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SCANNED NOV 08 2010

Form **990-PF**

Department of the Treasury

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.

2009

OMB No 1545-0052

Part Analysis of Revenue and Expenses Under section 507(b)(1)(B), check here	Use the IRIS Name of foundation part of the transport of	For	calendar year 2009, or tax year beginning		, and ending		
Use the IRB Name of foundation	Use the IRS hame of toundation Index label. THE FRANK PAMILY FOUNDATION, INC. THE FRANK PAMILY FOUNDATION FOUNDATION THE FR	G (heck all that apply: Initial return	Initial return of a fo	ormer public charity	Final return	
THE FRANK FAMILY POUNDATION, INC. Potential increase and service PG from number direct in delivered to sheered to shee	See Specific Company		Amended return	Address chan	ge	Name change	
Otherwise. PHE FRANK FAMILY FOUNDATION, INC. 1	therewise, THE FRANK FAMILY FOUNDATION, INC. 58-28281	Use	the IRS Name of foundation			A Employer identification	number
Part Analysis of Revenue and Expenses Clark Part P	print in the print of the print in the print is not delivered to arrest addressed or type. J Q CREST VALIEY DRIVE, NW See Specific City or town, state, and 2P code and the print in the p	١					
or type. 20 CREST VALLEY DRIVE, NW 1404 255-7112	Set Specific City or fown, site, and 2P code Instructions R14ANTA, GA 30 32 7 H Check type of organization: SL Section 50 (Ici) seempt private foundation Fair market value of all assets at end of year (from Part II, cot (e), fine 2)				· · · · · · · · · · · · · · · · · · ·	58-2082981	<u> </u>
See Specific Control of the Control	See Specific Copy of town, state, and ZIP Code ATCLANTA, GA 3 0 30 32 The interactions of ATCLANTA, GA 3 0 30 32 The interactions of ATCLANTA, GA 3 0 30 32 The interactions of ATCLANTA, GA 3 0 30 32 The interactions of ATCLANTA, GA 3 0 30 32 The interactions of ATCLANTA, GA 3 0 30 32 The interactions of ATCLANTA, GA 3 0 30 32 The interactions of ATCLANTA, GA 3 0 30 32 The interactions of ATCLANTA, GA 3 0 30 32 The interactions of ATCLANTA, GA 3 0 30 32 The interactions of ATCLANTA, GA 3 0 30 32 The interactions of ATCLANTA, GA 3 0 30 32 The interactions of ATCLANTA, GA 3 0 30 32 The interactions of ATCLANTA, GA 3 0 30 32 The interactions of ATCLANTA, GA 3 0 30 2 The interaction of ATCLANTA, GA 3 1 T				Room/suite		
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Contributions, grits, grants, etc., recover	Military		ructions City of town, State, and ZIP code			1 ' ' '	
Section 4947(a)(1) nonexempt charinable russ □ Other taxable private foundation Fair market value of all assets at end of year J. Accounting method: X. Cash □ Accrual Fair market value of all assets at end of year J. Accounting method: X. Cash □ Accrual Fair market value of all assets at end of year J. Accounting method: X. Cash □ Accrual Fair market value of all assets at end of year J. Accounting method: X. Cash □ Accrual Fair market value of all seasons and seasons of the cash of the value of the v	Section 4947(a)(1) nonexempt charactable trust		ATLANTA, GA 30327	- · 		D 1. Foreign organizations	s, check here
Farr market value of all assets at end of year (from Part II, col. (c), line 16) Accounting method:	Fart market value of all assets at end of year (from Part II, cot (o), line 16)	H_0				check here and attach co	imputation
Contributions, giffs, grants, etc., received 3,604.700. Chart (specify) 3,604.700. Chart (specify) Chart (sp	## If the foundation is in a 60-month termination under section 507(b)(1)(b), check here ▶ 1 Analysis of Revenue and Expenses per books (b) Net investment income (c) Adjusted et (c) Adjusted	느			11		
Sample S	S 3, 60 4, 70 0		·	•	Accrual	under section 507(b)(1)	(A), check here
Part Analysis of Revenue and Expenses (a) Revenue and expenses (b) Not work (b) Not wrote of anomation coloures (b) (c) and (c) many not necessarily exact the amounts in coloures (b) (c) and (c) many not necessarily exact the amounts in coloures (c) (d) Destatement (c) and (c) an	Analysis of Revenue and Expenses (a) Revenue and (b) Net moestment income (c) Adjusted net income (d) Descriptions (d		. ,	· · · · · · · · · · · · · · · · · · ·			
Contributions, grifts, grants, etc., received Contributions, grifts, grants paid Contri	The status of amounts in columns (a), claim (a) may not necessarities and the status of a			· · · · · · · · · · · · · · · · · · ·			
1 Contributions, gifts, grants, etc., received 2 Check ▶	1 Commissions, grits, grants, etc., received 2 Check 108, 159 108, 15	Pa	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)				for charitable purposes
2 Check	Chees			3,600.			
a tentered on savings and temporary 4 Dividends and inferest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on aine 10 5c Gross sales price for all assets on line 6a 9 Income modifications 10a and sales seer returns 10a and sales seer seer seer seer seer seer seer s	Interest on savings and temporary Cash Provision Ca			,			**
4 Dividends and interest from securities 5 a Gross rents 5 Net retail income or (loss) 6 Net gain or lose) from sale of assets not on line 10 6 a Net gain or lose) from sale of assets not on line 10 6 a Net gain or lose) from sale of assets not on line 10 6 a Net gain or lose) from sale of assets not on line 10 7 Contral gain and short come (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salents and wages 15 Pension plans, employee benefits 18 Legal fees 2 Contral gain fees 2 Contral gain fees 3 Contral gain fees 3 Congensation of officers, directors, trustees, etc 3 Congensation of officers, directors, trustees, etc 4 Other professional fees 5 Contral gain fees 6 Contral gain fees 7 Conglate gain fees 8 Congensation of officers, directors, trustees, etc 9 Congensation of officers, directors, truste	## Dividends and interest from securities 108,159 108,159 ## STATEMENT 1 108,159 ## STATEMENT 1 108,159 ## S		 Interest on savings and temporary 				
D Net rental income or (loss) RECEIVED	D Net rental income or (loss) RECEIVED			108,159.	108,159.		STATEMENT 1
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b Net investment income (if negative, enter -0-)	b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 0.		27 Subtract line 26 from line 12:				
	c Adjusted net income (if negative, enter -0-)		Excess of revenue over expenses and disbursements	13,607.			·
			b Net investment income (if negative, enter -0-)		107,954.		
		BRAF				<u> </u>	

, (01	55	OHI (2003) THE FRANK PANTILL POUNDA.			2002301 Tage 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end of-year amounts only	Beginning of year (a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cach - non-interest-bearing	1,015.	1,925.	1,925.
		Savings and temporary cash investments	<u> </u>	1,7400	1,343.
		Accounts receivable			
	3			~ -	- ·
		Less: allowance for doubtful accounts			
	4	Pledges receivable		•	~
	_	Less: allowance for doubtful accounts			_
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	7	Other notes and loans receivable			
	_	Less: allowance for doubtful accounts			
Assets		Inventories for sale or use			
ŠŠ		Prepaid expenses and deferred charges			
4		Investments - U.S. and state government obligations	<u> </u>		2 600 885
	b	investments - corporate stock STMT 4	59,373.	62,973.	3,602,775.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis		\$	
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶			* *
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers)	60,388.	64,898.	3,604,700.
	17	Accounts payable and accrued expenses			,
	18	Grants payable			• •
S	19	Deferred revenue			
Ĭ	20	Loans from officers, directors, trustees and other disqualified persons			i
Liabilities	21	Mortgages and other notes payable			• !
_	22	Other liabilities (describe STATEMENT 5)	9,362.	265.	
					k (
	23	Total liabilities (add lines 17 through 22)	9,362.	265.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			** * * * * * * * * * * * * * * * * * * *
ces	24	Unrestricted			* * *
ă	25	Temporarily restricted		•	,
Ba	26				
ā	1	Foundations that do not follow SFAS 117, check here			*e
ī		and complete lines 27 through 31.			*
S	27	Capital stock, trust principal, or current funds	0.	0.	, ,
Şet	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	r
Net Assets or Fund Balanc	29	Retained earnings, accumulated income, endowment, or other funds	51,026.	64,633.	ļ
ĕ	30	Total net assets or fund balances	51,026.	64,633.	į.
_	•			,	1
	31	Total liabilities and net assets/fund balances	60,388.	64,898.	
_					
<u>P</u>	art	Analysis of Changes in Net Assets or Fund Ba	aiances		
1	Tota	net assets or fund balances at beginning of year - Part !!, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	51,026.
2	•	r amount from Part I, line 27a		2	13,607.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	64,633.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	64,633.
Ť	. 514	Tart in the second of the service of the service of the interior	, (0), mio 00		Form 990-PF (2009)

2-story brick v	scribe the kin warehouse, o	id(s) of property sold (e.g ir common stock, 200 sh	j., real estate, c. MLC Co)		(b) Hov P - P D - D	v acquired urchase onation	(c) Date (mo.,	acquired day, yī.)	(d) Date sold (mo., day, yr)
					+	<u> </u>			
	ONE				 				
C									
d									
e					<u> </u>				
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		t or other basis xpense of sale				Gain or (loss) is (f) minus (
a	1				\dashv				
<u>.</u>	+		 		+				
<u>. </u>	-		<u> </u>		\dashv				
<u>. </u>	+	-							
Complete only for assets show	ving gain in c	olumn (h) and owned by	the foundation	on 12/31/69			(I) Gains (Col. (h) gain	minus
(i) F.M.V. as of 12/31/69	Ţ (j	i) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1) col. (j), if any			ol. (k), but	not less than s (from col. (I	1 -0-) or
a								_	
b	ļ							_	
<u>C</u>			ļ						
d									
e					$\overline{}$	Τ΄			
Capital gain net income or (net i	capital loss)		r in Part I, line .)- in Part I, line	/ 7	<u> </u>	<u>.</u>			
Net short-term capital gain or (l		`		•	1				
If gain, also enter in Part I, line 8			nu (o).		J				
If (loss), enter -0- in Part I, line	8	<i>r</i> -				ı			
Dart V Cualification									
		ection 4940(e) for ans subject to the section				tment In	come		
For optional use by domestic prival section 4940(d)(2) applies, leave Vas the foundation liable for the se in Yes," the foundation does not qu	ate foundation this part bla ection 4942 the standard the	ns subject to the section nk. ax on the distributable an section 4940(e). Do not co	4940(a) tax on nount of any ye omplete this pa	net investment ii ar in the base pe rt.	riod?	tment In	come		Yes X No
For optional use by domestic prival section 4940(d)(2) applies, leave Vas the foundation liable for the se "Yes," the foundation does not que Enter the appropriate amount in	ate foundation this part bla ection 4942 the standard the	ns subject to the section nk. ax on the distributable an section 4940(e). Do not con for each year; see instr	4940(a) tax on nount of any ye omplete this pa	net investment ii ar in the base pe rt.	riod?	tment In	come	-	
For optional use by domestic private section 4940(d)(2) applies, leave also the foundation liable for the se "Yes," the foundation does not que Enter the appropriate amount in (a) Base period years	ate foundation this part bla ection 4942 to ualify under son each colum	nk. ax on the distributable an ection 4940(e). Do not con for each year; see instr	4940(a) tax on nount of any ye omplete this paructions before	net investment in ar in the base pe rt. making any entri	riod?			Distrib	(d)
section 4940(d)(2) applies, leave /as the foundation liable for the se "Yes," the foundation does not qu Enter the appropriate amount in (a) Base period years Calendar year (or tax year begin)	ate foundation this part bla ection 4942 to ualify under son each colum	nk. ax on the distributable an section 4940(e). Do not come for each year; see instruction 4940(b). Adjusted qualifying distributable and section 4940(e).	4940(a) tax on mount of any ye complete this paractions before stributions	net investment ii ar in the base pe rt.	riod? es. (c) oncharita	ole-use asse	is	Distrib (col. (b) div	(d) ution ratio ided by col. (c))
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or optional use by domestic prival section 4940(d)(2) applies, leave as the foundation liable for the se "Yes," the foundation does not que Enter the appropriate amount in Base period years Calendar year (or tax year begins 2008 2007	ate foundation this part bla ection 4942 to ualify under son each colum	nk subject to the section nk. ax on the distributable an section 4940(e). Do not come for each year; see instruction of the complete of the c	nount of any year omplete this particulous before stributions 2, 128. 5, 082. 82, 720. 80, 978.	net investment in ar in the base pe rt. making any entri	riod? es. (c) oncharita 3,5 3,7 2,3	524,34 773,30 003,49 342,94	4 . 6 . 3 . 4 .	Distrib (col. (b) div	(d) ution ratio ided by col. (c)) . 02614(. 083503
section 4940(d)(2) applies, leave /as the foundation liable for the se "Yes," the foundation does not que Enter the appropriate amount ii Base period years Calendar year (or tax year begins) 2008 2007 2006	ate foundation this part bla ection 4942 to ualify under son each colum	nk subject to the section nk. ax on the distributable an section 4940(e). Do not come for each year; see instruction of the complete of the c	nount of any year omplete this particulous before stributions 02,128. 5,082.	net investment in ar in the base pe rt. making any entri	riod? es. (c) oncharita 3,5 3,7 2,3	ole-use asset 524,34 773,30 003,49	4 . 6 . 3 . 4 .	Distrib (col. (b) div	(d)
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Form	990-PF(2009) THE FRANK FAMILY FOUNDATION, I					2082			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940	0(a), 494	10(b), 4940(e)	, or 49	948	- see i	nstru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔛 and en	nter "N/A" or	n line 1.						
	Date of ruling or determination letter: (attach copy of letter if nec	essary-see	instructions)	j		İ		_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► 🔲 and	l enter 1%	· [1			2,1	<u>59.</u>
	of Part I, line 27b				,				,
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% $$	of Part I, II	ne 12, col. (b) リ						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers enter -	-0-)	Ĺ	2				0.
3	Add lines 1 and 2				3	<u></u>		2,1	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	thers enter	-0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			L	5			2,1	<u>59.</u>
6	Credits/Payments:							é	
а	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	1,9	20.		}			1
b	Exempt foreign organizations - tax withheld at source	6b						¢	
C	Tax paid with application for extension of time to file (Form 8868)	6c						*	1
d	Backup withholding erroneously withheld	6d							
	Total credits and payments. Add lines 6a through 6d			L	7	L		<u>1,9</u>	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	ched			8				26.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			▶ [9			2	65.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			▶ [10				
	Enter the amount of line 10 to be: Credited to 2010 estimated tax		Refund	ed ▶	11				
Pa	rt VII-A Statements Regarding Activities						,		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	lation or did	d it participate or in	tervene i	n			Yes	
	any political campaign?						1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (see ins	tructions for definit	ion)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of	f any materials ρι	iblished	or				
	distributed by the foundation in connection with the activities								
C	Did the foundation file Form 1120-POL for this year?						10	_	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	•							
	(1) On the foundation. > \$ (2) On foundation managers.	. 🕨 💲		<u> 0 </u>			,	۷,	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ture tax ımp	oosed on foundatio	n					
	managers. ► \$O.								
2	Has the foundation engaged in any activities that have not previously been reported to the IR	RS?					2		X
	If "Yes," attach a detailed description of the activities								
	Has the foundation made any changes, not previously reported to the IRS, in its governing in	-	articles of incorpor	atıon, or					,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	es					3		_X_
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	L,					4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?				N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?						5		X
	If "Yes," attach the statement required by General Instruction T								:
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	ther:						1000	
	By language in the governing instrument, or								
	 By state legislation that effectively amends the governing instrument so that no mandatory 	y directions	that conflict with the	ne state	law		as a li	a <u></u>	
	remain in the governing instrument?						6	X	
	Did the foundation have at least \$5,000 in assets at any time during the year?						7	X	
	If "Yes," complete Part II, col. (c), and Part XV	_						*	
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) 🕨							'
	<u>GA</u>								4
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	ttorney Gen	eral (or designate)						
	of each state as required by General Instruction G? If "No," attach explanation						8b	X	
	Is the foundation claiming status as a private operating foundation within the meaning of sec			for calen	dar		_		'
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," co	•					9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedul	le listing their	names and addresses	3			10		Х
						Forr	n 990	-PF (2009)

Form 990-PF (2009) THE FRANK FAMILY FOUNDAT			<u>58-20829</u>	81	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:			[
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	-	
(2) miliuence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,	es X No		,
any voter registration drive?	,		S X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		T6	S A NO		
(4) Provide a grant to an organization other than a charitable, etc., organization	i described in section		es X No		
509(a)(1), (2), or (3), or section 4940(d)(2)?	or advectional purposes, or i		S ZZ NU		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or		es X No		l .
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 unc	ler the excentions described		3 ZZ 140		
section 53.4945 or in a current notice regarding disaster assistance (see instru		in riogulations	N/A	 5b	
Organizations relying on a current notice regarding disaster assistance check h	•			-	+-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined			, ;
expenditure responsibility for the grant?			es 🗀 No		1
If "Yes," attach the statement required by Regulations section 53 4945		.,			;
6a Did the foundation, during the year, receive any funds, directly or indirectly, to provide the foundation of the year.]
a personal benefit contract?	, p		es 🗶 No	<	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870			-		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No		
b If yes, did the foundation receive any proceeds or have any net income attribute			N/A	7b	
Information About Officers, Directors, Trusto		nagers, Highly			
Part VIII Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	compensation.			· _	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Exp açcount	oense L other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowa	
					_
SEE STATEMENT 6		0.	0.		0.
		ļ			
	<u> </u>				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "	<u> </u>		
	(b) Title, and average		(d) Contributions to	(e) Ex	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	ačcouni allowa	t, other
NONE	acvoica to position	 	compensation	unowe	
HONE					
		 			
			Į		
	<u>-</u>	 			
					
		 			
Total number of other employees paid over \$50,000		<u> </u>	<u> </u>	L	
A SOURCE AND A SOU			Form	990-PF	(2009)

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Total. Add lines 1 through 3

Form **990-PF** (2009)

<u></u>	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four		a contractions \
	, , , , , , , , , , , , , , , , , , ,	ndation	is, see instructions)
1	Faii market value of assets not used (or neid for use) directly in carrying out charitable, etc., purposes:	-	2 005 544
а	Average monthly fair market value of securities	1a	2,805,544.
	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,805,544.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	<u> </u>
3	Subtract line 2 from line 1d	3	2,805,544.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	42,083.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,763,461.
6	Minimum investment return. Enter 5% of line 5	6	138,173.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certai	n
1	Minimum investment return from Part X, line 6	1	138,173.
2a	Tax on investment income for 2009 from Part VI, line 5 2, 159.		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	2,159.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,159. 136,014.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	136,014.
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	136,014.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	95,762.
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:		
а	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	95,762.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		··
-	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	95,762.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies	

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	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,	`	<u>`</u>		
line 7				136,014.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
,,		0.		· · · · · · · · · · · · · · · · · · ·
3 Excess distributions carryover, if any, to 2009:				*
a From 2004				
b From 2005				
c From 2006 95,731. d From 2007 127,935.				
			\$	
e From 2008	000" 666			
f Total of lines 3a through e	223,666.	· · · · · · · · · · · · · · · · · · ·	*	·
4 Qualifying distributions for 2009 from				
Part XII, line 4: \triangleright \$ 95,762.		:		
a Applied to 2008, but not more than line 2a			0.	*
b Applied to undistributed income of prior			ξ	*
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			` *	
(Election required - see instructions)	0.			<u> </u>
d Applied to 2009 distributable amount				95,762.
e Remaining amount distributed out of corpus	0.			40.050
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	40,252.			40,252.
6 Enter the net total of each column as indicated below:		v		*
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	183,414.	*		
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of	,		* "	,
deficiency has been issued, or on which	* '		*	
the section 4942(a) tax has been previously assessed	, '	0.		* *
d Subtract line 6c from line 6b. Taxable				,
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	*
f Undistributed income for 2009 Subtract				· · · · · ·
lines 4d and 5 from line 1. This amount must	,		\$	
be distributed in 2010				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 2004				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	183,414.		<u></u>	
10 Analysis of line 9:				
a Excess from 2005	1			
b Excess from 2006 55, 479.				
c Excess from 2007 127, 935.				
d Excess from 2008				
a Evenes from 2000				

Form **990-PF** (2009)

Form 990-PF (2009) THE FRA	NK FAMILY F	OUNDATION,	INC.	58-20	82981 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective to	r 2009, enter the date of	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatii	ng foundation described i	n section	4942(j)(3) or 49)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
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					
3 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) 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		1			
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
	rmation (Comple	te this part only	if the foundat	ion had \$5,000 or mo	ore in assets
at any time during					
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh	•	than 2% of the total cont	ributions received by	the foundation before the clos	se of any tax
year (but only if they have contributed i			,		, ,
LARRY FRANK					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation	or an equally large p	ortion of the ownership of a pa	artnership or
other entity) of which the foundation ha					
NONE					
2 Information Regarding Contribut	ion. Grant. Gift. Loan	. Scholarship, etc., Pi	ograms:	····	
Check here ► X if the foundation of				es not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
,	,				
b The form in which applications should be	be submitted and informa	tion and materials they sl	nould include:		
c Any submission deadlines:			-		
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of institutions,	, or other factors:	

Name and address (nome or business) a Paid during the year CASH CONTRIBUTIONS - SEE NONE N/A UNRESTRICTED 9	10 nount 5 , 762
a Paid duning the year CASH CONTRIBUTIONS - SEE NONE N/A DATESTRICTED 9	_
a Paid duning the year CASH CONTRIBUTIONS - SEE NONE N/A DATESTRICTED 9	5,762
CASH CONTRIBUTIONS - SEE NONE N/A UNRESTRICTED 9 SCHEDULE ATTACHED 9	5,762
Total ▶ 3a 9	5,762
b Approved for future payment	
NONE	
Total ▶ 3b	0

THE FRANK FAMILY FOUNDATION, INC.

nter gross amounts uniess otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
nor grood amounts amous outer wise mulcated.	(a) Business	(b)	(C) Exclu-	(d)	Related or exemp
Program service revenue:	code	Amount	sion code	Amount	function income
1					
Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash					
nvestments					
Dividends and interest from securities			14	108,159.	······································
let rental income or (loss) from real estate:				· · · · · · · · · · · · · · · · · · ·	
Debt-financed property					
Not debt-financed property			 		
Net rental income or (loss) from personal	 				
property					
Other investment income			+ +		
Gain or (loss) from sales of assets other			+ +		=
than inventory			1 1		
Net income or (loss) from special events	-				
Gross profit or (loss) from sales of inventory	-				
Other revenue:		.	+ +		
å			+ +		
b	_		+ +		
<u> </u>	-		+		
d			+		
Cubatel Add columns (b) (d) and (c)	_	0	++-	108,159.	
Subtotal. Add columns (b), (d), and (e) Total . Add line 12, columns (b), (d), and (e)	<u> </u>		•	13	108,1
e worksheet in line 13 instructions to verify calculations.	`			···	100,1
art XVI-B Relationship of Activities		nlishment of E	vemnt B	urposos	
nelationship of Activities					
	icome is reported in c		A contribute	d importantly to the accomp	olishment of
	an hu providina funda	for cuch nurnecect			
Explain below how each activity for which in the foundation's exempt purposes (other the	an by providing funds	for such purposes).			
	an by providing funds	for such purposes).			
	an by providing funds	for such purposes).			
	an by providing funds	for such purposes).			
	an by providing funds	for such purposes).			
	an by providing funds	for such purposes).			
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	an by providing funds	for such purposes).			
	an by providing funds	for such purposes).			
	an by providing funds	for such purposes).			
	an by providing funds	for such purposes).			

58-2082981 Form 990-PF (2009) THE FRANK FAMILY FOUNDATION, Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X (1) Cash 1a(1) X 1a(2) (2) Other assets b Other transactions. X 1b(1) (1) Sales of assets to a noncharitable exempt organization 16(2) (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 1b(3) X (4) Reimbursement arrangements 1b(4) 1b(5) X (5) Loans or loan guarantees X (6) Performance of services or membership or fundraising solicitations 1b(6) X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (d) Description of transfers, transactions and sharing arrangements (a)Line no (b) Amount involved N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Signature of officer or trustee Preparer's identifying numbe Date Check if Preparer's self-10 signature

Form **990-PF** (2009)

AROGETI,

ATLANTA, GEORGIA 30328

& WYNNE,

FIVE CONCOURSE PARKWAY, SUITE 1000

employed >

EIN ▶

Phone no.

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

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

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

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

for Form 990, 990-EZ, or 990-PF.

Employer identification number

THE FRANK FAMILY FOUNDATION, INC.

58-2082981

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LARRY FRANK 920 CREST VALLEY DRIVE, NW ATLANTA, GA 30327	\$99,920.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Page 1 of 1 of Part II
Employer identification number

THE FRANK FAMILY FOUNDATION, INC.

58-2082981

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	8,000 SHS SARA LEE STOCK		
		\$ 99,920.	12/29/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		-	
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		-	
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		: _	
923453 02-0	1.10	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2009)

FORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECUE	RITIES	ST	ATEMENT	
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	C	OLUMN (A AMOUNT)
UBS	-		108,159.		0.		108,1	59.
TOTAL TO FM 990-PF, PART I, I	LN 4	108,159.			0.		108,159.	
FORM 990-PF		TAX	ES			ST	ATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTEI NET INCOM		(D) CHARITAI PURPOSI	
IRS		2,185.		0.		0.		0.
		2,185.		0.		0.		0.
TO FORM 990-PF, PG 1, LN 18 =			-			====		
FORM 990-PF, PG 1, LN 18			XPENSES			ST	ATEMENT	3
=	O (. EXPE	THER E	XPENSES (B) NET INV	EST-	(C) ADJUSTEI NET INCOM)	ATEMENT (D) CHARITAL PURPOS	BLE
FORM 990-PF	O (. EXPE	THER E	(B) NET INV MENT IN	EST-	ADJUSTEI)	(D) CHARITA	BLE
FORM 990-PF DESCRIPTION BANK SERVICE CHARGE	O (. EXPE	THER E A) NSES BOOKS	(B) NET INV MENT IN	TEST-ICOME	ADJUSTEI	0 ·	(D) CHARITA	BLE ES
FORM 990-PF DESCRIPTION BANK SERVICE CHARGE GA SEC OF STATE	O (EXPE PER	THER E A) NSES BOOKS 150. 30.	(B) NET INV MENT IN	150. 30.	ADJUSTEI	0. 0.	(D) CHARITA	0. 0.
FORM 990-PF DESCRIPTION BANK SERVICE CHARGE GA SEC OF STATE TO FORM 990-PF, PG 1, LN 23	O (EXPE PER	THER E A) NSES BOOKS 150. 30.	(B) NET INV MENT IN	150. 30. 180.	ADJUSTEI	0. 0. 0. ST	(D) CHARITA PURPOS	0. 0. 0.
FORM 990-PF DESCRIPTION BANK SERVICE CHARGE GA SEC OF STATE TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	O (EXPE PER	THER E A) NSES BOOKS 150. 30.	(B) NET INV MENT IN	150. 30. 180.	ADJUSTEI NET INCOM	0. 0. 0. ST	(D) CHARITAL PURPOSE ATEMENT IR MARKE	0. 0. 4

FORM 990-PF	OTHER LIABILITIES		STAT	EMENT 5
DESCRIPTION		BOY AMOUN	r EOY	AMOUNT
CASH OVERDRAFT FEDERAL TAX LIABILITY	8,22			
TOTAL TO FORM 990-PF, PART II,	LINE 22	9,36	52.	265.
	IST OF OFFICERS, D ND FOUNDATION MANA		STAT	EMENT 6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
LOIS FRANK 920 CREST VALLEY DR., NW ATLANTA, GA 30327	PRESIDENT 0.00	0.	0.	0.
LARRY FRANK 920 CREST VALLEY DR., NW ATLANTA, GA 30327	CHMN BOARD 0.00	0.	0.	0.
ISAAC FRANK 920 CREST VALLEY DR., NW ATLANTA, GA 30327	DIRECTOR 0.00	0.	0.	0.
M JOSHUA FRANK 920 CREST VALLEY DR., NW ATLANTA, GA 30327	TREASURER 0.00	0.	0.	0.
ADAM FRANK 920 CREST VALLEY DR., NW ATLANTA, GA 30327	SECRETARY 0.00	0.	0.	0.
AARON FRANK 920 CREST VALLEY DR., NW ATLANTA, GA 30327	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

The Frank Family Foundation, Inc Schedule of Average Fair Market Value FYE 12/31/2009

		UBS Financial	Ch	arles Schwab	Average	
		Cash & Securities	Cas	h & Securities		
December	2008	\$ 2,676,026.95	\$	1,015.01		
January	2009	2,694,980.80	\$	1,015.01	\$ 2,686,518.89	
February	2009	2,066,071.15	\$	1,015.01	2,381,540.99	
March	2009	2,205,999.39	\$	1,015.01	2,137,050.28	
April	2009	2,422,913.15	\$	1,015.01	2,315,471.28	
May	2009	2,576,371.04	\$	1,015.01	2,500,657.11	
June	2009	2,716,024.17	\$	1,015.01	2,647,212.62	
July	2009	3,044,225.39	\$	1,015.01	2,881,139.79	
August	2009	2,827,190.92	\$	1,015.01	2,936,723.17	
September	2009	3,192,133.39	\$	1,015.01	3,010,677.17	
October	2009	3,258,983.63		1,015.01	3,226,573.52	
November	2009	16,195.67		3,494,420.18	3,385,307.25	
December	2009	1,410.15		3,603,290.52	3,557,658.26	
					33,666,530.30	

AVG Monthly FMV

\$ 2,805,544.19

The Frank Family Foundation FYE 12/31/2009

Contributions Paid to Public Charities During the Year

Organization	Amount
American Jewish Committee	250.00
JF&CS	1,000.00
Masorti FDN For Conservate	500.00
Isaar Baalei Chnm	3,000.00
Congregation KOI Haneshanna	500.00
KBY Congregation Together	250 00
FDN For Masorti Judaism	2,000 00
AIDS Walk San Francisco	100 00
Pardes Inst American Friend	200 00
National MS Society	250 00
Rabbinical Assembly	500.00
American Jewish University	300.00
ALYN	250.00
World Council of Synagogues	180.00
FJC Crossroads	1,200 00
American Friends of Pardes	2,000 00
Friends of Ethiopian Jews	1,000.00
Masotti Foundation	5,200.00
ICPA	1,800.00
National Transplant Assistance	1,250.00
Emory University	100 00
Not For Sale	150.00
AICC	250.00
Hillel Israel	500.00
PEF	250 00
University of Georgia Hillel	63.00
US Holocaust Museum	300 00
JFCS - Independent Living	1,000 00
JFCS	600 00
Cohen Home	100 00
Atlanta Women's Foundation	250.00
	300 00
Leadership Atlanta Or Hadash	
	250.00
United Way	1,000 00 250.00
NCSJ Lilith	
ADŁ	100.03
	1,200.00
JFGA AISH Foundation	5,000 00
	1,000 00
JCPA	5,000.00
American Jewish Committee	5,000 00
Israel Sports Center For The Disabled Planned Parenthood of GA	10,000.00
HM Breth Fund	250.00
	100.00
American Jewish World Services	5,000.00
JCPA	5,000 00
	10,000 00
Israel Sports Center For The Disabled	4 EAA 44
israei Sports Center For The Disabled Mazon Breman Jewish Home	2,500.00 1,000.00

Form 8868 (Rev. 4-2009)		Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	×	▶ X
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed		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 co	pies n	needed)
Type or Name of Exempt Organization	Empl	loyer identification number
THE FRANK FAMILY FOUNDATION, INC.	5	8-2082981
Number, street, and room or suite no. If a P.O. box, see instructions. Out date for filing the street of the stre	For IF	RS use only
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions ATLANTA, GA 30327		
Check type of return to be filed (File a separate application for each return) Form 990 Form 990-EZ Form 990-FC Form 990-PF Form 990-T (trust other than above) Form 4720		orm 5227 Form 8870
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly file	ed Form 8868.
LOIS FRANK • The books are in the care of ▶ 920 CREST VALLEY ATLANTA, GA - ATLANTA Telephone No. ▶ 404 255-7112 FAX No. ▶	, G.	A 30327
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 foi	the whole group, check this
box If it is for part of the group, check this box I and attach a list with the names and EINs of all i		
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		
6 If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
7 State in detail why you need the extension ADDITIONAL INFORMATION IS NEEDED TO FILE A COMPLETE AN	D A	CCURATE TAX
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	د,	
previously with Form 8868.	8b	\$ 0.
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit		,
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0.
Signature and Verification		
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the it is true, correct, and complete, and that I am authorized to prepare this form.	best of	f my knowledge and belief,
Signature ► Title ► CPA	Date	>

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