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Form **990-PF**

Department of the Treas

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

JUL 1, 2008 For calendar year 2008, or tax year beginning JUN 30. , and ending X Final return Amended return G Check all that apply ___ Initial return Address change Name of foundation A Employer identification number Use the IRS THE LYNNE AND HOWARD HALPERN label. Otherwise, FAMILY FOUNDATION INC 58-2502288 print Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number or type. 1440 SPRING STREET, NW 404-873-1661 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. ATLANTA, GA 30309-2832 D 1. Foreign organizations, check here Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated X Accrual under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Other (specify) (from Part II, col (c), line 16) If the foundation is in a 60-month termination 137, 214. (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (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)) expenses per books income income (cash basis only) N/A Contributions, gifts, grants, etc., received MAX 2 Check X if the foundation is not required to attach Sch B 3 Interest on savings and temporary cash investments 3,251. 3,251. STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) <167,412. STATEMENT 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 430,604. 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income <164,161. 3,251 12 Total. Add lines 1 through 11 0. 0. 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legalfees b Accounting fees Š c Other protessional fees MAY 17 2010 17 Interest Š 18 Taxes 19 Deprediation and depletion 20 Occupancy UULLE 21 Travel, conferences, and meetings 22 Printing and publications 28,039. 25,418. 0. STMT 3 23 Other expenses 24 Total operating and administrative 28,039 25,418 expenses. Add lines 13 through 23 284,116. 284,116. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 312,155. 25,418 284,116. Add lines 24 and 25 27 Subtract line 26 from line 12: <476,316. 2 Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-) LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Form 990-PF (2008)

823501 01-02-09

THE LYNNE AND HOWARD HALPERN

Form 990-PF (2008) FAMILY FOUNDATION INC

Par	Balance Sheets Attached schedules and amounts in the description	beginning or year	E110 0	i yeai
Par	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments			
- 1	Accounts receivable >			
	Less: allowance for doubtful accounts ▶	1		
⊿	Pledges receivable			
	Less: allowance for doubtful accounts	1		
ء ا	Grants receivable			
1 -	Receivables due from officers, directors, trustees, and other			
°				
_	disqualified persons			
'	Other notes and loans receivable			
	Less: allowance for doubtful accounts			
ਨ ।	Inventories for sale or use			
š 9	Prepaid expenses and deferred charges			
10	a Investments - U.S. and state government obligations		100 011	400.044
	b Investments - corporate stock STMT 4	614,349.	137,214.	137,214.
	c Investments - corporate bonds			
11	tovestments - land, buildings, and equipment, basis			
1	Less accumulated depreciation			
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)	614,349.	137,214.	137,214.
17	Accounts payable and accrued expenses			, , , , , , , , , , , , , , , , , , , ,
18	Grants payable			
1.1	· ·			
20	Loans from officers, directors, trustees, and other disqualified persons			
19 20 21				
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Other liabilities (describe)			
")			
23	Total liabilities (add lines 17 through 22)	0.	0.	
1-0	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.		ļ	
24	Unrestricted	614,349.	137,214.	
2 24	Temporarily restricted	0.4.4.5.4.6	101,4140	
ğ 20	Permanently restricted			
26		<u> </u>		
<u> </u>	Foundations that do not follow SFAS 117, check here			
5	and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg., and equipment fund			
24 25 26 27 28 29 30	Retained earnings, accumulated income, endowment, or other funds		127 014	
30	Total net assets or fund balances	614,349.	137,214.	
		64. 545	105 011	
31	Total liabilities and net assets/fund balances	614,349.	137,214.	
Part	Analysis of Changes in Net Assets or Fund Ba	alances		
				<u> </u>
	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		614 240
	st agree with end-of-year figure reported on prior year's return)		1	614,349.
Ente	r amount from Part I, line 27a		2	<476,316.
	r increases not included in line 2 (itemize)		3	0.
	lines 1, 2, and 3		4	138,033.
Decr	eases not included in line 2 (itemize) UNREALIZED LOSS	SES ON INVESTM	ENTS 5	819.
Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	137,214.
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(a) List and desci	ribe the k	osses for Tax on Ir kind(s) of property sold (e.g. ; or common stock, 200 shs	., real estate,	t income	(b)	How ac	cquired hase ation	(c) Date a		(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADE			3. WEO 00.)		╁╌ै	- Dona	ation	(-3, 3,	(, 25), 7
b				·						
С										
<u>d</u>					L					
<u>e</u>	//	Dangasation allowed	(a) Co	at ar ather bears	<u>. </u>			(b) Co	vp.or. (1000)	<u> </u>
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		st or other basis expense of sale				(e) plus	ain or (loss) (f) minus (g)
a 430,604.				598,01	6.					<167,412.
<u>b</u>									·····	
<u>d</u>										
e										
Complete only for assets showin	g gaın ın	column (h) and owned by t	he foundation	on 12/31/69					ol. (h) gaın	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any					ot less than from col. (I	
a										<167,412.
b										
С										
d					_				_ 	
_e		1			$\overline{}$	Г				
2 Capital gain net income or (net cap	oital loss	$ \begin{cases} & \text{If gain, also enter} \\ & \text{If (loss), enter -0-} \end{cases} $	ın Part I, line ın Part I, line	7 7		2				<167,412.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, or			d (6):		}				27 (2	
If (loss), enter -0- in Part I, line 8 Part V Qualification Ui	adar C	Section 4040/o) for	Dodugos	Tay on Not	<u> [</u>	3	ont Inco	mo	N/A	
If section 4940(d)(2) applies, leave th Was the foundation liable for the sect If "Yes," the foundation does not quali Tenter the appropriate amount in e	on 4942 fy under	tax on the distributable amo section 4940(e). Do not cor	mplete this pa	rt.						Yes X No
(a)	acii coiu	(b)	CUOIIS DEIDIE	making any entite	s. (c)			T		(d) ition ratio
Base period years Calendar year (or tax year beginnin	g ın)	Adjusted qualifying distr		Net value of nor	nchar			((Distribi col. (b) divi	ded by col. (c))
2007			5,587. 7,146.				3,994. 0,821.			.270868
2006 2005			1,550.		1		7,452.			.059905
2004	- 	9:	5,500.				7,914.			.093819
2003			1,122.				2,474.			.073582
2 Total of line 1, column (d)								2		.752748
3 Average distribution ratio for the 5 the foundation has been in existent	•	•	n line 2 by 5,	or by the number (of yea	ars		3		.150550
4 Enter the net value of noncharitable		-	ne 5					4		289,940.
	. usc as.	5003 101 2000 1101117 att A, 111	110 3							
5 Multiply line 4 by line 3								5		43,650.
6 Enter 1% of net investment income	(1% of	Part I, line 27b)					,	6		0.
7 Add lines 5 and 6								7		43,650.
Enter qualifying distributions from			lb acd-	ako Mrot	- 44	/ 1 .c		8		284,116.
If line 8 is equal to or greater than I See the Part VI instructions.	ine /, ch	eck the box in Part VI, line 1	ib, and comp	ete that part using	a 19	o tax ra	<u>-</u>			000 PE (2008)

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 $\frac{x}{x}$

Х

X

8b

10

GA

remain in the governing instrument?

If "Yes," complete Part II, col. (c), and Part XV

7 Did the foundation have at least \$5,000 in assets at any time during the year?

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

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)

year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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

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Form \$90-PF (2008) FAMILY FOUNDATION INC

58-2502288

P	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			_
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► SHEILA KATZ COHEN Telephone no. ► 404-8	73-1	661	
	Located at ▶1440 SPRING STREET, NW, ATLANTA, GA ZIP+4 ▶30			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	-		
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1:	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		ľ	
	for the benefit or use of a disqualified person)?	l		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after		ı	
	termination of government service, if terminating within 90 days.)	1		
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		ļ	
L	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A	1ь	l	
	Organizations relying on a current notice regarding disaster assistance check here	"		
	organizations rolying on a derivative rolling distance and a second rolling distance and a secon			
U	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1c	- 1	Х
•	before the first day of the tax year beginning in 2008? Takes as fallers to distribute groups (contain 4043) (does not soully far years the foundation was a private energing foundation.	16		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
_	defined in section 4942(j)(3) or 4942(j)(5)):			
d	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008?			
			ľ	
	If "Yes," list the years \(\bigs_{} \),,,			
D			j	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A	,,	ľ	;
	,	2b	-	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
٥.	Od the feed data had a sea than 20% data to a data had a sea than 100 data to a data had a data had a sea than 100 data to a data had a sea than 100 data to a data had a sea than 100 data to a data had a sea than 100 data to a data had a sea than 100 data to a data had a sea than 100 data to a data had a sea than 100 data to a data had a sea than 100 data to a data had a sea than 100 data to a data had a sea than 100 data to a data had a sea than 100 data to a data had a data to a data had		- 1	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No		1	
0	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after		- }	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	١,,		
	Form 4720, to determine if the foundation had excess business holdings in 2008.) N/A	3b	\dashv	<u>v</u>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			v
	had not been removed from jeopardy before the first day of the tax year beginning in 2008?	4b	DE ::	X
	Fori	n 990 -	·PF (2	(8002

Form 990-PF (2008) FAMILY FOUNDATION INC			58-25022	88 Pa	age 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (conti	nued)		
5a During the year did the foundation pay or incur any amount to.			<u> </u>		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?		es X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indi	rectly,			
any voter registration drive?		Y	es 🗓 No	1	
(3) Provide a grant to an individual for travel, study, or other similar purposes	37	Y	es 🗶 No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
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	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	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 f	rom the tax because it mainta	nned			
expenditure responsibility for the grant?	ľ	√I/A	es 🔲 No		
	5-5(d)	•			
			es X No		
•	personal benefit contract?			6b	X
	shelter transaction?	□ Y	es X No		•
				7b	
Information About Officers Directors Trust		anagers, Highl			—
Part VIII Paid Employees, and Contractors	•	0 , 0	-		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expen	ise
(a) Name and address	to position	enter -0-)	and deferred compensation	allowance	es
	·				
SEE STATEMENT 6		0.	0.		0.
· · · · · · · · · · · · · · · · · · ·					
		ľ			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee hald more than \$50,000	(b) Title, and average	(a) Companyation	(d) Contributions to employee benefit plans	(e) Expen account, ot	Se ther
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deterred compensation	allowance	es
NONE					
		l i			
			ļ		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A	-				
			j		
Total number of other employees paid over \$50,000	····································		<u>▶ 1</u>		0
<u> </u>		_	Form 9	90-PF (20	08)

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	.	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers productions.	al information such as the led, etc	Expenses
1 N/A	·	
	·	
2		
3		
4		
	_	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on line	es 1 and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<u> </u>	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, s	ee 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	280,714.
b	Average of monthly cash balances	1b	13,641.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	294,355.
	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	1 2	0.
3	Subtract line 2 from line 1d	3	294,355.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,415.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	289,940.
6	Minimum investment return. Enter 5% of line 5	6	14,497.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here	nd certain	· · · · · · · · · · · · · · · · · · ·
1	Minimum investment return from Part X, line 6	1	14,497.
2a	Tax on investment income for 2008 from Part VI, line 5		· · · · · · · · · · · · · · · · · · ·
b	Income tax for 2008. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14,497.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	14,497.
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	14,497.
Pa	art XII Qualifying Distributions (see instructions)	'	·
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	284,116.
b	Program-related investments - total from Part IX-B	1b	0.
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:		
a	Suitability 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	284,116.
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.
	Adjusted qualifying distributions. Subtract line 5 from line 4	6	284,116.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies for th	e section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,	· · · · · · · · · · · · · · · · · · ·			
line 7				14,497.
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				
bFrom 2004 70,330.				
c From 2005 10,818.				
dFrom 2006 199,813.				
eFrom 2007 170,835.				
f Total of lines 3a through e	451,796.			
4 Qualifying distributions for 2008 from				
Part XII, line 4: ►\$ 284,116.				
a Applied to 2007, 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 2008 distributable amount				14,497.
e Remaining amount distributed out of corpus	269,619.			
5 Excess distributions carryover applied to 2008	0.1			0.
(If an amount appears in column (d), the same amount				
6 Enter the net total of each column as indicated below:				
·	721,415.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract	721,3130			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				ĺ
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			<u> </u>	
lines 4d and 5 from line 1. This amount must	i			
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.				
Subtract lines 7 and 8 from line 6a	721,415.			
O Analysis of line 9:	, , , , , , , , ,			,
a Excess from 2004 70,330.				!
b Excess from 2005 10,818.	•	-	1	į
c Excess from 2006 199,813.			ļ	
d Excess from 2007 170,835.				
e Excess from 2008 269,619.			İ	E
			.	Form 990-PF (2008)

THE LYNNE AND HOWARD HALPERN FAMILY FOUNDATION INC 58-2502288 Page 10 Form 990-PF (2008) Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling 4942(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (b) 2007 (d) 2005 (e) Total (a) 2008 (c) 2006 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII. line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon; a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(1)(3)(B)(1) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here \(\times \) if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form **990-PF** (2008)

Grants and Contributions Paid During th	If recipient is an industrial			
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
Paid during the year	Of Substantial Continuator	reorpione		
raid during the year				
			-	
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	1			
	1			
SEE STATEMENT 7			_ _	004 1
Total			▶ 3a	284,1
Approved for future payment				
		l		
NONE		!		
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			▶ 3b	· · · · · · · · · · · · · · · · · · ·

Form 990-PF (2008)

Part XVI-A	Analysis of Income-Producing Activities
I WILNELD	Alialysis of illocities rougeling neutrines

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclu	ided by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		COGE	,	
a	-		├		
b	-		 		
<u> </u>	-				
d			 		
<u></u>	-		 		-
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	3,251.	
5 Net rental income or (loss) from real estate:				0,201.	
a Debt-financed property	-				-
b Not debt-financed property					-
6 Net rental income or (loss) from personal					
property					
7 Other investment income			H		
8 Gain or (loss) from sales of assets other					~
than inventory			18	<167,412.	>
9 Net income or (loss) from special events					~
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b		_			
C	-				
d	-				
e	·	· · · · · · · · · · · · · · · · · · ·			
12 Subtotal. Add columns (b), (d), and (e)		0.		<164,161.	> 0.
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	<164,161.
See worksheet in line 13 instructions to verify calculations.)				_	
Part XVI-B Relationship of Activities	to the Accor	nplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which inc					unlichment of
the foundation's exempt purposes (other than			COILLID	oted importantly to the accord	ipiisiinient oi
N/A	,,				
	• •				
	· · ·				
				· · · · · · · · · · · · · · · · · · ·	
				 	
					
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	_			-	
					
	_				
					
23621					Form 990-PF (2008)

rait.	Exempt Organ		· ·	nd helationships with Nonei		-	
1 Dic		rectly engage in any of the following	ng with any other organization	n described in section 501(c) of		Yes	No
	-	c)(3) organizations) or in section 5					
		dation to a noncharitable exempt o					
	Cash		. 5		1a(1)		X
	Other assets			•	1a(2)		Х
	ner transactions:				1		
	Sales of assets to a noncharita	able exempt organization			1b(1)		x
		oncharitable exempt organization			1b(2)		X
• •	Rental of facilities, equipment,				1b(3)		X
	Reimbursement arrangements				1b(4)		X
٠,	Loans or loan guarantees	'	•	•	1b(5)		X
	-	embership or fundraising solicitation	nne		1b(6)	-	X
٠,		ailing lists, other assets, or paid en			10		X
				rays show the fair market value of the goods	الثنا	ets	
or s	services given by the reporting f	oundation. If the foundation receiv	ved less than fair market value	e in any transaction or sharing arrangement		J. 13,	
		other assets, or services received		[(d) 2	4		
(a)Line no	6 (b) Amount mvoived	(c) Name of noncharitabl	e exempt organization	(0) Description of transfers, transactions, ar	d sharing arra	angeme	nts
		N/A					
				<u> </u>			
				<u> </u>			
	ļ						
	<u> </u>						
2a Is th	ne foundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organiza	ations described			
ın s	ection 501(c) of the Code (other	r than section 501(c)(3)) or in sect	tion 527?		Yes	X	No
	es," complete the following sche						
	(a) Name of org	anization	(b) Type of organization	(c) Description of relation	ship		
	N/A						
	· · · · · · · · · · · · · · · · · · ·						
	1		· ·				
Under	penaltips of perjury, I declare that I ha	ave examined this return, including acco	mpanying schedules and statemer	nts, and to the best of my knowledge and belief, it i	s true, correc	t,	
and co	omplete Declaration of preparer (other	r than taxpayer or fiduciary) is based on	all information of which preparer ha	as any knowledge			
	/ MARCON	be best	15-5-10	X			
2 3	Signature of officer or trustee		Date	Title			—
Sign Here			Date	·	rer's identifyii	ng num	ber
<u>ရ</u> ှော်	Preparer's DALE	R. BAUMANN		self-	•	•	
Si Paid reparer	DALLE TATES		1				
မြီးမွာ	Firm's name (or yours WIND)	HAM BRANNON, P.		EIN ►			
عَ ا	1 " 36" 6" 5" 5" 5" 5 5 5	PEACHTREE ST.,		. 404	000 0		^
	audicas, and zir code F A'I'LA	NTA, GA 30309-3	430		898-2	_	
				F	orm WWI I.	~ r /'	44 M 185 J

FORM 990-PF GAIN C	R (LOSS)	FROM	SALE	OF	ASSETS	5 ~-	STA	TEMENT	1
(A) DESCRIPTION OF PROPERTY				<u>.</u>	MANNEI ACQUIRI		TE IRED	DATE S	OLD
PUBLICLY TRADED SECURITIES									
GROSS CO	(C) ST OR R BASIS		(D) ENSE SALE	OF		E)	GAIN	(F) OR LOS	S
430,604.	598,016.			0	•	0.		<167,4	12.
CAPITAL GAINS DIVIDENDS FROM	PART IV								0.
TOTAL TO FORM 990-PF, PART I	, LINE 6A					-		<167,4	12.
FORM 990-PF DIVIDEN	DS AND IN	TERES			CAPITA	L GAINS	CO	TEMENT LUMN (A	2
VARIOUS			3,251			0.		3,2	51.
TOTAL TO FM 990-PF, PART I,	LN 4		3,251		- -	0.		3,2	
FORM 990-PF	ОТНЕ	R EXP	ENSES				STA	TEMENT	3
						(C)		(D)	
DESCRIPTION	(A) EXPENSE PER BOO		B) ET IN ENT I	VES		ADJUSTEI ET INCOI		CHARITAI PURPOSI	
DESCRIPTION ADMINISTRATIVE CORPORATE REGISTRATION FEE DIRECT EXPENSES INVESTMENT EXPENSES	EXPENSE PER BOOM	KS M 26. 30. 59.	ET IN ENT I	VES NCC 7,5		ADJUSTEI		CHARITAI	

FORM 990-PF CORPORATE STO	CK -	STATEMENT 4	
DESCRIPTION	BOOK VALUE	FAIR MARKET	ŗ
PUBLICLY TRADED SECURITIES	137,214.	137,21	4.
TOTAL TO FORM 990-PF, PART II, LINE 10B	137,214.	137,21	.4.
FORM 990-PF STATEMENT CONCERNING LIQU TERMINATION, ETC PART VI	•	STATEMENT	5

EXPLANATION

SECTION 507(B)(1)(B) TERMINATION.

ORGANIZATION ADVANCE RULING FOR CHANGE FROM PRIVATE FOUNDATION TO PUBLIC CHARITY SUPPORTING ORGANIZATION ENDED JUNE 30, 2009. THE ORGANIZATION WILL FILE FORM 990 FOR FUTURE YEARS.

	- LIST OF OFFICERS, D S AND FOUNDATION MANA		STAT	EMENT 6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KIRK HALPERN 1440 SPRING STREET ATLANTA, GA 30309-2832	VICE PRESIDENT	0.	0.	0.
HOWARD HALPERN 1440 SPRING STREET ATLANTA, GA 30309-2832	CHAIRMAN 0.90	0.	0.	0.
LYNNE HALPERN 1440 SPRING STREET ATLANTA, GA 30309-2832	PRESIDENT 0.90	0.	0.	0.
STEVEN A. RAKITT 1440 SPRING STREET ATLANTA, GA 30309-2832	SECRETARY 0.90	0.	0.	0.
GERRY BENJAMIN 1440 SPRING STREET ATLANTA, GA 30309-2832	DIRECTOR 0.90	0.	0.	0.

THE LYNNE AND HOWARD HALPERN FA	MILY FOUN		58-	2502288
MARTY KOGON 1440 SPRING STREET ATLANTA, GA 30309-2832	DIRECTOR 0.90	0.	0.	0.
NOAH LEVINE 1440 SPRING STREET ATLANTA, GA 30309-2832	TREASURER 0.90	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.
	AND CONTRIBUTIONS DURING THE YEAR	S	STATEM	ENT 7
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT			AMOUNT
ALLIANCE THEATRE 1280 PEACHTREE ST NE, ATLANTA, GA 30309	GENERAL SUPPORT	501(C)(3)	1,000.
AMERICAN JEWISH COMMITTEE 6 PIEDMONT CENTER NE, #510, ATLANTA, GA 30305	GENERAL SUPPORT	501(C)(3	;)	6,000.
ANTI-DEFAMATION LEAGUE 3490 PIEDMONT ROAD NE SUITE 610, ATLANTA, GA 30305	GENERAL SUPPORT	501(C)(3)	52,500.
ATLANTA FIRE FOUNDATION, INC. 675 PONCE DE LEON AVE NE, ATLANTA, GA 30300	GENERAL SUPPORT	501(C)(3)	250.
COBB ENERGY PERFORMING ARTS CENTRE FOUNDATION, INC. 2800 COBB GALLERIA PARKWAY, ATLANTA, GA 30339	GENERAL SUPPORT	501(C)(3)	2,500.
FRIENDS OF YEMIN ORDE 4501 CONNECTICUT AVE NW, STE 813, WASHINGTON, DC 20008	GENERAL SUPPORT	501(C)(3)	250.

THE LYNNE AND HOWARD HALPERN FAMILY FOUN		58-2502288
JEWISH FAMILY & CAREER SERVICES 4549 CHAMBLEE DUNWOODY RD, GENERAL SUPPORT ATLANTA, GA 30338	501(C)(3)	6,000.
JEWISH FEDERATION OF GREATER SUPPORTING ORGANIZATION ATLANTA 1440 SPRING STREET NW, ATLANTA, GENERAL SUPPORT GA 30309	501(C)(3)	155,116.
MARCUS JEWISH COMMUNITY CENTER OF ATLANTA 5342 TILLY MILL ROAD, DUNWOODY, GENERAL SUPPORT GA 30338	501(C)(3)	50,000.
THE DORIS & ALEX WEBER JEWISH COMMUNITY HIGH SCHOOL 6751 ROSWELL ROAD, ATLANTA, GA GENERAL SUPPORT 30328	501(C)(3)	500.
HEBREW BENVOLENT CONGREGRATION THE TEMPLE 1589 PEACHTREE ST. NE, ATLANTA, GENERAL SUPPORT GA 30309	501(C)(3)	10,000.
TOTAL TO FORM 990-PF, PART XV, LINE 3A		284,116.

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. SHEILA KATZ COHEN The books are in the care of ▶ 1440 SPRING STREET, NW - ATLANTA, GA 30309 Telephone No.▶ 404-873-1661 FAX No.▶ 404-874-7043 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. If request an additional 3-month extension of time until MAY 15, 2010 For calendar year or or other tax year beginning JUL 1, 2008 and ending JUN 30, 2009 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting perior State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 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 pnor year overpayment allowed as a credit and any amount paid	Form-886	8 (Rev. 4-2009)			Page 2
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868 " If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (Not Automatic) 3-Month Extension of Time. Only file the onginal (no copies needed). Name of Exempt Organization The LYNNE AND HOWARD HALPERN FAMILY FOUNDATION INC Number, street, and room or suite no. If a P.O. box, see instructions. 1440 SPRING STREET, NW City, town or post office, state, and ZIP code. For a foreign address, see instructions ATLANTA, GA 30309 - 2832 Check type of return to be filed (File a separate application for each return): Form 990 Form 990-EL Form 990-F Form 990-F (sec. 401(a) or 408(a) trust) Form 990-BL Form 990-F Form 990-F (trust other than above) **THE LYNNE AND HOWARD HALPERN FORM 990-BL Form 990-F Form 990-F Form 990-F (rust other than above) Form 990 Form 990-E Form 990-F Form 990-	• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this be	ox		. X
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).				8868 ~	
Name of Exempt Organization THE LYNNE AND HOWARD HALPERN FAMILY FOUNDATION INC Number, street, and room or suite no. If a P.O. box, see instructions. 1440 SPRING STREET, NW City, town or post office, state, and ZIP code. For a foreign address, see instructions ATLANTA, GA 30309 – 2832 Check type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (trust other than above) Form 1041-A Form 5227 Form 887 Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. SHEILA KATZ COHEN Telephone No. ► 404 – 873 – 1661 FAX No. ► 404 – 874 – 7043 If this 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 Fax or calendar year or other tax year beginning JUL 1, 2008 and attach a list with the names and EINs of all members the extension is for. AI I request an additional 3-month extension of time until MAY 15, 2010 If this ax year is for less than 12 months, check reason: Initial return Final return Change in accounting pend ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any pnor year overpayment allowed as a credit and any amount paid	If you	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
THE LYNNE AND HOWARD HALPERN File by the extended row data for fling the strended ring the strended r	Part I	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies	needed).	
FAMILY FOUNDATION INC 58 - 2502288	T	Name of Exempt Organization	Emp	loyer iden	tification number
FAMILY FOUNDATION INC S8-2502288		THE LYNNE AND HOWARD HALPERN	l		
Number, street, and room or suite no. If a P.O. box, see instructions. Value date for filling the return see instructions	•	FAMILY FOUNDATION INC	5	8-250	2288
City, town or post office, state, and ZIP code. For a foreign address, see instructions ATLANTA, GA 30309 - 2832	extended due date for		For	RS use onl	/
Check type of return to be filed (File a separate application for each return): Form 990 Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 6069 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. SHEILA KATZ COHEN The books are in the care of ▶ 1440 SPRING STREET, NW - ATLANTA, GA 30309 Telephone No. ▶ 404-873-1661 FAX No. ▶ 404-874-7043 If the organization does not have an office or place of business in the United States, check this box If this 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 If it is for part of the group, check this box If it is additional 3-month extension of time until Form 4720 Form 4720 Form 8868. SHEILA KATZ COHEN The books are in the care of ▶ 1440 SPRING STREET, NW - ATLANTA, GA 30309 Telephone No. ▶ 404-873-1661 FAX No. ▶ 404-874-7043 If this is for a foroup Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box If this is for additional 3-month extension of time until MAY 15, 2010 JUL 1, 2008 , and ending JUN 30, 2009 Initial return Final return Change in accounting perior State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 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 pnor year overpayment allowed as a credit and any amount paid	return See		-		
Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 887 Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. SHEILA KATZ COHEN The books are in the care of \(\) 1440 SPRING STREET, NW - ATLANTA, GA 30309 Telephone No. \(\) 404-873-1661 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box If this is for part of the group, check this box If request an additional 3-month extension of time until MAY 15, 2010 If this tax year is for less than 12 months, check reason: Initial return Thinal return Change in accounting perior State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any pnor year overpayment allowed as a credit and any amount paid	Check ty				
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. SHEILA KATZ COHEN The books are in the care of 1440 SPRING STREET, NW - ATLANTA, GA 30309 Telephone No. 1404-873-1661 FAX No. 1404-874-7043 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this for part of the group, check this box If the organization of time until For calendar year than 12 months, check reason: For calendar year For calendar year than 12 months, check reason: For calendar year For calendar year than 12 months, check reason: Final return Final return Change in accounting pend For State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions Ba 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			F	orm 5227	Form 8870
SHEILA KATZ COHEN Telephone No. 1440 SPRING STREET, NW - ATLANTA, GA 30309 Telephone No. 1404-873-1661 FAX No. 1404-874-7043 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box If this is for part of the group, check this box MAY 15, 2010 FAX No. 16 This is for the whole group, check this box MAY 15, 2010 FITTED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions By 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	☐ Fo	rm 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	F	orm 6069	
The books are in the care of ▶ 1440 SPRING STREET, NW - ATLANTA, GA 30309 Telephone No. ▶ 404-873-1661 FAX No. ▶ 404-874-7043 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for. If this tax year is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting perior State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions Ba 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	STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	ed Form 88	 68.
The books are in the care of ▶ 1440 SPRING STREET, NW - ATLANTA, GA 30309 Telephone No. ▶ 404-873-1661 FAX No. ▶ 404-874-7043 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ □ and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until For calendar year or other tax year beginning of the state in detail why you need the extension of		CURTIA WARE COURS			
Telephone No. ► 404-873-1661 FAX No. ► 404-874-7043 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box I request an additional 3-month extension of time until For calendar year Or or other tax year beginning If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting perior ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any pnor year overpayment allowed as a credit and any amount paid	• Thah		309		
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box I request an additional 3-month extension of time until MAY 15, 2010 For calendar year, or other tax year beginning					
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			<u>'</u>		. .
box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for. 4 I request an additional 3-month extension of time until 5 For calendar year or other tax year beginning JUL 1, 2008 and ending JUN 30, 2009 6 If this tax year is for less than 12 months, check reason: Initial return Change in accounting peno 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8a \$ 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		· ·	6.	مامطاني مطافي	areup abaak this
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Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.		alties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the	best o	f my knowled	lge and belief,
Signature ▶ Date ▶	•		Data		
Form 8868 (Rev. 4-200	oignature	Title P	Date		8868 (Rev. 4-2000)

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