,096.09	287.78 29,471.25	1,287.78 28,644.72	287.78 28,809.16	137.78 29,931.85	30,069.48	95.78 25,208.76	8,130.78 15,071.21
	N Trust	637.78	637.78	587.78	587.78	287.78	287.78	287.78	1,287.78	287.78	137.78	137.78	95.78	8,130.78
		2010	2011	2011	2011	2011	2011	2011	2011	2011	2011	2011	2011	2011
		December	January	February	March	April	May	June	July	August	September	October	November	December

641,287.16 Average monthly securitie: \$ Average monthly cash \$ 25,756.74

FORM 990-PF	CORPORATE STOCK		STATEMENT 5
			/
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
SECURITIES	- -	593,635.	593,635.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	593,635.	593,635.
FORM 990-PF	OTHER LIABILITIES		STATEMENT 6
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DESCRIPTIONFEDERAL TAX LIABILITY	-	BOY AMOUNT	EOY AMOUNT

Form 8868 (Rev. 1-2012)					Page 2		
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this	box		. > X		
Note. Only complete Part II if you have already been granted an a				n 8868.			
If you are filing for an Automatic 3-Month Extension, complete							
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no	copies ne	eded).		
		Enter filer's	identify	ing number	, see instructions		
Type or Name of exempt organization or other filer, see instru	e or Name of exempt organization or other filer, see instructions				mployer identification number (EIN) or		
print							
File by the THE INMAN FOUNDATION	by the THE INMAN FOUNDATION				<u>587532</u>		
e date for Number, street, and room or suite no. If a P O box, see instructions.				Social security number (SSN)			
tum See P.O. BOX 18979							
City, town or post office, state, and ZIP code. For a for ATLANTA, GA 31126	oreign add	dress, see instructions.					
Enter the Datum and for the value that the parties of the		to application for each return)			0 4		
Enter the Return code for the return that this application is for (file	e a separa	tte application for each return)	-		. [0]4		
Application	Return	Application			Return		
Is For	Code	Is For			Code		
Form 990	01						
Form 990-BL	02	Form 1041-A			08		
Form 990-EZ	01	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 granted	an autor	<u>natic 3-month extension on a previ</u>	ously fi	ed Form 88	68		
H. INMAN ALLEN							
• The books are in the care of ▶ PO BOX 18979 -	ATLA						
Telephone No. ► 404-365-8215		FAX No. >			, —		
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	i	\					
box . If it is for part of the group, check this box		ach a list with the names and EINs of	all mem	bers the ext	ension is for		
	NOVEM.	BER 15, 2012.	_				
5 For calendar year 2011, or other tax year beginning		, and ending					
6 If the tax year entered in line 5 is for less than 12 months, c Change in accounting period	neck reas	on: Initial return	Finai	retum			
· · · · · · · · · · · · · · · · · · ·	תשם	O FILE A COMPLETE	AND	CCITRA	ኮፑ ጥልሃ		
ADDITIONAL INFORMATION IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.							
TEL COLUTT							
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax, less any		'			
nonrefundable credits. See instructions				s	0.		
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 allowed as a credit and any amount paid							
previously with Form 8868.		, .	8b	s	0.		
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using							
EFTPS (Electronic Federal Tax Payment System) See instru	uctions		8c	\$	0.		
		st be completed for Part II o	nly.		<u> </u>		
Under penalties of perjury, I declare that I have examined this form, includ it is true, correct, and complete, and that I am authorized to prepare this fo	ing accomp orm.	panying schedules and statements, and to	the best	of my knowle	dge and belief,		
Signature ▶	CPA		Dat	e ►			
					8868 (Rev 1-2012)		

123842 01-06-12

Form 88	68 (Rev. 1-2012)					Page 2		
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	s box		ightharpoons		
	nly complete Part II if you have already been granted an a				8868.			
If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1)					
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no c	opies nee	eded).		
			Enter filer's	identifyir	g number,	see instructions		
Type or						ployer identification number (EIN) or		
print	, ,							
File by the	WITH TIMENY POURDAMENY					X 58-1587532		
due date fo	due date for Number street and room or suite no. If a P.O. box see instructions.				cial security number (SSN)			
filing your return See	ing your by a past 19070							
nstruction		oreign add	Iress, see instructions.					
	ATLANTA, GA 31126	-						
Enter th	e Return code for the return that this application is for (file	a senara	te application for each return)			0 4		
	o riotain oodo for the rotain that the application is for the	o a oopala	to application to such rotally	٠		[<u>U -</u>]		
– Applica	tion	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99		01	13101					
Form 99		02	Form 1041-A			08		
Form 99		01	Form 4720			09		
Form 99		04	Form 5227			10		
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
		06	Form 8870			12		
	0-T (trust other than above)				d F 000			
SIUPIL	Oo not complete Part II if you were not already granted H. INMAN ALLEN	i an <u>a</u> uton	nauc 3-month extension on a prev	iously me	u FOIII 660	<u> </u>		
.		אתר או	NTM 2 21126					
	books are in the care of ► PO BOX 18979 -	ATLA						
	whone No. ► 404-365-8215		FAX No.					
	organization does not have an office or place of business					P L		
_	is for a Group Return, enter the organization's four digit	-	· · · · · · · · · · · · · · · · · · ·		-			
box 🕨	. If it is for part of the group, check this box		ich a list with the names and EINs of	all memb	ers the exte	nsion is for.		
	· · · · · · · · · · · · · · · · · · ·	NOVEM.	BER 15, 2012					
	or calendar year 2011 , or other tax year beginning $_$, and endin					
6 If	the tax year entered in line 5 is for less than 12 months, c	heck reas	on· Initial return	Fınal r	eturn			
L	Change in accounting period							
	ate in detail why you need the extension							
	DDITIONAL INFORMATION IS NEED	DED T	O FILE A COMPLETE	AND A	CCURAT	E TAX		
<u>R</u>	ETURN.							
								
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any	i		_		
_	onrefundable credits. See instructions			8a_	\$	0.		
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated					
ta	x payments made. Include any prior year overpayment al	lowed as a	a credit and any amount paid					
previously with Form 8868.						0.		
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using								
E	TPS (Electronic Federal Tax Payment System) See instr			8c	\$	0.		
	Signature and Verificat	ion mus	st be completed for Part II o	only.				
	naities of perjury, I declare that I have examined this form, includ		panying schedules and statements, and to	the best o	f my knowled	ge and belief,		
it is true,	correct, and complete, and that I am authorized to prepare this fo	orm.						
Signature	Title ▶	CPA		Date	•			