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Form **990-PF**

Department of the Treasury

Internal Revenue Service

2 2011

SCANNED NOV 2

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.

2010

OMB No 1545-0052

For	calendar year 2010, or tax year beginning		, and ending		
G C	Check all that apply: Initial return Amended return	Initial return of a fo	ormer public charity	Final retur	n
Nar	me of foundation	7.001.000 01.01	gv	A Employer identificatio	n number
	THE ARGO FAMILY FUND			A chiphoyer identificatio	ii iiuiiioer
1		RUSTEE		58-2069120	า
Nun	nber and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	<u> </u>
	FIVE CONCOURSE PKWY,	#1000	1	404-898-82	209
City	or town, state, and ZIP code			C if exemption application is	
1 1	ATLANTA, GA 30328			D 1. Foreign organization	
нС	Check type of organization: X Section 501(c)(3) ex	empt private foundation		Foreign organizations m check here and attach or	eeting the 85% test,
		Other taxable private founda	ation		
ı Fa	ur market value of all assets at end of year J Accounti		Accrual	E If private foundation st under section 507(b)(1	
(fr	rom Part II, col. (c), line 16)	ther (specify)		F If the foundation is in a	
	\$ 9,621,349. (Part I, colu	mn (d) must be on cash i	basis)	under section 507(b)(1	
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	275,850.		N/A	
	2 Check I if the foundation is not required to attach Sch. 8				
	3 Interest on savings and temporary cash investments	17,302.	17,302.		STATEMENT 1
	4 Dividends and interest from securities	102,320.	102,320.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)	1 1 1			
ā	62 Net gain or (loss) from sale of assets not on line 10 Cross sales price for all	<1,351.	>		
Revenue	D assets on line 6a 33,447.				
ě	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications Gross sales less returns			 	
	10a and allowances				
	b Less Cost of goods sold c Gross profit or (loss)				
	11 Other income	7,951.	7,951.	-	STATEMENT 3
	12 Total. Add lines 1 through 11	402,072.	127,573.		DITTE DELICATION OF
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
Expenses	16a Legal fees				
be d	b Accounting RECEIVED				
	1 1 1 1 2 1 2 1				
tive	17 Interest NOV 1 7 2011				
itra	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				<u> </u>
Ë		<u> </u>			
퉏	20 OccupancyOGDEN, UT 21 Travel, conferences, and meetings			-	
βĄ			<u> </u>	1	
ä	22 Printing and publications 23 Other expenses STMT 4	89,914.	50 000		
ting	24 Total operating and administrative	07,714.	50,000.	+	0.
Operating and Administrat	expenses. Add lines 13 through 23	89,914.	50,000.		0.
o	25 Contributions, gifts, grants paid	399,500.	30,000	<u> </u>	399,500
	26 Total expenses and disbursements.	3,3,000		 	333,300
	Add lines 24 and 25	489,414.	50,000.		399,500
	27 Subtract line 26 from line 12:	200,414			1 227,300
	Excess of revenue over expenses and disbursements	<87,342.	>		
	b Net investment income (if negative, enter -0-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	77,573.		
	C Adjusted net income (if negative, enter -0-)			N/A	

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

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C/O ROBERT AROGETI, TRUSTEE

58-2069120

Part	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	2,918,841.	1,864,342.	1,864,342.
2	Savings and temporary cash investments			
3	Accounts receivable ►			
	Less: allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
ŀ	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			
र्घ 8	Inventories for sale or use			
Assets 6 &	Prepaid expenses and deferred charges			
10a	investments - U.S. and state government obligations			
b	Investments - corporate stock			
C	Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis		1	
	Less accumulated depreciation			
12	Investments - mortgage loans STMT 5	1,917,340.	728,339.	728,339.
_	Investments - other STMT 6	3,952,518.	6,108,676.	7,028,668.
14	Land, buildings, and equipment basis ▶			
	Less accumulated depreciation			
15	Other assets (describe)			
i				
$\overline{}$	Total assets (to be completed by all filers)	8,788,699.	8,701,357.	<u>9,621,349.</u>
1	Accounts payable and accrued expenses			
	Grants payable			
. <u>e</u>	Deferred revenue			
<u>≅</u> 20	Loans from officers, directors, trustees, and other disqualified persons			
# 21	Mortgages and other notes payable Other liabilities (describe ►)			
22	Outer Habilities (describe			
23	Total liabilities (add lines 17 through 22)	0.	0.	
120	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
8 24	Unrestricted	8,788,699.	8,701,357.	
>	Temporarily restricted	0770070331	0,702,733,7	
E 26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here		-	
호	and complete lines 27 through 31.			
Net Assets or Fund 8 8 2 2	Capital stock, trust principal, or current funds			
9 28	Paid-in or capital surplus, or land, bldg., and equipment fund			
g 29	Retained earnings, accumulated income, endowment, or other funds			
₹ 30	Total net assets or fund balances	8,788,699.	8,701,357.	
31	Total liabilities and net assets/fund balances	8,788,699.	8,701,357.	
Part	III Analysis of Changes in Net Assets or Fund Ba	alances		
		20	Г. т	
	net assets or fund balances at beginning of year - Part II, column (a), line	3 U		0 700 600
,	t agree with end-of-year figure reported on prior year's return) amount from Part I, line 27a		1	8,788,699.
	r increases not included in line 2 (itemize)		2	<87,342.
	ines 1, 2, and 3	·	3	8,701,357.
	eases not included in line 2 (itemize)		4	8,701,357.
	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	5 6	8,701,357.
	Tartif to	Told mile on	101	Form 990-PF (2010)

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	and Eddaco for Tax off in		t moonic	145511				,
(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.)			(6) H P - D -	ow acquired Purchase Donation		acquired day, yr.)	(d) Date sold (mo , day, yr.)	
1a 2200 SHARES FLI	EXTRONICS				P	04/2	20/10	10/29/10
b 1500 SHARES MIC					P		7/07	04/20/10
c CAPITAL GAINS I		-				30,	.,	0 2, 20, 20
d								
e				l				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss is (f) minus	
a 15,595.			17,45	<u>. n.</u>				<1,855.
b 15,992.			17,34					<1,356.
c 1,860.	·							1,860.
d				T				170001
e				1			-	
	g gain in column (h) and owned by	die foundation	on 12/31/69	+		ris Game fi	Coi. (h) gam	
			òl. (k), but	not less that (from col. (n -0-) or			
a								<1,855.
b		 		-				<1,356.
C		 			-			1,860.
d								1,000.
e				\dashv				
2 Capital gain net income or (net ca)	pital loss) { If gain, also ente			}	2			<1,351.
3 Net short-term capital gain or (los	, (/1000)/ 0		1	7	-			<u> </u>
If gain, also enter in Part I, line 8,		10 (0).		3				
If (loss), enter -0- in Part I, line 8					3		N/A	<u> </u>
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	inve	estment Ir	ncome		
(For optional use by domestic private	foundations subject to the section	4940(a) tax or	ı net investment in	come.)			
If section 4940(d)(2) applies, leave th	ue nart hlank							
ii section 4340(d)(2) applies, leave th	ns part blank.							
Was the foundation liable for the sect	ion 4942 tax on the distributable an	nount of any y	ear in the base pei	riod?				Yes X No
If "Yes," the foundation does not quali								
	each column for each year; see instr	uctions before	making any entri	es.				
(a) Base period years Calendar year (or tax year beginnin	(b) Adjusted qualifying dis	stributions	Net value of no	(c) inchari	table-use asse	ts	Distrit	(d) bution ratio vided by col. (c))
2009		6,483.		Ω	470,57	5	(001. (0) 011	.056252
2008		4,025.			182,19			.047536
2007		8,737.			854,58			.050610
2006		3,158.		- 6	902,55	0		.049715
2005		6,306.		-6,	194,81	6		.049446
2000		0,300.	I	- 0 /	194,01		Τ	•043440
2 Total of line 1, column (d)						ا ا		.253559
3 Average distribution ratio for the 5	Sever hase period - divide the total	on line 2 by 5	or by the number	of von		2	+	• 433333
the foundation has been in exister		on line 2 by 5,	or by the number	or yea	115			050712
the foundation has been in exister	ice ii less uiaii 5 years					3_	+	.050712
A Enter the net value of noncharith	lo-usa assate for 2010 from Part V	luna E					İ	0 026 015
4 Enter the net value of noncharitab	ie-use assets for 20 to from Part X,	ine 5				4	+	9,036,815.
5 Multiply line 4 by line 3						ے ا		450 275
3 Walapiy line 4 by line 3						5	 	458,275.
6 Enter 1% of net investment incom	na /1% of Part I line 27h)							776.
Citter 1/8 of het investment incom	ie (1% Oi Faiti, lille 270)					6	+	
7 Add lines 5 and 6						,		150 NE1
, muu iinos J anu U						7	+	459,051.
8 Enter qualifying distributions from	Part XII line 4					8		399,500.
· · · ·	·	. 46	-1-1-16-1			_ 8		333,300.
See the Part VI instructions.	line 7, check the box in Part VI, line	: ID, and comp	piete that part usin	ga 1%	tax rate.			
			 		• • •			orm 990-PF (2010)
023521 12-07-10							-	'UNII マ ラリード (2010)

THE ARGO FAMILY FUND Form 990-PF (2010) C/O ROBERT AROGETI, TRUSTEE 58-2069120 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 and enter 1% 1,551. 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-) 3 Add lines 1 and 2 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: 2,000. a 2010 estimated tax payments and 2009 overpayment credited to 2010 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 2,000. 7 Total credits and payments. Add lines 6a through 6a 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 10 Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 449. 10 11 Enter the amount of line 10 to be; Credited to 2011 estimated tax 11 Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Х any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 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 c Did the foundation file Form 1120-POL for this year? X 1c 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 managers. 🕨 💲 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 X If "Yes," attach a detailed description of the activities 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? X 4a b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 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? X 6 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

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8b | X

10

GA

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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV

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

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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

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

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	4,780,007.
	Average of monthly cash balances	1b	2,515,127.
	Fair market value of all other assets	1c	1,879,297.
d	Total (add lines 1a, b, and c)	1d	9,174,431.
	Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,174,431.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	137,616.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,036,815.
6	Minimum investment return. Enter 5% of line 5	6	451,841.
_	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are toreign organizations check nere in and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	451,841.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,551.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	450,290.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	450,290.
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	450,290.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	399,500.
þ	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:		
	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	399,500.
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	399,500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies f	or the section

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Form 990-PF (2010)

C/O ROBERT AROGETI, TRUSTEE

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,		Toure prior to 2000	2000	20.0
line 7				450,290.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only		-	0.	
b Total for prior years:				
	_	0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006	į			
c From 2007 7,158.				
d From 2008 e From 2009 56,122.				
f Total of lines 3a through e	63,280.			
4 Qualifying distributions for 2010 from	03,200.			
Part XII, line 4. ► \$ 399,500.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				399,500.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	50,790.			50,790.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 31, 4c, and 4e Subtract line 5	12,490.			
b Prior years' undistributed income. Subtract	12, 4000		-	-
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		0.		
assessed d Subtract line 6c from line 6b. Taxable		<u> </u>	 	
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				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 2005	_			
not applied on line 5 or line 7	0.		<u> </u>	
9 Excess distributions carryover to 2011.	40.400			
Subtract lines 7 and 8 from line 6a	12,490.			
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009 12,490.				
e Excess from 2010		<u> </u>	<u> </u>	50-m 000 DE (0010)

- 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:

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Part XV Supplementary Informatio	n (continued)			-
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	,
a Paid duning the year SCHEDULE ATTACHED SCHEDULE ATTACHED				399,500.
Total			▶ 3a	399,500.
NONE				
Total			<u>▶ 3b</u>	0.
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ss amounts unless otherwise indicated.	Unrelated I	ousiness income		y section 512, 513, or 514	(e)
sy amounts amoss outer mos maiation.	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
am service revenue:	code	Amount	code	Amount	function income
			<u> </u>		
es and contracts from government agencies			- -		
pership dues and assessments					
st on savings and temporary cash					•
ments			14	17,302.	
ends and interest from securities		· ·	14	102,320.	<u> </u>
ntal income or (loss) from real estate;					
bt-financed property					
ot debt-financed property					
ntal income or (loss) from personal					
rty					
investment income					7,951
or (loss) from sales of assets other					-
nventory			14	1,860.	<3,211
come or (loss) from special events					
profit or (loss) from sales of inventory					
revenue:					
<u> </u>			_		
	<u> </u>				
			\perp		
			_		
etal. Add columns (b), (d), and (e)		(<u>).</u>	121,482.	4,740
Add line 12, columns (b), (d), and (e)				13	126,222
ksheet in line 13 instructions to verify calculations.)					
KVI-B Relationship of Activities to	the Accon	nplishment of	Exempt P	urposes	
Explain below how each activity for which incom				I importantly to the accomp	olishment of
the foundation's exempt purposes (other than by	y providing tund	s for such purposes).	<u> </u>		
			-		 -
				-	
		·			
		<u> </u>			
				<u> </u>	
		 			
			_		
					

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orm 990-l		RGO FAMIL: OBERT ARO				58-20	69120	Page 13
Part X					and Relation	onships With Nonc		
	Exempt Organ	izations		·-		<u> </u>		
1 Did t	ie organization directly or indi	rectly engage in any o	f the followin	g with any other organization	on described in	section 501(c) of		Yes No
	ode (other than section 501(c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			nzations?			- 1
	fers from the reporting found	ation to a noncharitab	le exempt or	ganization of:				•
(1) (1a(1)	X
	Other assets						1a(2)	X
	transactions:							
٠,	Sales of assets to a noncharita						1b(1)	X
(2) Purchases of assets from a noncharitable exempt organization								X
	Rental of facilities, equipment,						1b(3)	X
٠.	Reimbursement arrangements						1b(4)	X
٠.	oans or loan guarantees						1b(5)	X
	Performance of services or me	•	-				1b(6)	X
	ng of facilities, equipment, ma answer to any of the above is	•				f= = marl at al .a af the acc	<u>[1c </u>	
	rvices given by the reporting f							ers,
	nn (d) the value of the goods,				ue ili aliy u alisa	cuon or snaming arrangemen	11, 5110W III	
(a) Line no	(b) Amount involved			exempt organization	(d) Descr	ription of transfers, transactions,	and sharing arr	
	(-,	(0)	N/A		(2) 5000	priori or emisiais, danactions,	and snaring air	angomenta
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ın sed	foundation directly or indirection 501(c) of the Code (othe s," complete the following sch	r than section 501(c)(izations describ	ed	Yes	X No
	(a) Name of org	janization		(b) Type of organization		(c) Description of relati	onship	
	N/A							
						·		
		 						
 ,			<u> </u>	<u> </u>				
Sign Here	Under penalties of perjury, I declar and comprete Declaration of pre-	Other than taxpayer		ing accompanying schedules an			d belief, it is tru	e, correct.
	Signature of officer or the			Date	<i>'</i>	Title		
	Print/Type preparer's na	ame 🖊	Preparer's s	ignature /	Date	Check if PT self- employed	IN	
Paid	1				-	1		

Form **990-PF** (2010)

Use Only

Preparer Firm's name ▶

Firm's address

Firm's EIN

Phone no.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2010

THE ARGO FAMILY FUND C/O ROBERT AROGETI, TRUSTEE 58-2069120 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 Form 990-PF 501(c)(3) exempt private foundation 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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)

58-2069120

Employer identification number

Part I Contributors	(see instructions)
---------------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROBERT AROGETI 330 GREEN GLENN WAY NW ATLANTA, GA 30327	\$ <u>100,000</u> .	Person X 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
2	JEANETTE AROGETI 650 PHIPPS BLVD #2005 ATLANTA, GA 30326	\$ <u>150,000.</u>	Person X 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
3	JOEL AND BETH AROGETI 110 JETT FOREST TRAIL ATLANTA, GA 30327	\$ 25,850.	Person X Payroll
(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) <u>No.</u>	(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 Omnocash Complete Part II if there is a noncash contribution)

THE ARGO FAMILY FUND

C/O ROBERT AROGETI, TRUSTEE

58-2069120

Employer identification number

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
3	517 SHARES OF TEVA STOCK		·· ·· · · · · · · · · · · · · · · · ·
		\$\$ <u>25,850.</u>	12/31/10
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization

THE ADOC' BANTLY BID

Employer identification number

THE ARGO FA	MILY	FUND
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	EXCLUSIVELY RELIGIOUS PART AROGETI, TRUSTEE Exclusively religious, charitable, etc., ir more than \$1,000 for the year. Complete Part III, enter the total of exclusively religious.	e columns (a) through (e) and the	58-2069120 on 501(c)(7), (8), or (10) organizations aggregating of following line entry. For organizations completing of
	\$1,000 or less for the year (Enter this inf	ormation once See instructions)	> \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	t Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	(e) Transfer of Transferee's name, address, and ZIP + 4		t Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -		(e) Transfer of gif	t

FORM 990-PF INTEREST ON SAVINGS AND	D TEMPORARY CASI	H INVESTMENTS	STATEMENT 1
SOURCE			AMOUNT
NOTE RECEIVABLES		-	17,302.
TOTAL TO FORM 990-PF, PART I, LINE	3, COLUMN A	-	17,302.
FORM 990-PF DIVIDENDS AND	INTEREST FROM S	ECURITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
BANK OF AMERICA-INTEREST CHARLES SCHWAB-INTEREST CHARLES SCHWAB-OID HIRTLE CALLAGHAN-DIVIDENDS HIRTLE CALLAGHAN-DIVIDENDS ISRAELI BONDS-INTEREST MORGAN STANLEY-DIVIDENDS MORGAN STANLEY-INTEREST SMITH BARNEY-DIVIDENDS TD AMERITRADE-DIVIDENDS US TRUST-INTEREST TOTAL TO FM 990-PF, PART I, LN 4	13,765. 220. 282. 28,041. 1,253. 11,189. 18. 8,792. 24,522. 16,097. 104,180.	0. 0. 0. 1,217. 0. 0. 0. 0. 643. 0.	13,765. 220. 282. 26,824. 1. 1,253. 11,189. 18. 8,792. 23,879. 16,097.
FORM 990-PF OT	HER INCOME		STATEMENT 3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	NET INCOME
INCOME TAX REFUND OTHER MISC INCOME	6,01 1,93		
TOTAL TO FORM 990-PF, PART I, LINE	7,95	7,951	•

OTHER E	XPENSES	STATEMENT		
(A) EXPENSES PER BOOKS				
21,105. 0. 17,353. 0. 1,345. 0. 111. 0.		•	0 0 0 0 0	
09,914.	=======================================			0.
MORTGAG	E LOANS		STATEMENT	5
	Е	SOOK VALUE	FAIR MARKE' VALUE	т
		728,339.	728,3	39.
I, LINE 12		728,339.	728,3	39.
OTHER INV	ESTMENTS		STATEMENT	6
		SOOK VALUE	FAIR MARKE	т
	COST COST COST COST COST	636,312. 15,256. 503,245. 780,793. 1,892,360. 161,957. 50,000. 1,204,753.	775,6 15,9 619,9 1,238,7 2,063,6 161,9 50,0 1,238,7	38. 96. 41. 64. 57.
	(A) EXPENSES PER BOOKS 50,000. 21,105. 17,353. 1,345. 111. 89,914. MORTGAG I, LINE 12 OTHER INV	EXPENSES NET INVEST- PER BOOKS MENT INCOME 50,000. 50,000 21,105. 0 17,353. 0 1,345. 1 89,914. 50,000 MORTGAGE LOANS E I, LINE 12 OTHER INVESTMENTS VALUATION	(A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOME 50,000. 50,000. 21,105. 0. 17,353. 0. 1,345. 0. 111. 0. 89,914. 50,000. MORTGAGE LOANS BOOK VALUE 728,339. I, LINE 12 728,339. OTHER INVESTMENTS VALUATION METHOD BOOK VALUE COST 636,312. COST 15,256. COST 503,245. COST 780,793. COST 1,892,360. COST 1,892,360. COST 1,892,360. COST 1,892,360.	(A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITA PER BOOKS MENT INCOME NET INCOME PURPOS 50,000. 50,000. 21,105. 0. 17,353. 0. 1,345. 0. 111. 0. 89,914. 50,000. MORTGAGE LOANS STATEMENT BOOK VALUE VALUE 728,339. 728,3 I, LINE 12 728,339. 728,3 OTHER INVESTMENTS STATEMENT VALUATION METHOD BOOK VALUE VALUE COST 636,312. 775,6 COST 15,256. 15,9 COST 780,793. 1,238,7 COST 1,892,360. 2,063,6 COST 1,892,360. 2,063,6 COST 1,892,360. 2,063,6 COST 1,61,957. 161,9

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 7

NAME OF MANAGER

ROBERT AROGETI JOEL AROGETI

THE ARGO FAMILY FUND CHARITABLE CONTRIBUIONS 2010

		!
Anti Defamation League	3,000	
Atlanta Group Home	3,500	
Atlanta Jewish Film Festival	3,000	
Amit	12,500	
Davis Academy	1,000	1
Epstein School	15,000	
Focus	1,000	
Greenfield Hebrew Academy	1,000	
Hadassah	1,000	
Hillels of Georgia\	7,000	
Hosea Feed the Hungary	5,000	
Jewish Community Relations	1,000	
Jewish Family & Career Services	10,000	
Jewish Federation of Greater Atlanta	220,000	
Jewish National Fund	5,000	
Marcus Jewish Community Center	10,000	
Natl Museum Amer Jewish History	10,000	
One Good Deed	1,000	
ORT	5,000	
Or VeShalom Synagogue	35,000	
The Breman Jewish Museum	10,000	
The Weber School	25,000	
The Wm Br Jewish Home	5,000	
Various contributions	3,500	
Yeshiva-Or Israel or Atlanta	1,000	
Yemin Orde	5,000	1
TOTAL	399,500	

Form 8868 (Rev. 1-2011)					Page 2
 If you are filing for an Additional (Not Automatic) 3-Month Ex 	tension, d	complete only Part II and check this bo	x		▶ X
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously filed	Form 8	8868	
 If you are filing for an Automatic 3-Month Extension, comple 					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies r	needed)	
Name of exempt organization		·	Emp	loyer identificat	ion number
Type or THE ARGO FAMILY FUND				-	
c/o robert arogeti, trustee			5	8-206912	0
File by the extended Number, street, and room or suite no If a P O box, s	ee instruc	tions			
due date for FIVE CONCOURSE PKWY. #1000					
return See City, town or post office, state, and ZIP code For a fo	oreign add	ress, see instructions			
instructions ATLANTA, GA 30328	J	·			
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
	o a copara	to application for each retain,			<u> </u>
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01	13 1 0/			Code
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted			ob file	d Farm 9969	12
ROBERT AROGETI	an auton	nade 3-month extension on a previou	SIY IIIC	u Porm 6006.	
• The books are in the care of ▶ FIVE CONCOURSE	DWWV	, #1000 - ATLANTA, G	יא פ	0343	
Telephone No ► 404-898-8209	FKWI	FAX No ►	A S	0342	
 If the organization does not have an office or place of business 	o un tha l le	·			
If this is for a Group Return, enter the organization's four digit			6		- L
	1	· · · · · · · · · · · · · · · · · · ·		_	
		ich a list with the names and EINs of all BER 15, 2011.	memb	ers trie exterisio	n is for
5 For calendar year 2010, or other tax year beginning	AO A PITT				
6 If the tax year entered in line 5 is for less than 12 months, c	book ross	, and ending onX Initial return	Con all or		
Change in accounting period	HECK reas	on 🗘 initial return 🔝	Fınal r	etum	
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED TO	CATHE	P AT.T. THEODMANTON NE	ירדכ	CARV TO	DIID X
COMPLETE AND ACCURATE TAX RETU			CBS	SARI IU	FIDE A
COM BUILD IND ACCOUNTS TAN KEIN	OIU I	OR THE CORRENT TEAR			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6060 o	nter the tentetue tey less any	Ι		
nonrefundable credits See instructions	Or 0003, C	inter the teritative tax, less any	0-	.	2,000.
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				2,000.	
tax payments made Include any prior year overpayment all	•				
previously with Form 8868	ioweu as a	credit and any amount paid		_	2 000
		b the face of control by	8b_	\$	2,000.
c Balance due. Subtract line 8b from line 8a Include your pa EFTPS (Electronic Federal Tax Payment System) See instri	•	ir this form, ii required, by using		_	0
		d Verification	8c	\$	0.
-			. h+ -	f mu languate de co	ad balant
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this fo	mry accomp orm.	vanying schedules and statements, and to th	e dest 0	i my knowieage ai	iu denei,
Signature ▶ Title ▶ I	ROBER'	r arogeti	Date	>	
				Form 8869	(Rev 1:2011)

01-24-11

Form 8868 (Rev. 1-2011)				Page 2
 If you are filing for an Additional (Not Automatic) 3-Month E 	Extension, o	complete only Part II and check this b	ox	ightharpoons
Note. Only complete Part II if you have already been granted ar	n automatic	3-month extension on a previously file	d Form 8868	
 If you are filing for an Automatic 3-Month Extension, comp 				
Part II Additional (Not Automatic) 3-Month	Extension	n of Time. Only file the original (no	copies needed)	
_ Name of exempt organization			Employer identificat	ion number
Type of THE ARGO FAMILY FUND	ype or THE ARGO FAMILY FUND			
print C/O ROBERT AROGETI, TRUSTE	8		58-206912	0
File by the extended Number, street, and room or suite no. If a P O. box,		tions		
due date for FIVE CONCOURSE PARKWAY # 10	000			
filing your return See City, town or post office, state, and ZIP code For a		ress, see instructions		
ATLANTA, GA 30328	-	•		
	_			
Enter the Return code for the return that this application is for (file a separa	te application for each return)		0 4
Application	Return	Application		Return
ls For	Code	ls For		Code
Form 990	01			
Form 990-BL	02	Form 1041-A		08
Form 990-EZ	03	Form 4720		09
Form 990-PF	04	Form 5227		10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other than above)	06	Form 8870		12
STOP! Do not complete Part II if you were not already grant			usly filed Form 8868.	
Telephone No ► 404-898-8209 If the organization does not have an office or place of busine If this is for a Group Return, enter the organization's four dig box ► If it is for part of the group, check this box ► I request an additional 3-month extension of time until For calendar year 2010, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, Change in accounting period The indetail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPLETE AND ACCURATE TAX RES 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	and atta NOVEM , check reas GATHE	emption Number (GEN) If to the list with the names and EINs of a BER 15, 2011, and ending on X Initial return RALL INFORMATION NOTE THE CURRENT YEAR	Il members the extension	n is for
nonrefundable credits See instructions	, or ooos, c	The the teritative tax, less arry	8a \$	2,000.
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 \$ 2,				
c Balance due. Subtract line 8b from line 8a Include your		h this form, if required, by using		
EFTPS (Electronic Federal Tax Payment System) See ins			8c \$	0.
		d Verification		
Under penalties of perjury, I declare that I have examined this form, inclinit is true, correct, and complete and that I am authorized to prepare this	uding accomp form.	panying schedules and statements, and to t	1	,
Signature Title	ROBER'	r_arogeti	Date > 8/15	/11
	- · · =	Hospital By LLP		(Rev 1-2011)