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## Form .990-PF

## **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service **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

2009

For calendar year 2009, or tax year beginning , and ending						
G Check all that apply: Initial return Amended return		all that apply: Initial return	Initial return of a fo	rmer public charity	Final return	1
		Amended return	Address chang	ge	Name change	
	e the l	Name of foundation			A Employer identification	number
	label.	THE ARGO FAMILY FUND				
	herwis	e C/O ROBERT AROGETI, T	RUSTEE		58-2069120	
	print	Number and street (or P O box number if mail is not del	ivered to street address)	Room/suite	B Telephone number	
	or type	FIVE CONCOUNDE LIEUMINI	Y # 1000		404-898-82	109
	e Spec				C If exemption application is p	ending, check here
IN8	tructio	ATLANTA, GA 30328			D 1. Foreign organizations	
Н	Check	type of organization: X Section 501(c)(3) ex	empt private foundation		Foreign organizations me check here and attach co	eeting the 85% test, pmputation
	□ Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	E If private foundation sta	
I F	air ma	rket value of all assets at end of year   J Accounting	ng method: X Cash	Accrual	under section 507(b)(1	
(i	from F		her (specify)		F If the foundation is in a	60-month termination
	<b>►</b> \$	9,083,404. (Part I, colui	mn (d) must be on cash b	oasis.)	under section 507(b)(1	
P	art I	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
_		necessarily equal the amounts in column (a)	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	100,000.		N/A	
	2	Check if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	94,478.	94,478.		STATEMENT 1
	4	Dividends and interest from securities	123,568.	123,568.		STATEMENT 2
	5a	Gross rents				
	b	Net rental income or (loss)				
4	, 6a	Net gain or (loss) from sale of assets not on line 10	<80,959.	>		
2	}  b	Gross sales price for all assets on line 6a 1,629,946.				
Revenue	7	Capital gain net income (from Part IV, line 2)		0.	<u> </u>	
	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns RECEIVED and allowances				
	10a			·		
	þ	Less Cost of goods sold (7)				
	C	raines high three properties of the training and seguents				
	11	Other mooning Car	<del>-</del>	010 046		
_	12	Total. Add lines 1 through 11	237,087.	218,046.		
	13	Compensation o officers, director in stone of the	₫ 0.	0.		0.
	14	Other employee salaries and wages				
9	15	Pension plans, employee benefits		· · · · ·		
ě	<u> </u>	Legal fees				
9		Accounting fees Other professional fees				
П	17	Interest	-			
	18	Taxes	-			<del> </del>
COLO	19	Depreciation and depletion				<b>P</b>
Ę	20	Occupancy				<u> </u>
2 5	21	Travel, conferences, and meetings				
3 3	22	Printing and publications	-		<del> </del>	
		Other expenses STMT 3	102,655.	59,628.	<del> </del>	27,000.
<b>∍</b> ‡	24	Total operating and administrative	102,033.	33,020.		27,000.
•	5 27	expenses. Add lines 13 through 23	102,655.	59,628.		27,000.
₹ 5	25	Contributions, gifts, grants paid	451,067.	33,020		451,067.
ر <u>د</u>	26	Total expenses and disbursements.	202,007.			231,007
ij	-0	Add lines 24 and 25	553,722.	59,628.		478,067.
É	27	Subtract line 26 from line 12:	333,7224			2,0,00,0
SCANATE NOV	1	Excess of revenue over expenses and disbursements	<316,635.	>		
ັດ	ı	Net investment income (if negative, enter -0-)		158,418.		
	C	Adjusted net income (if negative, enter -0-)			N/A	
000	:					

THE ARGO FAMILY FUND

Forr	n 990	O-PF (2009) C/O ROBERT AROGETI, TRUS	STEE	58-2	2069120 Page 2
	art I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<u> </u>
	<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	42,832.	2,918,841.	2,918,841.
ļ	2	Savings and temporary cash investments			
		Accounts receivable ►			
İ		Less: allowance for doubtful accounts			
		Pledges receivable			
		Less: allowance for doubtful accounts			
	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 ▶			<u> </u>
ts	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
4	10a	Investments - U.S. and state government obligations			<del> </del>
	b	Investments - corporate stock			
	C	Investments - corporate bonds			<del></del>
	11	investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans STMT 5	2,060,273.	1,917,340.	1,917,340.
	13	Investments - other STMT 6	7,723,336.	3,952,518.	4,247,223.
	14	Land, buildings, and equipment basis			,
		Less accumulated depreciation			<del></del>
	15	Other assets (describe			
_	16_	Total assets (to be completed by all filers)	9,826,441.	8,788,699.	9,083,404.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue	_	<u>.                              </u>	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iat	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
		T 1 11 11111 (add been 47 thereach 00)		0.	
_	23		0.	<u>U•</u>	
		,			
S		and complete lines 24 through 26 and lines 30 and 31.	9,826,441.	8,788,699.	
ğ	24	Unrestricted Townsership restricted	3,020,441.	0,100,033.	
ala	25	Temporarily restricted			
9	26	Permanently restricted  Foundations that do not follow SFAS 117, check here			
Fund Balances		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
5	0.7	Capital stock, trust principal, or current funds			
ets	27 28	Paid-in or capital surplus, or land, bldg., and equipment fund	-		
Assets	l	Retained earnings, accumulated income, endowment, or other funds			
Net /	29	Total net assets or fund balances	9,826,441.	8,788,699.	
Ž	30	TOTAL HEL ASSETS OF THIS DATABLES	7,020,331.	0,100,000.	
	21	Total liabilities and net assets/fund balances	9,826,441.	8,788,699.	
=				0,100,000,0	
E	art	Analysis of Changes in Net Assets or Fund B	saiances		
1	Tota	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)		1	9,826,441.
2	•	r amount from Part I, line 27a		2	<316,635.>
		r increases not included in line 2 (itemize)	SEE STA	ATEMENT 4 3	348.
		lines 1, 2, and 3	<del></del>	4	9,510,154.
5		eases not included in line 2 (itemize) ADJUSTMENT OF	COST BASIS TO		721,455.
-		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c		6	8,788,699.
_					Form <b>990-PF</b> (2009)

2-story brick ware	e the kind(s) of property sold (e.g. house; or common stock, 200 shs	., real estate, s. MLC Co.)		P	łow ac - Purch - Dona	iase i '	c) Date a (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
·									
SEE ATTACHED	<u>STATEMENTS</u>								
		_							
	······································			ļ					
<del></del>			<del>-                                    </del>	<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss s (f) minus	
				<u> </u>					
									·
1,629,946.			1,710,90	5.					<80,95
Complete only for assets showing	gain in column (h) and owned by					(1)	Gains (C	ol. (h) gaın	
(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			còl.́ (	k), but r	not less tha (from col. (	n -0-) <b>or</b>
									<80,95
Capital gain net income or (net capi	tal loss) { If gain, also enter if (loss), enter -0			}	2				<80,95
vet short-term capital gain or (loss)	) as defined in sections 1222(5) an	nd (6):							
f gain, also enter in Part I, line 8, co		(5).		Ĵ					
f (loss), enter -0- in Part I, line 8				- 7	l			37/3	
optional use by domestic private f	•					ent Inco	me	<u> </u>	
r optional use by domestic private f ection 4940(d)(2) applies, leave this s the foundation liable for the section (es," the foundation does not qualify	oundations subject to the section 4 s part blank. on 4942 tax on the distributable arr y under section 4940(e). Do not co	4940(a) tax on nount of any ye omplete this pa	net investment in ear in the base per irt.	riod?		ent Inco	ome	<u> </u>	Yes X
r optional use by domestic private f ection 4940(d)(2) applies, leave this s the foundation liable for the section (es," the foundation does not qualify	oundations subject to the section 4 s part blank. on 4942 tax on the distributable arr y under section 4940(e). Do not co	4940(a) tax on nount of any ye omplete this pa	net investment in ear in the base per irt.	riod?		nent Inco	ome	N/A	Yes X
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THE ARGO FAMILY FUND Form 990-PF (2009) C/O ROBERT AROGETI. TRUSTEE Page 4 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \] and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% 1,584 1 of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2 3 Add lines 1 and 2 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 584 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: 9,600 a 2009 estimated tax payments and 2008 overpayment credited to 2009 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 9,600. 7 Total credits and payments. Add lines 6a through 6d 7 8 Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_ if Form 2220 is attached 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 8,016. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 2.000 . Refunded Enter the amount of line 10 to be: Credited to 2010 estimated tax 6,016. 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 Yes No X any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? X 1b 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. X c Did the foundation file Form 1120-POL for this year? 1¢ d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year; (1) On the foundation. > \$ 0. (2) On foundation managers. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 0. managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? X 5 If "Yes," attach the statement required by General Instruction T. 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 Х X 7 Did the foundation have at least \$5,000 in assets at any time during the year? 7 If "Yes," complete Part II, col. (c), and Part XV.

Form **990-PF** (2009)

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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 2009 or the taxable year beginning in 2009 (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(1)(3) or 4942(1)(5) for calendar

THE ARGO FAMILY FUND Form 990-PF (2009) Page 5 C/O ROBERT AROGETI, 58-2069120 Part 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 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A 14 The books are in care of ▶ ROBERT AROGETI Telephone no. > 404 - 898 - 8209Located at ▶ FIVE CONCOURSE PARKWAY # 1000, ATLANTA, GA ZIP+4 ▶30342 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 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (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) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (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 Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? X 1c 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)); a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning 🗌 Yes 🗶 No before 2009? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A statement - see instructions.) 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. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2009 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.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2009.)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form **990-PF** (2009)

3b

4a

N/A

THE ARGO FAMILY FUND Form 990-PF (2009) TRUSTEE C/O ROBERT AROGETI, 58-2069120 Page 6 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained N/A Yes No expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (b) Title, and average hours per week devoted to position (e) Expense account, other (If not paid, enter -0-) (a) Name and address allowances ROBERT AROGETI TRUSTEE 330 GREEN GLEN WAY NW 1.00 0. 0 0. ATLANTA, GA 30327 TRUSTEE JOEL AROGETI FIVE CONCOURSE PARKWAY SUITE 1000 ATLANTA, GA 30328 1.00 0 0 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation NONE

Total number of other employees paid over \$50,000

#### THE ARGO FAMILY FUND

Form 990-PF (	2009) C/O ROBERT AROGETI, TRUSTEE	58-2	069120 Page 7
Part VIII	Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Five high	est-paid independent contractors for professional services. If none, en	ter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
1	NONE		
	<del></del>		
Total number	of others receiving over \$50,000 for professional services		<b>▶</b> (
Part IX-A	Summary of Direct Charitable Activities		•
List the found number of or	dation's four largest direct charitable activities during the tax year. Include relevant sta ganizations and other beneficiaries served, conferences convened, research papers p	atistical information such as the produced, etc.	Expenses
	N/A		<del>" '</del>
2			
-			
	· · · · · · · · · · · · · · · · · · ·		
3			
4			
Part IX-E	Summary of Program-Related Investments		
	two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1	N/A		
2		-	
All other prov	rram-related investments. See instructions		

Form **990-PF** (2009)

Total. Add lines 1 through 3

Form 990-PF (2009)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 5,396,568. 1a b Average of monthly cash balances 1,136,072. 1b c Fair market value of all other assets <u>2,066,929.</u> 1c 8,599,569. d Total (add lines 1a, b, and c) 1d 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 8,599,569. 3 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 128,994 4 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 8,470,575 Minimum investment return. Enter 5% of line 5 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here 
and do not complete this part.) 423,529. Minimum investment return from Part X, line 6 Tax on investment income for 2009 from Part VI, line 5 Income tax for 2009. (This does not include the tax from Part VI.) 2b Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes; a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 478,067. 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3 a Suitability test (prior IRS approval required) 3<u>a</u> b Cash distribution test (attach the required schedule) 3Ь 478,067. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 income. Enter 1% of Part I, line 27b 1,584. 476,483. Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2009)

### Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Di:	stributable amount for 2009 from Part XI.	***************************************		· · · · · · · · · · · · · · · · · · ·	
	e 7				421,945.
2 Un	distributed income, if any, as of the end of 2009		, 1,		
	iter amount for 2008 only			0.	
	otal for prior years:		1111		
•			0.		
3 Ex	cess distributions carryover, if any, to 2009:				
	om 2004				
	om 2005				
_	om 2006				
-	om 2007 7,158.				į
	om 2008				
_	otal of lines 3a through e	7,158.			
	ualifying distributions for 2009 from	7,230.	······································		
	art XII, line 4: $\blacktriangleright$ \$ 478,067.				
	oplied to 2008, but not more than line 2a			0.	
	oplied to undistributed income of prior			<u></u>	
	ars (Election required - see instructions)		0.		
-	eated as distributions out of corpus				<u>                                     </u>
	lection required - see instructions)	0.			
•	oplied to 2009 distributable amount	U.	<del></del>		421 045
	· ·	56,122.			421,945.
_	emaining amount distributed out of corpus			W	
(11	cess distributions carryover applied to 2009 an amount appears in column (d), the same amount ust be shown in column (a))	0.			0.
	nter the net total of each column as dicated below;				
a Co	orpus Add lines 3f, 4c, and 4e Subtract line 5	63,280.			
<b>b</b> Pr	rior years' undistributed income. Subtract				
lin	ie 4b from line 2b		0.		
ur de th	nter the amount of prior years' ndistributed income for which a notice of eficiency has been issued, or on which e section 4942(a) tax has been previously esessed		0.	:	
d St	ubtract line 6c from line 6b. Taxable				
ar	nount - see instructions		0.		
e Ur	ndistributed income for 2008. Subtract line				
4a	a from line 2a. Taxable amount - see instr.			0.	
f Ur	ndistributed income for 2009. Subtract				
lm	nes 4d and 5 from line 1. This amount must				
be	e distributed in 2010				0.
7 Ar	mounts treated as distributions out of				
CC	orpus to satisfy requirements imposed by				
se	ection 170(b)(1)(F) or 4942(g)(3)	0.			
	cess distributions carryover from 2004	_	***************************************		
	ot applied on line 5 or line 7	0.			
	cess distributions carryover to 2010.				
	ubtract lines 7 and 8 from line 6a	63,280.			
10 Ar	nalysis of line 9:				
	ccess from 2005				
	ccess from 2006				
c Ex	ccess from 2007 7,158.				
d Ex	ccess from 2008				
e Ex	ccess from 2009 56,122.				

THE ARGO FAMILY FUND Form 990-PF (2009) C/O ROBERT AROGETI. 58-2069120 Page 10 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 2009, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (a) 2009 (b) 2008 (c) 2007 (d) 2006 (e) Total 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(j)(3)(B)(i) "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:

(4) Gross investment income

Part.XV
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.)

#### 1 Information Regarding Foundation Managers:

(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

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).)

#### SEE STATEMENT 7

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

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here Fig. 1 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 (2009) C

C/O ROBERT AROGETI, TRUSTEE

58-2069120 Page 11

Fait Ava Supplementary information				
3 Grants and Contributions Paid During the Ye	ar 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	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
SCHEDULE ATTACHED				451,067.
SCHEDULE ATTACHED				
		!		
		•		
		1		
			İ	
Total	·		▶ 3a	451,067.
<b>b</b> Approved for future payment				131/00/1
2 / pproved to: ruture payment				
NONE				
NONE				
				-
		1		
		<b>j</b>		
Total		1	<b>▶</b> 3h	0.

923611 02-02-10

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>
------------	-------------	------------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)	
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt	
1 Program service revenue:	code	Amount	code	Amount	function income	
8						
b					<del></del>	
c						
d						
e						
f		<u> </u>				
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	94,478.	X - A	
4 Dividends and interest from securities			14	123,568.		
5 Net rental income or (loss) from real estate:		**		***	× - ×	
a Debt-financed property						
b Not debt-financed property				_		
6 Net rental income or (loss) from personal						
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory			18	<80,959.	>	
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.		137,087.	0.	
13 Total. Add line 12, columns (b), (d), and (e)		<del></del>			137,087.	
(See worksheet in line 13 instructions to verify calculations.)						
Part XVI-B Relationship of Activities to	the Acco	omnlishment of Ev	omn	t Purnoses		
			Cilip			
Line No. Explain below how each activity for which incon			contrib	outed importantly to the accor	plishment of	
the foundation's exempt purposes (other than b	y providing fu	nds for such purposes).				
			_			
			_			
					-	
				· <u>.</u>		
923621 02-02-10					Form <b>990-PF</b> (2009)	

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of

Yes No

#### Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

	the Co	de (other than section 501(c)	(3) organizations) or in section 52	7, relating to political organiz	ations?				
a Transfers from the reporting foundation to a noncharitable exempt organization of:									
(1) Cash									
(2) Other assets									
b	Other	transactions:				,	; 3		
	(1) S	ales of assets to a noncharital	ble exempt organization			1b(1)	X		
	(2) P	urchases of assets from a noi	ncharitable exempt organization			1b(2)	X		
	(3) R	ental of facilities, equipment, (	or other assets			1b(3)	X		
	(4) R	eimbursement arrangements				1b(4)	X X		
	(5) L	oans or loan guarantees				1b(5)	X		
	(6) P	erformance of services or me	mbership or fundraising solicitatio	ons		1b(6)	X		
C	Sharır	ig of facilities, equipment, ma	iling lists, other assets, or paid em	ployees		1c	X		
d	If the a	answer to any of the above is	"Yes," complete the following sche	dule. Column (b) should alwa	ays show the fair market value of the goods	, other assets,			
	or ser	vices given by the reporting fo	oundation. If the foundation receive	ed less than fair market value	in any transaction or sharing arrangement	, show in			
	colum	n (d) the value of the goods,	other assets, or services received.						
a)	Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions, an	d sharing arrange	ements		
			N/A						
				· · · · · · · · · · · · · · · · · · ·					
		****							
						-			
			-						
				,					
2a	Is the	foundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organiza	ations described				
	ın sec	tion 501(c) of the Code (other	r than section 501(c)(3)) or ın sect	tion 527?		Yes [	X No		
b	If "Yes	," complete the following sch	edule.						
		(a) Name of org	anization	(b) Type of organization	(c) Description of relation	ıshıp			
		N/A							
		· · · · · · · · · · · · · · · · ·							
_									
-			ave examined this return, including account than taxpayer or fiduciary) is based on		ints, and to the best of my knowledge and belief, it	is true, correct,			
-	and con	piece Deciaration of preparer (other	Than taxpayer or inductary) is based on	<u> </u>	as any knowledge				
	<b>N</b> _3		1/	2 10/30/10	TRUSTEE				
e	Sig	nature of officer or trustee		Date /	Title				
		Preparer's		Da	10   0.1907.11	arer's identifying i	number		
8	Paid Preparer's Use Only	signature			self- employed ▶ □				
	9 a a	Firm's name (or yours	<u> </u>		EIN ►				
	_ <u>e</u> s	if self-employed),	110	١					
		address, and ZIP code		<i></i>	Phone no.				
				<u>-</u>		Form <b>990-P</b>	<b>F</b> (2009)		

## 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, or 990-PF.

OMB No 1545-0047

Name of the organization

THE ARGO FAMILY FUND

**Employer identification number** 

(	C/O ROBERT AROGETI, TRUSTEE	58-2069120				
Organization type (chec	k 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					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.				
X For an organiza	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in n	noney or property) from any one				
	mplete Parts I and II.					
Special Rules						
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	•				
aggregate conti	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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.					
contributions fo If this box is chi purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contor use exclusively for religious, charitable, etc., purposes, but these contributions did not a ecked, enter here the total contributions that were received during the year for an exclusive to complete any of the parts unless the <b>General Rule</b> applies to this organization because able, etc., contributions of \$5,000 or more during the year.	ggregate to more than \$1,000. vely religious, chantable, etc.,				
_	n that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line	•				

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2009)			Page 1 of 1 of Part 1
Name of org		· <del>-</del>	Employ	er identification number
	RGO FAMILY FUND		ΕO	2060120
	OBERT AROGETI, TRUSTEE		26	-2069120
Part∕I	Contributors (see instructions)			
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Aggregate contribut	ions	Type of contribution
1	ROBERT AROGETI			Person X Payroll
	330 GREEN GLEN WAY NW	\$100,0	00.	Noncash
	ATLANTA, GA 30327			(Complete Part II if there is a noncash contribution)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Aggregate contribut	ions	Type of contribution
<u></u>		<b>\$</b>		Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	ions	(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 contribut	tions	(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 contribu	tions	(d) Type of contribution
		s		Person Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

(c)

Aggregate contributions

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

Person Payroll

(a)

No.

(b)

Name, address, and ZIP + 4

## The Argo Family Fund

Year End: December 31, 2009

Organization	City, State	Subtotal	Amount	Date
Anti Defamation League	New York, NY	3,000.00	3,000.00	12/15/2009
Atlanta Group Home	Atlanta, GA	2,500.00	2,500.00	12/15/2009
Atlanta Jewish Film Festival	Atlanta, GA	3,000.00	3,000.00	11/9/2009
Camp Twin Lakes	Atlanta, GA		800.00	1/7/2009
Camp Twin Lakes	Atlanta, GA		1,000.00	2/2/2009
Camp Twin Lakes	Atlanta, GA	2,900.00	1,100.00	2/19/2009
Chabad of Athens	Atlanta, GA	1,000.00	1,000.00	12/15/2009
Epstein School	Atlanta, GA	15,000.00	15,000.00	12/15/2009
Friends of Yemin Orde	Washington, DC	5,000.00	5,000.00	12/15/2009
Greenfield Hebrew Academy	Atlanta, GA	1,000.00	1,000.00	12/15/2009
Hadassah	Atlanta, GA	1,000.00	1,000.00	12/15/2009
Hillels of Georgia	Atlanta, GA	6,000.00	6,000.00	2/18/2009
Hosea Feed the Hungry	Atlanta, GA	5,000.00	5,000.00	11/24/2009
Jewish Federation of Greater Atlan	r Atlanta, GA		18,000.00	5/22/2009
Jewish Federation of Greater Atlan	r Atlanta, GA	213,000.00	195,000.00	10/29/2009
Jewish Healthcare International	Atlanta, GA	1,000.00	1,000.00	10/1/2009
Jewish National Fund	Atlanta, GA	1,000.00	1,000.00	10/8/2009
JF&CS	Atlanta, GA	10,000.00	10,000.00	11/9/2009
Marcus Jewish Community Ctr	Atlanta, GA		3,600.00	3/26/2009
Marcus Jewish Community Ctr	Atlanta, GA		500.00	4/20/2009
Marcus Jewish Community Ctr	Atlanta, GA		5,000.00	7/15/2009
Marcus Jewish Community Ctr	Atlanta, GA		5,000.00	
Marcus Jewish Community Ctr	Atlanta, GA	30,767.00	16,667.00	
National Musuem-Am Jewish Histo	•		5,000.00	
One Good Deed	Atlanta, GA	2,000.00	2,000.00	12/15/2009
OR Ve Shalom Synagogue	Atlanta, GA	• ( 000 00	1,800.00	
OR Ve Shalom Synagogue	Atlanta, GA	26,800.00	25,000.00	11/9/2009
ORT	Atlanta, GA	5,000.00	5,000.00	12/15/2009
Ovarian Cycle Inc	Atlanta, GA	2,500.00	2,500.00	4/12/2009
Riverwood High School	Atlanta, GA	2,500.00	2,500.00	3/1/2009
The Amit Program	Atlanta, GA		4,400.00	
The Amit Program	Atlanta, GA	10 100 00	12,500.00	12/15/2009
The Amit Program The Atlanta Women's Foundation	Atlanta, GA Atlanta, GA	18,100.00		
	· ·	1,000.00		1/7/2009
The Brewin Academy	Atlanta, GA	10,000.00	10,000.00 1,000.00	
The Davis Academy	Atlanta, GA Atlanta, GA	6,000.00	•	
The Davis Academy Weber School	Atlanta, GA	0,000.00	5,000.00 40,000.00	
Weber School	Atlanta, GA Atlanta, GA		20,000.00	
Weber School	Atlanta, GA		5,000.00	
Wm Bremen Home and Auxillary	Atlanta, GA	70,000.00		
Yeshiva-Or Israel	Atlanta, GA	1,000.00	-	
ו פאווועמיטו ואומצו	Allalla, GA	451,067.00	451,067.00	

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (mo., day, yr.) (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) 1a 2500 SH AARONS 11/04/9405/06/09 D b 1000 SH GENENTECH D 03/26/09|03/26/09 c 371 SH HARTFORD P VARIOUS |12/15/09 d .4591 SH HARTFORD P |10/02/09|12/16/09 e 161 SH HOST HOTELS P |04/11/06|12/15/09 331 SH ITT VARIOUS |01/27/09 P g .7236 SH ITT P <u>01/05/09|01/28/09</u> h 264 SH STARWOOD P VARIOUS |12/15/09 1.7373 SH STARWOOD P 04/10/0612/15/09 J GNMA POOL P VARIOUS VARIOUS k DB - HC ACCOUNT P SCHEDULE ATTACHED VARIOUS VARIOUS HC ACCOUNT P SCHEDULE ATTACHED VARIOUS VARIOUS m VARIOUS NUVEEN PREFERRED ACCOUNTS P VARIOUS VARIOUS n TIME WARNER INC FRAC SHARES P VARIOUS VARIOUS VARIOUS CASH IN LIEU TRANSACTIONS TD AMERITRADE P VARIOUS VARIOUS (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) <u>7,1</u>55 82,111 74,956. а 95,000. 20,711 b 74,289. 8,728. 4,986. 3.742. C 10 11 <1.> d ,645 3,271 ,626.> е 15,305 1,459 13,846. 33. 36. <3.> 9 9,554 10,707 ,153.> h 26. 32 <6.> 4,431 4,431 0. 253,189. 247,396. 5,793 k 234,823 342,723 <107,900.> 925,000 925,000 m 0. 26. 26. 0. n 27. 27. 0. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any 74,956. a 74,289. b 3,742. C d <1,626.> е f 13,846. g 153.> h <6.> 0. 5,793. <107,900.> ŀ 0. m 0. n 0 0. If gain, also enter in Part I, line 7 Capital gain net income or (net capital loss) If (loss), enter "-0-" in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.			D - Donation	<del></del>		
	ESS LOAN - SARD	IS CHURC	P	VARIOUS	01/01/09	
b CAPITAL GAINS	DIVIDENDS					
С						
d		<del></del>	<del></del>			
e						
<u>f</u>				-		
9	<u> </u>		-	<del> </del>		
h				-		
<u>l</u>				-		
k				1		
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m	-					
n _						
0						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(l) (e)	n) Gain or (loss) plus (f) minus (g)		
1		142,934.		<	142,934.	
38.					38.	
: 1						
9						
f						
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<u>k</u>		<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·			
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Complete only for assets show	ing gain in column (h) and owned b	y the foundation on 12/31/69	(I) La	sses (from col. (h)	)	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess	of col. (h) gain ove not less than "-0-")	r col. (k),	
a				<	142,934.	
)					38.	
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9		<u> </u>				
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<u>k</u> I	<del> </del>		<del> – –</del>	<u> </u>		
n	<del>                                     </del>			<del></del>	<del> </del>	
<u>''                                    </u>						
0	<u> </u>					
<u> </u>	<u> </u>					
Capital gain net income or (net o		ter in Part I, line 7 "-0-" in Part I, line 7	2	<del></del>	<80,959.	
Net short-term capital gain or (for if gain, also enter in Part I, line 8 if (loss), enter "-0-" in Part I, line		and (6):		N/A		

FORM 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY C	ASH IN	VESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
NOTE RECEIVABLES	CEIVABLES			94,478.		
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A			94,4	78.
FORM 990-PF DIVIDENT	OS AND INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE	GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A	)
BANK OF AMERICA-DIVIDENDS BANK OF AMERICA-INTEREST		2,850. 66,426.		0.	2,85 66,42	
CHARLES SCHWAB - INTEREST HIRTLE CALLAGHAN-DIVIDENDS		61. 12,582.		0. 38.	61. 12,544.	
HIRTLE CALLAGHAN-DIVIDENDS MORGAN STANLEY-DIVIDENDS MORGAN STANLEY-INTEREST		1. 11,273. 51.	0. 0. 0.		11,2	1. 73. 51.
SCHWAB INTEREST SMITH BARNEY-DIVIDENDS SMITH BARNEY-INTEREST		34. 8,191. 55.	0. 0. 0.		8,19	3 <b>4.</b> 91. 55.
TD AMERITRADE-DIVIDENDS TEGRA- INTEREST - OID		21,378. 481.		0. 0.	21,3	78. 81.
TEGRA-DIVIDENDS TEGRA-INTEREST		2. 221.		0.	2:	2. 21.
TOTAL TO FM 990-PF, PART I,	LN 4	123,606.		38.	123,50	68.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	3
	012.( 2					
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
MANAGEMENT FEES INCOME TAXES BROKERAGE FEES AND MISC	80,000. 16,027.		,000.		27,0	00.
EXPENSES FOREIGN TAXES PAID	5,573. 1,055.		,573. ,055.			0.
TO FORM 990-PF, PG 1, LN 23	102,655.	59	,628.		27,0	00.

FORM 990-PF OTHER INCREASES I	N NET ASSETS OR FU	ND BALANCES	STATEMENT	4
DESCRIPTION			AMOUNT	
NON-TAXABLE RETURN OF PRINCIPAL MISCELLANEOUS				77.
TOTAL TO FORM 990-PF, PART III,	LINE 3		34	48.
FORM 990-PF	MORTGAGE LOANS		STATEMENT	5
DESCRIPTION		BOOK VALUE	FAIR MARKE	r
MORTGAGE LOANS		1,917,340.	1,917,3	40.
TOTAL TO FORM 990-PF, PART II,	LINE 12	1,917,340.	1,917,3	40.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT	6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE	Г
CITI SMITH BARNEY TEGRA TD AMERITRADE MORGAN STANLEY HIRTLE CALLAGHAN 1940 MOORES MILL RD STATE OF ISRAEL BOND	COST COST COST COST COST COST	604,938. 14,766. 478,082. 769,586. 1,878,931. 156,215. 50,000.	698,73 14,70 536,54 946,20 1,844,73 156,23	66. 41. 61. 16.
TOTAL TO FORM 990-PF, PART II,	LINE 13	3,952,518.	4,247,2	23.
	ART XV - LINE 1A F FOUNDATION MANAGE	ERS	STATEMENT	7

NAME OF MANAGER

ROBERT AROGETI JOEL AROGETI

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  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).  Part II  Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  Name of Exempt Organization  THE ARGO FAMILY FUND  C/O ROBERT AROGETI, TRUSTEE  Number, street, and room or suite no. If a P O box, see instructions.  FIVE CONCOURSE PARKWAY # 1000  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  ATLANTA, GA 30328  Check type of return to be filed (File a separate application for each return):  Form 990-BL X Form 990-F 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.  ROBERT AROGETI  The books are in the care of ► FIVE CONCOURSE PARKWAY # 1000 - ATLANTA, GA 30342  Telephone No. ► 404-898-8209  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	Form 8868 (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 original (no copies needed).  If you are filing for the Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  If a Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  If you are filing for the Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  If you are filing for the Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  If a Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  If a Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  If a Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).  If you are filing for an Automatic 3-Month Extension of Time. Only file the original (no copies needed).  If you are filing for an Automatic 3-Month Extension of Time. Only file the original (no copies needed).  If this is for identification number (SEN)							
Part II Additional (Not 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 copies needed).  Name of Exempt Organization  THE ARGO FAMILY FUND  C/O ROBERT ARGETI, TRUSTEE  Sa - 20 69 1 20  For IRS use only  FIVE CONCOURSE PARKWAY # 10 00  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  ATLANTA, GA 30 3 28  Check type of return to be filed (File a separate application for each return):  Form 990							
Name of Exempt Organization   THE ARGO FAMILY FUND   C/O ROBERT AROGETI   TRUSTEE   S8-2069120		are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
THE ARGO FAMILY FUND  C/O ROBERT AROGETI, TRUSTEE  S8-2069120  Number, street, and room or suite no. If a P O box, see instructions.  FIVE CONCOURSE PARKWAY # 1000  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  ATLANTA, GA 30328  Check type of return to be filed (File a separate application for each return):  Form 990	Part I	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	opies r	eeded).			
THE ARGO FAMILY FUND File by the storended clue date for storended clue date f	Name of Exempt Organization Employer identification n						
Unifore, street, and room or susten oi. If a PO box, see instructions.    Very Concourse Parkway # 1000	• •						
Number, street, and room or suite no. If a P O box, see instructions.    TVB CONCOURSE PARKWAY # 1000	•	C/O ROBERT AROGETI, TRUSTEE	58-2069120				
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  ATLANTA, GA 30328  Check type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870 Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069  STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.  ROBERT AROGETI  The books are in the care of FIVE CONCOURSE PARKWAY # 1000 - ATLANTA, GA 30342 Telephone No. FIVE CONCOURSE PARKWAY # 1000 - ATLANTA, GA 30342  Telephone No. Form 990-BL group and of the organization of 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 A requirement of the group, check this box If this is for part of the group, check this box A requirement of the group of the group, check this box If this is for part of the group, check this box A requirement of the group of the g	extended		For IF	RS use only			
Check type of return to be filed (File a separate application for each return):  Form 990  Form 990-EZ  Form 990-T (sec. 401(a) or 408(a) trust)  Form 1041-A  Form 5227  Form 8870  Form 990-BL  Form 990-FF  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.  ROBERT AROGETI  The books are in the care of ► FIVE CONCOURSE PARKWAY # 1000 - ATLANTA, GA 30342  Telephone No. ► 404-898-8209  FAX No. ►  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 for part of the group, check this box  and attach a list with the names and EliNs of all members the extension is for.  If this is for a Group Return, enter the organization of time until  NOVEMBER 15, 2010.  For calendar year 2009, or other tax year beginning  , and ending	due date for filing the						
Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870 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.  ROBERT AROGETI  The books are in the care of FIVE CONCOURSE PARKWAY # 1000 - ATLANTA, GA 30342  Telephone No. 404-898-8209 FAX No. Fifth 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 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 NOVEMBER 15, 2010.  For calendar year 2009, or other tax year beginning and attach a list with the names and EINs of all members the extension is for.  Initial return Change in accounting period State in detail why you need the extension.  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 previously with Form 8868.  Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit							
Form 990-BL	Check t	type of return to be filed (File a separate application for each return):					
ROBERT AROGETI  The books are in the care of FIVE CONCOURSE PARKWAY # 1000 - ATLANTA, GA 30342  Telephone No. 404-898-8209 FAX No. FIVE or of 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 In the united States and dittional 3-month extension of time until NOVEMBER 15, 2010.  To request an additional 3-month extension of time until NOVEMBER 15, 2010.  To request an additional 3-month extension of time until November (GEN) and ending and end	Fo	orm 990 🔲 Form 990-EZ 🔲 Form 990-T (sec. 401(a) or 408(a) trust) 🔲 Form 1041-A [	Fo	rm 5227 Form 8870			
ROBERT AROGETI  The books are in the care of ► FIVE CONCOURSE PARKWAY # 1000 - ATLANTA, GA 30342  Telephone No. ► 404-898-8209  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)	L Fo	orm 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	Fo	rm 6069			
The books are in the care of ► FIVE CONCOURSE PARKWAY # 1000 - ATLANTA, GA 30342  Telephone No. ► 404-898-8209 FAX No. ►  If the organization does not have an office or place of business in the United States, check this box	STOP!	Oo not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 8868.			
The books are in the care of ► FIVE CONCOURSE PARKWAY # 1000 - ATLANTA, GA 30342  Telephone No. ► 404-898-8209 FAX No. ►  If the organization does not have an office or place of business in the United States, check this box		ROBERT AROGETI					
Telephone No. ► 404-898-8209 FAX No. ►  If the organization does not have an office or place of business in the United States, check this box	• The b		. G	A 30342			
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 ▶ 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 NOVEMBER 15, 2010.  5 For calendar year 2009, or other tax year beginning and ending and ending and ending Change in accounting period State in detail why you need the extension Initial return Final return Change in accounting period State in detail why you need the extension 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 \$\$  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 8b \$\$  c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit							
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	<ul><li>If the</li></ul>	organization does not have an office or place of business in the United States, check this box		<b>▶</b> □			
I request an additional 3-month extension of time until  NOVEMBER 15, 2010.  For calendar year 2009, or other tax year beginning  If this tax year is for less than 12 months, check reason:  State in detail why you need the extension  Initial return  Final return  Change in accounting period  This application is for Form 990-BL, 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 prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	• If this	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th	is is fo	the whole group, check this			
For calendar year 2009, or other tax year beginning , and ending .  6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period .  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 \$  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  8b \$  c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	box 🕨	If it is for part of the group, check this box and attach a list with the names and EINs of all	memb	ers the extension is for.			
6 If this tax year is for less than 12 months, check reason: Initial return							
State in detail why you need the extension  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 \$  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  8b \$  c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	5 Fo	or calendar year $2009$ , or other tax year beginning, and ending _		•			
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 \$  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  8b \$  c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	6 If	6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period					
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 prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	7 St	ate in detail why you need the extension					
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 prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	_						
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 prior year overpayment allowed as a credit and any amount paid previously with Form 8868.  c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit							
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c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit							
			8b	\$			
With ETD coupon or, if required, by using EETPS (Electronic Federal Tax Payment System). See instructions 1, &c. 1, %			_				
	w		8c	\$			
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.							
Signature ► Title ► ROBERT AROGETI Date ►	•	· · · · · · · · · · · · · · · · · · ·	Date	<b>•</b>			

Form **8868** (Rev. 4-2009)

<u>Form</u>	8868 (Rev. 4-2009)			Page 2	
• If v	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and ch	eck this bo	x	<b>▶</b> X	
	Only complete Part II if you have already been granted an automatic 3-month extension on a previous			, —	
• If y	ourare filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	•			
Par	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the on	ginal (no co	pies needed).		
T	Name of Exempt Organization		Employer ide	ntification number	
Type print	IND ARGO PARITH FORD	i			
File by	C/O ROBERT AROGETI, TRUSTEE		58-20	59120	
extend	Number, street, and room or suite no. If a PO box, see instructions.		For IRS use or	nty	
due da film() th	11v1 concomba lindivisi	لـــــــل			
return instruc	nama I				
	ATLANTA, GA 30328				
Chec	*k type of return to be filed (File a separate application for each return)  Form 990  Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1	044 A F	Form 5227		
<u> </u>	Form 990	- · · · ·	Form 6069		
	Form 990-BL A Form 990-FF Lad Form 990-1 (dust other than above)	720 _	FOITH 6069		
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on	a previous	sly filed Form	3868.	
	ROBERT AROGETI				
• Tì	ne books are in the care of ▶ FIVE CONCOURSE PARKWAY # 1000 - AT	LANTA	, GA 303	342	
	elephone No ▶ 404-898-8209 FAX No. ▶	_			
• 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	s is for the who	le group, check this	
box	If it is for part of the group, check this box  and attach a list with the names and	EINs of all I	members the e	xtension is for	
4	request an additional 3-month extension of time until NOVEMBER 15, 2010				
5		d ending			
6	If this tax year is for less than 12 months, check reason: Initial return Final re	turn	Change i	n accounting period	
7	State in detail why you need the extension				
				<del></del>	
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less an	<u>,,                                   </u>	<u> </u>		
OH	nonrefundable credits. See instructions.	' <sup>y</sup>	8a \$		
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estim	ated	Oa ş	·	
-	tax payments made Include any prior year overpayment allowed as a credit and any amount paid	1			
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С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, de	eposit			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See ins	structions	8c \$		
	Signature and Verification				
Under	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statement	s, and to the	best of my know	rledge and belief,	
	ue, correct, and complete, and that I am authorized to prepare this form.		£	21. ~ 1	
Signa	ture ► ROBERT AROGETI			/13/10	
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