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2009 Georgia Stoms

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

For	For calendar year 2008, or tax year beginning , and ending						
G	heck	all that apply: Initial ret	urn	Final return	Amended return	Address change	Name change
Use	the	IRS Name of foundation				A Employer identification	
	abel	.					
Oth		se, THE FRANK FAM				58-2082981	·
_	print			•	Room/suite	B Telephone number	
	r type Spe	OF CREDIT VAL		E, NW		404 255-71	.12
	ructio	ons City or town, state, and ZIP				C if exemption application is p	<u> </u>
		ATLANTA, GA	30327			D 1. Foreign organizations	s, check here
H (_	• •	· ;	kempt private foundation		Foreign organizations me check here and attach co	imputation
بـــ		ction 4947(a)(1) nonexempt char		Other taxable private found		E If private foundation sta	
		rket value of all assets at end of y		•	L Accrual	under section 507(b)(1)	(A), check here
(fr		Part II, col (c), line 16)		ther (specify) imn (d) must be on cash	hacie l	F If the foundation is in a (
	rt I			T		under section 507(b)(1)	(d) Disbursements
	IT L I	(The total of amounts in columns (b), necessarily equal the amounts in columns	(c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc.,		4,050.			
	2	Check If the foundation is not required	quired to attach Sch B				
	3	Interest on savings and temporary cash investments		05 400	05 405		CM3 mp: 1
	4	Dividends and interest from secu	irities	95,402.	95,402.	ļ	STATEMENT 1
		Gross rents					
	_	Net rental income or (loss)					
ë		Net gain or (loss) from sale of assets no Gross sales price for all	ot on line 10				****
Revenue	b 7	assets on line 6a Capital gain net income (from Part IV, li	0		0.	DE DE	2 2 7009
æ	7 8	Net short-term capital gain	ine 2)				2 2 2003
	۵	Income modifications			ļ	6113	
	10a	Gross sales less returns				1773	
		Less Cost of goods sold).
i		Gross profit or (loss)			\		
	11	Other income					
	12	Total. Add lines 1 through 11		99,452.	95,402.	0.	
	13	Compensation of officers, directors, tru	ustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wag	jes				
	15	Pension plans, employee benefits	S				
Se	16a	Legal fees					
Expenses		Accounting fees	-				
		Other professional fees					
tive	17	Interest	amer o	18.		0.	0.
Operating and Administrative	18	Taxes	STMT 2	1,904.	0.	0.	0.
ij	19	Depreciation and depletion					
mb	20	Occupancy					
₹ Pi	21	Travel, conferences, and meeting	js	 			
gar	22 23	Printing and publications Other expenses	STMT 3	230.	230.	0.	0.
ţi	23	Total operating and administral		250.	250.		
era	24	expenses. Add lines 13 through		2,152.	248.	0.	0.
Ö	25	Contributions, gifts, grants paid	20	92,128.	220.	-	92,128.
	26	Total expenses and disburseme	ents.				==,===
		Add lines 24 and 25		94,280.	248.	0.	92,128.
_	27	Subtract line 26 from line 12:					
		Excess of revenue over expenses and	disbursements	5,172.			
		Net investment income (if negative			95,154.		
	C	Adjusted net income (if negative, e	enter -0-)			0.	
		LHA For Privacy Act and Pan	erwork Reduction	Act Notice see the instru	tions		Form 990-PF (2008)

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	art	Balance Sheets Attached schedules and amounts in the description column should be for end of wear amounts only	Beginning of year	End o	f year
L	arı	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing		1,015.	1,015.
	2	Savings and temporary cash investments			
	3	Accounts receivable >			
		Less: allowance for doubtful accounts	• •	7	
	4	Pledges receivable		-	•
		Less: allowance for doubtful accounts ▶		*** ** *	- ^ - H
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	}	Less: allowance for doubtful accounts	-	M	w * n
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	304.		
Ą	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock STMT 4	55,323.	59,373.	2,676,027.
	l c	Investments - corporate bonds			
	11	Investments - land buildings and equipment basis		. >	·
		Less accumulated deprecurion	, -	, ,	~ -
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			-
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers)	55,627.	60,388.	2,677,042.
_	17	Accounts payable and accrued expenses		-	
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees and other disqualified persons			
abi	21	Mortgages and other notes payable			
Ξ	22	Other liabilities (describe STATEMENT 5)	9,773.	9,362.	
					,
_	23	Total liabilities (add lines 17 through 22)	9,773.	9,362.	,
		Foundations that follow SFAS 117, check here			1
40		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			,
lan	25	Temporarily restricted			•
Fund Balar	26	Permanently restricted			
멑		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
Si	27	Capital stock, trust principal, or current funds	0.	0.	
se(28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or	29	Retained earnings, accumulated income, endowment, or other funds	45,854.	51,026.	
Š	30	Total net assets or fund balances	45,854.	51,026.	
	31	Total liabilities and net assets/fund balances	55,627.	60,388.	<u> </u>
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
7	Total	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)	00		45,854.
2	•	r amount from Part I, line 27a		2	5,172.
2		r increases not included in line 2 (itemize)		3	0.
ى A		lines 1, 2, and 3		4	51,026.
5		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	51,026.
<u> </u>		Talling of the control of your tank a mine of Talling of	Constitution of	1 0	Form QQO-PF (2008)

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	and Losses for Tax on Ir		t Income	1763				
(a) List and descr 2-story brick wa	tibe the kind(s) of property sold (e.g rehouse; or common stock, 200 sh	., real estate, s. MLC Co.)		ľΡ	How acquired - Purchase - Donation	(c) Date (mo , c	acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a								
b NOI	NE			L				
С				<u> </u>				
<u>d</u>				—		_	-	
_e	40.5			<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		· · · · · · · · · · · · · · · · · · ·		Sain or (loss s (f) minus	
_a								
b					<u>. </u>			
<u>c</u>				\dashv				
d							_	
Complete only for assets showing	g gain in column (h) and owned by	the foundation	on 12/21/60	-		N Cours (6	201 (5)	
Complete only for assets showing							Col. (h) gain not less tha	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			Losses	(from col. (h))
a								
b				\dashv	<u> </u>			
<u>c</u>								
<u>d</u>								
e				-				
2 Capital gain net income or (net cap	oital loss) $\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases}$	r in Part I, line - in Part I, line	7 7	}	2	·		
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) ar	ıd (6):						
If gain, also enter in Part I, line 8, o		. ,)				
If (loss), enter -0- in Part I, line 8					3			
	nder Section 4940(e) for					ome	-	
(For optional use by domestic private	foundations subject to the section 4	4940(a) tax on	net investment in	come	2.)			
If section 4940(d)(2) applies, leave th	is part blank.							
	·							
Was the foundation liable for the secti			•	10d?				Yes X No
If "Yes," the foundation does not qualit	ach column for each year; see instri							_
(a)	(b)	delions belore	making any entire			т—		(d)
Base periód years Calendar year (or tax year beginnin		tributions	Net value of no	(c) nchai	rtable-use assets		Distrit	(6) pution ratio rided by col. (c))
2007	9 111)	5,082.			,773,306		(col. (b) div	.083503
2006		$\frac{3,002}{2,720}$.			,003,493			.094130
2005		$\frac{2,7200}{0,978}$,342,944			.055903
2004		9,077.	· ·		,463,752			.060508
2003		1,191.			,103,151			.043359
		<u> </u>			<u></u>	\top		
2 Total of line 1, column (d)						2	[.337403
3 Average distribution ratio for the 5	-year base period - divide the total (on line 2 by 5,	or by the number	of ye	ars			
the foundation has been in existen	ce if less than 5 years					3		.067481
4 Enter the net value of noncharitable	e-use assets for 2008 from Part X,	lıne 5				4	ł	3,524,344.
5 Multiply line 4 by line 3						5	1	237,826.
								_
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6		952.
7 Add lines 5 and 6						7	<u> </u>	238,778.
8 Enter qualifying distributions from	Part XII line A							92,128.
	·	41 1	las above		W 4	8	L	36,140.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	lete that part using	g a 19	% tax rate.			

Form 990-PF (2008) THE FRANK FAMILY FOUNDATION, INC. 58-2082 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	981		Page 4
	istru	CLIO	nsj
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)	-	1 0	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		<u> 1,9</u>	03.
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-)		4 0	0.
3 Add lines 1 and 2		1,9	03.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		<u>1,9</u>	03.
6 Credits/Payments:			
a 2008 estimated tax payments and 2007 overpayment credited to 2008 6a 760.			
b Exempt foreign organizations - tax withheld at source			
c Tax paid with application for extension of time to file (Form 8868)			
d Backup withholding erroneously withheld 6d 6d			
7 Total credits and payments. Add lines 6a through 6d		7	60.
8 Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached 8			1.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1,1	44.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be: Credited to 2009 estimated tax			
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	ļ	Yes	No
any political campaign?	1a		Х
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
distributed by the foundation in connection with the activities			
c Did the foundation file Form 1120-POL for this year?	1c		x
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	<u>'' </u>		<u> </u>
(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
managers. ▶ \$ 0.	_		٠,,
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	_2	-	X
If "Yes," attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		L
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
If "Yes," attach the statement required by General Instruction T.			l .
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			·
By language in the governing instrument, or			
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	_		
remain in the governing instrument?	6	X	<u></u>
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.			
8a Enter the states to which the foundation reports or with which it is registered (see instructions)			
GA	- 1		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	- 1		
of each state as required by General Instruction G? If "No," attach explanation	8ь	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		х
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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had not been removed from jeopardy before the first day of the tax year beginning in 2008?

orm 990-PF (2008) THE FRANK FAMILY FOUNDAT			58-20829	81 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)) ?	Y	es 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		C==		
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es 🗶 No	<u> </u>	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
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 unc		in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	_
Organizations relying on a current notice regarding disaster assistance check h			▶□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		. —			
expenditure responsibility for the grant?		I/A Y	es L No		
If "Yes," attach the statement required by Regulations section 53 4945	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	—	[32]		
a personal benefit contract?		Y ₁	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		F	6b X	_
If you answered "Yes" to 6b, also file Form 8870.			□		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y(es X No		
b If yes, did the foundation receive any proceeds or have any net income attributed. Book VIII Information About Officers, Directors, Trust		nogom Highl	N/A	7b	_
Part VIII Paid Employees, and Contractors	ees, roundation Ma	magers, migni	y		
1 List all officers, directors, trustees, foundation managers and their	compensation.				-
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense	_
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation	account, other allowances	r
		, , , , , , , , , , , , , , , , , , , ,			_
		}			
SEE STATEMENT 6		0.	0.	0.	
					_
				Í	
					_
		'			
			:		
2 Compensation of five highest-paid employees (other than those inc	luded on line 4). If none	COLOR HAIONE H	L	<u> </u>	_
Compensation of live highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Expense	_
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	account, other	r
NONE	devoted to position		compensation	allowalices	_
NONE					
				 	-
					-
				ł	
		1		1	_
					_
Fotal number of other employees paid over \$50,000		·. <u></u>	>		0
	- -		Form	990-PF (2008))

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Total. Add lines 1 through 3

All other program-related investments. See instructions.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	ns, see 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	3,578,014.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,578,014.
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	3,578,014.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	53,670.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,524,344.
6	Minimum investment return. Enter 5% of line 5	6	176,217.
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 certa	
1	Minimum investment return from Part X, line 6	1	176,217.
2a	Tax on investment income for 2008 from Part VI, line 5 2a 1,903.		· · · · · ·
b	Income tax for 2008. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,903.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	174,314.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	174,314.
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	174,314.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	.	00 100
a	1 7 7	1a	92,128.
D	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:	_ 1	
a	Suitability test (prior IRS approval required)	3a	
ь	Cash distribution test (attach the required schedule)	3b	00 100
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	92,128.
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	92,128.
	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) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,				
line 7		·		174,314.
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only			0	
b Total for prior years:				
, , , , , , , , , , , , , , , , , , ,		0.		
3 Excess distributions carryover, if any, to 2008:	,			
a From 2003 b From 2004 27,597.				
45 645		,		
404 = 00				
405 005				
	305,852.			,
f Total of lines 3a through e	303,632.			
4 Qualifying distributions for 2008 from Part XII, line 4: ▶\$ 92,128.		.2 (2)		
		*	~ 0.	*
a Applied to 2007, but not more than line 2a		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u></u>		
c Treated as distributions out of corpus	0.		1	
(Election required - see instructions)	<u> </u>			92,128.
d Applied to 2008 distributable amount	0.			92,120.
e Remaining amount distributed out of corpus	82,186.			82,186.
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a))	82,180.			02,100.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	223,666.			
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		0.		
e Undistributed income for 2007. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2009				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 2003				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009.			İ	
Subtract lines 7 and 8 from line 6a	223,666.			
10 Analysis of line 9:				
a Excess from 2004				
b Excess from 2005				
c Excess from 2006 95,731.	İ			
d Excess from 2007 127,935.				
e Excess from 2008	ł	i		

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3 Grants and Contributions Paid During	the Year or Approved for Future	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 recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
CASH CONTRIBUTIONS - SE SCHEDULE ATTACHED	EE NONE	N/A	UNRESTRICTED	92,128
				:
Total			▶ 3a	92,128.
b Approved for future payment				
NONE				
NONE				
				1
				1
Total		<u> </u>	<u> </u>	0.
10tal 823611 01-02-09				orm 990-PF (2008)

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
_	(a) Business	(b)	Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
c					
d	l l				
е					
f					
g Fees and contracts from government agencies			Ĭ		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			<u>.l</u>		
4 Dividends and interest from securities			14	95,402.	
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			<u> </u>		
7 Other investment income					
8 Gain or (loss) from sales of assets other			7		
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			<u> </u>		
11 Other revenue:					
8					
h	1 1	1			
b					
b					
c					
C					
c		0		95,402.	0
c d e 12 Subtotal. Add columns (b), (d), and (e)		0	•	95,402.	0 95,402
c	5.)	'	•	· · · · · · · · · · · · · · · · · · ·	
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations		-		13	
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie	es to the Acc	omplishment of E	xemp	13	95,402
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	es to the Acco	omplishment of E	xemp	13	95,402
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie	es to the Acco	omplishment of E	xemp	13	95,402
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	es to the Acco	omplishment of E	xemp	13	95,402
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	es to the Acco	omplishment of E	xemp	13	95,402
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	es to the Acco	omplishment of E	xemp	13	95,402
c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	es to the Acco	omplishment of E	xemp	13	95,402
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c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	es to the Acco	omplishment of E	xemp	13	95,402
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	es to the Acco	omplishment of E	xemp	13	95,402
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	es to the Acco	omplishment of E	xemp	13	95,402
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c d e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	es to the Acco	omplishment of E	xemp	13	95,402
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	es to the Acco	omplishment of E	xemp	13	95,402
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	es to the Acco	omplishment of E	xemp	13	95,402
c d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which in	es to the Acco	omplishment of E	xemp	13	95,402
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Form 990-PF (2008) THE FRANK FAMILY FOUNDATION, INC. 58-2082981 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a)Line no (d) Description of transfers, transactions, and sharing arrangements N/A

2a	Is the	foundation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organiz	ations described	-	
	ın sec	tion 501(c) of the Code (other	than section 501(c	c)(3)) or in sect	ion 527?		Yes	X
b	If "Yes	s," complete the following sch	edule.					
		(a) Name of org	anization		(b) Type of organization	((c) Description of relationship	
		N/A						
								*
\neg	Harden -	and the state of t						

	Under p	benaities of perjury, i decrare that i have examined this return, including accompanying	g scriedules and stat	ements, a	na to the be	st of my knowleage a	ina bellet, it is true, correct,
	and con	inplete. Declaration of preparer (other than taxpayer or fiduciary) is based on all inform	nation of which prepa	rer has an	v knowledae	•	
e	N _	Jaes Frank	12/14/09	<u>_</u>	Sus		renders
히	Si	gnature of officer or trustee	Da je /		Title	//	
Sign H	d er's inly	Preparer's signature		Date ノン		Check if self- employed ► [Preparer's identifying number
	e a a	Firm's name (or yours HABIF, AROGETI, & WYNN	E, L.L.	P. /	7-)-	EIN ►	
	re Us	if self-employed). FIVE CONCOURSE PARKWAY	, SUITE	1000)		
		address, and ZIP code ATLANTA, GEORGIA 30328				Phone_no.	

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Employer identification number Name of the organization THE FRANK FAMILY FOUNDATION, 58-2082981 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

823451 12-18-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Employer identification number

THE F	RANK FAMILY FOUNDATION, INC.	58	<u>8-2082981</u>
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LARRY FRANK 920 CREST VALLEY DRIVE, NW ATLANTA, GA 30327	\$\$83,070.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
823452 12-1	8-08	Schedule B (Form	990, 990-EZ, or 990-PF) (2008)

Employer identification number

THE FRANK FAMILY FOUNDATION, INC.

58-2082981

	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	9,000 SHS SARA LEE STOCK	_	
		\$\$83,070.	12/10/08
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

FORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECUF	RITIES	STATEMENT	1
SOURCE	CAPITAL GAINS GROSS AMOUNT DIVIDENDS				COLUMN (A) AMOUNT		
CHARLES SCHWAB	_		15. 95,387.		0.	95,	15. 387.
TOTAL TO FM 990-PF, PART I,	LN 4 =		95,402.		0.	95,	402.
FORM 990-PF		TAX	ES			STATEMENT	. 2
DESCRIPTION	(A EXPEN PER B		(B) NET INVI MENT INC		(C) ADJUSTEI NET INCOM		ABLE
IRS	1	,904.		0.		0.	0.
TO FORM 990-PF, PG 1, LN 18	1	,904.		0.		0.	0.
FORM 990-PF	OT	HER E	XPENSES			STATEMENT	. 3
DESCRIPTION	(A EXPEN PER B		(B) NET INVI MENT INC		(C) ADJUSTEI NET INCOM		ABLE
BANK SERVICE CHARGE GA SEC OF STATE		200.		200.		0.	0.
TO FORM 990-PF, PG 1, LN 23	=	230.		230.		0.	0.
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	COR		E STOCK	230.		STATEMENT	
	COR		E STOCK		OK VALUE		· 4
FORM 990-PF	COR		E STOCK		OK VALUE 59,373.	STATEMENT	· 4

FORM 990-PF	OTHER LIABILITIES	STAT	STATEMENT 5		
DESCRIPTION		BOY AMOUN	r EOY	EOY AMOUNT	
CASH OVERDRAFT FEDERAL TAX LIABILITY		9,77	73.	8,218. 1,144.	
TOTAL TO FORM 990-PF, PART II,	PAL TO FORM 990-PF, PART II, LINE 22		73.	9,362.	
	LIST OF OFFICERS, D AND FOUNDATION MANA		STAT	EMENT 6	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB		
LOIS FRANK 920 CREST VALLEY DR., NW ATLANTA, GA 30327	PRESIDENT 0.00	0.	0.	0.	
LARRY FRANK 920 CREST VALLEY DR., NW ATLANTA, GA 30327	CHMN BOARD 0.00	0.	0.	0.	
ISAAC FRANK 920 CREST VALLEY DR., NW ATLANTA, GA 30327	DIRECTOR 0.00	0.	0.	0.	
M JOSHUA FRANK 920 CREST VALLEY DR., NW ATLANTA, GA 30327	TREASURER 0.00	0.	0.	0.	
ADAM FRANK 920 CREST VALLEY DR., NW ATLANTA, GA 30327	SECRETARY 0.00	0.	0.	0.	
AARON FRANK 920 CREST VALLEY DR., NW ATLANTA, GA 30327	DIRECTOR 0.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0.	

The Frank Family Foundation, Inc Schedule of Average Fair Market Value FYE 12/31/2008

		U	BS Financial	Char	les Schwab	
		Cas	h & Securities	Cash	& Securities	Average
December	2007	\$	4,373,783.05	\$	1,000.00	
January	2008		3,877,250.71		1,001.25	\$ 4,126,517 51
February	2008		3,605,133.40		1,002.50	3,742,193.93
March	2008		3,926,548.08		1,003.75	3,766,843.87
April	2008		4,186,229.00		1,005.00	4,057,392.92
May	2008		3,960,971.53		1,006.25	4,074,605.89
June	2008		3,471,405.17		1,007.50	3,717,195.23
July	2008		3,715,002.00		1,008.75	3,594,211.71
August	2008		3,710,030.84		1,010.00	3,713,525.80
September	2008		3,458,184.16		1,011.25	3,585,118.13
October	2008		3,030,216.64		1,012.50	3,245,212.28
November	2008		2,458,198.91		1,013.75	2,745,220.90
December	2008		2,676,026.95		1,015.01	2,568,127.31
						42,936,165.45
				AVG N	Monthly FMV	\$ 3,578,013.79

The Frank Family Foundation FYE 12/31/2007

Contributions Paid to Public Charities During the Year

Organization	Amount	-
HILLEL IEWISH STUDENT CTR	100 00	
JLWISH NATIONAL FUND ARAVAH	7,500 00	
EPSTEIN SCHOOL	500 00	
ASSOCIATION OF REFORM I-LORISTS	100 00	
VANDERBILT	1,000 00	
MORESHED CONGREGATION	5,200 00	
NTAF	1,250 00	
KOLLEL ASK	00 000, 0	
AMIT	1,000 00	
AA SYNAGOGUE	250 00	
ICPA	5,000 00	
AJC	5,000 00	
L'AB DEPT OF NEOROLOGY	1,000 00	
JACOB ROTHSCHILD FUND	500 00	
LUISTRONG PHILLY 08	1,000 00	
CONGREGATION B'NAI TORAH	1,757 71	
MARCUS HILLEL CTR	250 00	
HAZON	100 00	
AIDS WALK SAN FRAN	180 00	
AMERICAN MIKLAT COMM	250 00	
AA SYNAGOGUE	1,935 00	
NATIONAL TRANSPLANT ASSISTANCE	1,250 00	
ROLAND INGRAM HONORARY	50 00	
ISRAEL SPORTS CENTER	15,000 00	
SAF DARFAR	100 00	
ALPI FEDERATION	250 00	
BRFMAN MUSEUM	250 00	
AISH FOUNDATION	1,000 00	
JCPA	10,000 00	
AJC	10,000 00	
MAZON	1,000 00	
JEWISH NATIONAL FUND	1,000 00	
MASORTI FOUNDATION	2,315 00	
KBY CONGREGATION TOGETHER	180 00	
IDOL GIVES BACK FOUNDATION	500 00	
KBY CONGREGATION TOGETHER	3,000 00	
CONGREGATION BETH JACOB	360 00	**
LEV RAMOT	10,000 00	**
IKAR	1,000 00	**

Total Contributions \$ 92,127.71

^{**}Checks written in 2008, cleared in 2009

torm 8868	(Rev. 4-2009)			Page 2
 If you ar 	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	x		► X
•	complete Part II if you have already been granted an automatic 3 month extension on a previously filed		8868.	
	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1)			
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	opies i	needed).	
Type or	Name of Exempt Organization	Emp	foyer ident	ification number
print	THE FRANK FAMILY FOUNDATION, INC.	5	8-2082	2981
Ede by the extended the date for the state for the state for the extended the exten	Number, street, and room or suite no. If a P.O. box, see instructions. 920 CREST VALLEY DRIVE, NW	For I	RS use only	,
rian See	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA GA 30327			
Form	ne of return to be filed (File a separate application for each return): n 990	===	orm 5227 orm 6069	Form 8870
STOPI Do	not complete Part II if you were not already granted an automatic 3-month extension on a previou	sty file	d Form 88	68.
Telepho If the or If this is box	LOIS FRANK oks are in the care of > 920 CREST VALLEY ATLANTA, GA - ATLANTA one No > 404 255-7112 rganization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach a list with the names and EINs of all livest an additional 3-month extension of time until NOVEMBER 15, 2009.	ıs ıs fo	r the whole	group, check this
•	calendar year 2008, or other tax year beginning, and ending			
	s tax year is for less than 12 months, check reason: Initial return Final return		Change in a	accounting period
ADI	e in detail why you need the extension	TD A	CCURA	TE TAX
8a if this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
nonn	efundable credits. See instructions.	8a	\$	0.
b if this	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
tax p	payments made. Include any prior year overpayment allowed as a credit and any amount paid	<u></u>		
prev	viously with Form 8868	8b	\$	304.
c Bala	ince Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit			
with	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.
	Signature and Verification			
Under penal it is true, cor	ilies of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the rect, and complete, and that I am authorized to prepare this form.	best o	f my knowled	ige and belief,
Signature	Title CPA	Cate	·	14/09
			Form	(Rev 4-2009)