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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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2010

For c	calendar year 2010, or tax year beginning		, and ending		
G C	Check all that apply: Initial return	Initial return of a fo		Final return	1
Non	Amended return The of foundation	Address chang	je <u> </u>	Name change	
Nan	ne or roungation			A Employer identification	i number
	THE FRANK FAMILY FOUN	DATION, INC.		58-2082981	
Num	nber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	920 CREST VALLEY DRIV	E, NW	<u></u>	404 255-71	.12
City	y or town, state, and ZIP code			C If exemption application is p	
L	ATLANTA, GA 30327		<u>-</u>	D 1. Foreign organization	s, check here
H_C	Check type of organization: X Section 501(c)(3) ex			Foreign organizations me check here and attach co	omputation
<u></u>		Other taxable private founda		E If private foundation sta	
	air market value of all assets at end of year J Accounting	ng method: LX Cash her (specify)	- L Accrual	under section 507(b)(1	
	rom Part II, col. (c), line 16) ▶\$ 5 , 666 , 827 . (Part I, colui	ner (specily) mn (d) must be on cash l	nasis)	F If the foundation is in a	
	art Analysis of Revenue and Expenses			under section 507(b)(1	(d) Disbursements
	(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	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	407,695.			(Sac. Sacio Giny)
	2 Check I if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	136,277.	136,277	,	STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)			<u> </u>	
ē	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 006 120	920,102.	· · · · · · · · · · · · · · · · · · ·		<u> </u>
Revenue	b Gross sales price for all 1,006,128.		000 100	 	
æ	7 Capital gain net income (from Part IV, line 2)		920,102.	· <u> </u>	
	8 Net short-term capital gain 9 Income modifications			 	
	9 Income modifications Gross sales less returns 10a and allowances			 	
	D Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income				
	12 Total. Add lines 1 through 11	1,464,074.	1,056,379.		
	13 Compensation of officers, directors, tribstees, etc	0.	0.	. 0.	. 0
	14 Other employee, salaries and wades		·		
Š	15 Fension-plans, employee benefits (0			 	
enses	16a Tepal fees Dy 2 1 2011 C				
х	c Other professional fees				
ē	c Other professional fees		 	 	
Administrative Exp	17 meres CDSM STMT 2	13,050.	0.	. 0.	0
istr	19 Depreciation and depletion				<u></u>
를	20 Occupancy				
Ad	21 Travel, conferences, and meetings				
and	22 Printing and publications	<u> </u>			
g	23 Other expenses				
erating	24 Total operating and administrative		_		
Operating	expenses. Add lines 13 through 23	13,050.	0.	0.	
_	25 Contributions, girts, grains paid	366,415.		 	366,415
	26 Total expenses and disbursements.	270 465	^		266 415
	Add lines 24 and 25 27 Subtract line 26 from line 12;	379,465.	0.	0.	366,415
		1,084,609.			
Ope	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	T,004,003.	1,056,379.	 	
· •	C Adjusted net income (if negative, enter -0-)		1,000,019.	0.	
	- rejected net invente in negative, enter to-)			<u> </u>	I

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

23 018

D.	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	411	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,925.	801,750.	801,750.
	2	Savings and temporary cash investments			
l	3	Accounts receivable			··· ·- · <u>-</u>
		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
Ì		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			
S	R	Inventories for sale or use			
Assets	1 -	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
	,	Investments - corporate stock STMT 3	62,973.	668,085.	4,865,077.
		Investments - corporate bonds	02,5,5,		4,003,0176
	11	Investments - land, buildings, and equipment basis			
	''	Less accumulated decreciation			
	12	Investments - mortgage loans			
	ł	Investments - other			
	1		 		
	14	Land, buildings, and equipment: basis			
	45				
	15	Other assets (describe			
	40	Total access (to be completed by all filers)	64,898.	1,469,835.	5,666,827.
_		Total assets (to be completed by all filers)	04,030.	1,409,033.	5,000,047.
	l .	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue		·	
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable	265.	10,845.	
	22	Other liabilities (describe STATEMENT 4)	405.	10,043.	
	00	Total Habilitas (add lines 47 through 90)	265.	10,845.	
_	23	Total liabilities (add lines 17 through 22)	405.	10,045.	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			
ž	24	Unrestricted			
or Fund Balanc	25	Temporarily restricted		·	
d B	26	Permanently restricted Foundations that do not follow SFAS 117, check here			
٦		•			
ō		and complete lines 27 through 31.		0	
	27	Capital stock, trust principal, or current funds	0.		
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund		1 450 000	
Net A	29	Retained earnings, accumulated income, endowment, or other funds	64,633.	1,458,990.	
ž	30	Total net assets or fund balances	64,633.	1,458,990.	
			64 000	1 460 035	
_	31	Total liabilities and net assets/fund balances	64,898.	1,469,835.	
P	art	III Analysis of Changes in Net Assets or Fund B	Balances		
_			.00		
1		I net assets or fund balances at beginning of year - Part II, column (a), line	: 30		64 633
		st agree with end-of-year figure reported on prior year's return)		11	64,633.
		r amount from Part I, line 27a		2	1,084,609.
		r increases not included in line 2 (itemize) PRIOD PERIO	ADJUSTMENT	3	309,748.
		lines 1, 2, and 3		4	1,458,990.
		eases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30		1,458,990.
					Form 990-PF (2010)

Part IV Capital Gains ar	nd Losses for Tax on In	vestment	Income					
	e the kind(s) of property sold (e.g. chouse; or common stock, 200 shs			P -	ow acquired Purchase Donation	(c) Date (mo., d	acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a 63,723 SHARES S	ARA LEE				D	VARI	OUS	VARIOUS
b	· · · · · · · · · · · · · · · · · · ·							
С								ļ
d		····						
<u>e</u>				L				Ļ
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				iain or (loss s (f) minus	(g)
a 1,006,128.			86,02	6.				920,102.
<u>b</u>	· · · · · · · · · · · · · · · · · · ·							
d d	_ 							
				-+				
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69			Il Gaine (f	Col. (h) gair	
our place any for account anowing	(j) Adjusted basis		cess of col. (1)	-		il. (k), but i	not less tha	ın -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (1), if any			Losses	(from col.	(h))
a				\dashv				920,102.
b								
C								
d								
e					····			
	C if pain, also enter	r in Part I. line	7	1				
2 Capital gain net income or (net cap	If gain, also enter of (loss), enter -0	- in Part I, line	7	} L	2			920,102.
3 Net short-term capital gain or (loss	`							
If gain, also enter in Part I, line 8, co		(0).)				
If (loss), enter -0- in Part I, line 8					3		N/A	<u>. </u>
Part V Qualification Un	ider Section 4940(e) for	Reduced	Tax on Net	Inve	stment in	come		· · · · · · · · · · · · · · · · · · ·
(For optional use by domestic private f	oundations subject to the section 4	4940(a) tax on	net investment in	come.)			
if section 4940(d)(2) applies, leave this	s part blank.							
11 300tion 10 10(0)(2) application	, part bland							
Was the foundation liable for the section				10 d?				Yes X No
If "Yes," the foundation does not qualiff 1 Enter the appropriate amount in ea								
		uctions before	making any entite					<u>/d)</u>
(a) Base period years	(b) Adjusted qualifying dis	enortudist	Net value of no	(C)	tahle-use asset		Distri	(d) bution ratio
Calendar year (or tax year beginning 2009	<u>4 '''/ </u>	5,762.	1101 14110 01110		763,46		(cor (p) a	vided by col. (c))
2009		2,128.	······································		524,34			.034653
2007		5,082.			773,30			.083503
2007		2,720.	· ·		003,49			.094130
2005		0,978.			342,94			.055903
2003		0,0101		<u> </u>	<u> </u>	3 •		00
2 Total of line 1, column (d)						2		294329
3 Average distribution ratio for the 5-	-vear hase neriod - divide the total	on line 2 hv 5	or hy the number	of vea	re			.474347
the foundation has been in existent	•	on mio 2 0, 0,	or by the namber	01 700		3		058866
mo roundation has soon in oxidioni	70 11 1000 than 0 your 0						 	
4 Enter the net value of noncharitable	e-use assets for 2010 from Part X.	line 5				4		3,966,683.
The the field was of non-market	, 400 40000 101 2010 110117 41174					7	 	3,300,003.
5 Multiply line 4 by line 3						5	Į	233,503.
· manapy mile i by mile o							 	
6 Enter 1% of net investment income	(1% of Part L line 27b)					6	l	10,564.
2 - Little 170 of not involution income	· (· · · · · · · · · · · · · · · · · ·							
7 Add lines 5 and 6						7		244,067.
						' -		
8 Enter qualifying distributions from	Part XII, line 4					8		366,415.
If line 8 is equal to or greater than I See the Part VI instructions.	ine 7, check the box in Part VI, line	tb, and comp	lete that part usın	g a 1%	tax rate.		-	

_		3-2002			2 age 4
<u> Pa</u>	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	8 - see i	nstru	ctior	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	İ			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b		1	1	0,5	64.
	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			0.
3	Add lines 1 and 2	3	1	0,5	64.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1	0,5	64.
6	Credits/Payments:				
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 2, 160.				
b	Exempt foreign organizations - tax withheld at source 6b				
c	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d	7		2,1	60.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			29.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 5	9		8,4	33.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax	11			
Pa	art 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
	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		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published of)r			
	distributed by the foundation in connection with the activities				
C	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1		
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$ 0 .				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
þ	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?		5		X
	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	N		'	
	remain in the governing instrument?		6	<u>X</u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	
	If "Yes," complete Part II, col. (c), and Part XV				
88	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	GA				
t	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
_	of each state as required by General Instruction G? If "No," attach explanation		8b	<u>X</u>	
9		łГ			
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses		10		X

Form 990-PF (2010) THE FRANK FAMILY FOUNDAT Part VII-B Statements Regarding Activities for Which F			58-20829 ued)	81 Page 6
 5a During the year did the foundation pay or incur any amount to: (1)* Carry on propaganda, or otherwise attempt to influence legislation (section) (2) Influence the outcome of any specific public election (see section 4955); of any voter registration drive? (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 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, 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 und section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check in the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.494. 6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? 	or to carry on, directly or indirectly or indirectly or indirectly or indirectly or indirectly or indirectly or educational purposes, or indirectly or educational purposes, or indirectly of the exceptions described functions)? There is a special or indirectly or indi	ectly, Ye Ye Ye or Ye an Regulations	S X NO	5b
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870.				6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax s b If "Yes," did the foundation receive any proceeds or have any net income attribute.	utable to the transaction?			7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		inagers, Highly	/ 	
1 List all officers, directors, trustees, foundation managers and their		14 10	[(-t) a	,
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8		0.	0.	0.
Compensation of five highest-paid employees (other than those including the second compensation of the highest-paid employees).		enter "NONE."	(cl) Contributions to	(a) Evenes
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000			•	0

Form 990-PF (2010) THE FRANK FAMILY FOUNDATION, INC.	58-20	18 <u>2981</u> Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Mar Paid 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 statistical informa	tion such as the	Funnana
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
3		
4	-	
Part IX-B Summary of Program-Related Investments	<u> </u>	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	<u>'·</u>	Amount
1N/A		
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	>	0.

P	art X Mînimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, 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	4,027,089.
þ	Average of monthly cash balances	16	
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	td	4,027,089.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,027,089.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	60,406.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,966,683.
6	Minimum investment return. Enter 5% of line 5	6	198,334.
P	art XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations are foreign organizations check here and do not complete this part.)	ıd certain	
1	Minimum investment return from Part X, line 6	1	198,334.
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	10,564.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	187,770.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	187,770.
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	187,770.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	366,415.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	366,415.
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	10,564.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	355,851.
	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 fo	or the section

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,	30.700	Tours prior to 2000		2010
line 7				187,770.
2 Undistributed income, if any, as of the end of 2010				107,770.
a Enter amount for 2009 only		İ	0.	
b Total for prior years:				<u></u>
g total for prior years.		0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005				
b From 2006 55,479. c From 2007 127,935.				
d From 2008				
e From 2009	102 414			
f Total of lines 3a through e	183,414.			
4 Qualifying distributions for 2010 from Part XII, line 4: ►\$ 366, 415.				
			0	
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			405 550
d Applied to 2010 distributable amount	150 645			187,770.
e Remaining amount distributed out of corpus	178,645.			
5 Excess distributions carryover applied to 2010 (if an amount appears in column (d), the same amount must be shown in column (a).)	0.		****	0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	362,059.			
b Prior years' undistributed income. Subtract	302/3331	····		· · · · · · · · · · · · · · · · · · ·
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 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.			
9 Excess distributions carryover to 2011.				<u> </u>
Subtract lines 7 and 8 from line 6a	362,059.			
10 Analysis of line 9:				
a Excess from 2006 55, 479.				
b Excess from 2007 127, 935.				
c Excess from 2008				
d Excess from 2009	j			
e Excess from 2010 178, 645.	ļ			
6 LAGESS HUHI 2010 1 1/0,045.				

		OUNDATION,		58-20	82981 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	·
1 a If the foundation has received a ruling o	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	r 2010, enter the date of	the ruling	▶ <u> </u>		
b Check box to indicate whether the found	dation is a private operati	ng foundation described	ın 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) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,	1				
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of	i i				
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					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			 	†	
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundatio	n 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 w	-	than 2% of the total con	tributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed					,
LARRY FRANK					
b List any managers of the foundation w	ho own 10% or more of t	he stock of a corporation	(or an equally large por	tion of the ownership of a p	artnership or
other entity) of which the foundation ha			, , , , , , , , , , , , , , , , , , , ,		•
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loan	, Scholarship, etc., P	rograms		
Check here 🕨 🗓 if the foundation				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations	under other conditions,	complete items 2a, b, c, and	l d.
a The name, address, and telephone nun	ber of the person to who	m applications should be	addressed;		
	•	•			
b The form in which applications should	be submitted and informa	ation and materials they s	hould include:		
c Any submission deadlines:	· · · · · · · · · · · · · · · · · · ·				
d Any restrictions or limitations on award	le cuch ac hu accarach	nat areas charutable feet-	kinds of institutions as	other factores	
u Any restrictions of infinations off award	io, audii aa ny yevyidhiik	ai ai cas, chai liabic iicius	, xmus or mstitutions, or	Other factors.	

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		
a Paid during the year CASH CONTRIBUTIONS - SEE SCHEDULE ATTACHED	NONE	N/A	UNRESTRICTED	366,415.
Total			▶ 3a	366,415.
b Approved for future payment				
NONE				
		1		
		<u> </u>		<u> </u>
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

F-1	Inrelated	business income	Evoluda	d by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	Allount	Tanonon moonig
<u>a</u>	-		├ ─-├-		
b		· · · · · · · · · · · · · · · · · · ·	 		
c			 		
d	1 1		 -		
e	_		++		
Took and another term appropriate another			 		
g Fees and contracts from government agencies			 -		
2 Membership dues and assessments 3 Interest on savings and temporary cash			 		
investments					
4 Dividends and interest from securities	-		14	136,277.	
5 Net rental income or (loss) from real estate:			 	130,211.	
a Debt-financed property			 		
b Not debt-financed property			\vdash		
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	920,102.	
9 Net income or (loss) from special events			1	23372323	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			1		
b	1				
C	1 1				
d	1 1				
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		1,056,379.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	1,056,379.
(See worksheet in line 13 instructions to verify calculations	ş.)				
Part XVI-B Relationship of Activitie	s to the Accor	mplishment of E	xempt	Purposes	
Line No. Explain below how each activity for which			A contribu	ted importantly to the accomp	olishment of
the foundation's exempt purposes (other to					
SALE OF 63,723 SHARES	S SARA LEE	CORP			
				· · · · · · · · · · · · · · · · · · ·	
			<u>-</u> -		
				<u> </u>	
	 -				
					
					<u> </u>
					
					
					
					
023621 12-07-10					Form 990-PF (2010)
16-01-10					\2010)

column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements 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 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct. Sign Here Signature of officer or trustee Title Print/Type preparer's name Check PTIN Preparer's signature Date self-employed Paid Preparer Firm's name ► HABIF, **AROGET**(I Firm's EIN **Use Only** SUITE Firm's address ► FIVE CONCOURSE PARKWAY, ATLANTA, GA 30328

Form 990-PF (2010)

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.

THE FRANK FAMILY FOUNDATION, INC.

OMB No 1545-0047

Employer identification number

58-2082981

2010

Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (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 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 X 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 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 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)

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	\$100,206.	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
2	EMET CORPORATION 920 CREST VALLEY DRIVE, NW ATLANTA, GA 30327	\$\$	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) 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 Onncash 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.)

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	5,700 SHS SARA LEE STOCK		
		\$ 100,206.	12/29/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(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
		Schedule B (Form 99	

Employer identification number

THE FR	RANK FAMILY FOUNDATION,	INC.		58-2082981				
Part III	Exclusively religious, charitable, etc., ir more than \$1,000 for the year. Complete Part III, enter the total of exclusively religions \$1,000 or less for the year (Enter this info	ndividual contributions to sections contributions to sections (a) through (e) and the court contribution on contribution on the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contribution of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contributions of the contribution of the contributi	e following line entry For a is of	rganzations aggregating organizations completing				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
İ		(e) Transfer of gr	ft					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
1								
1								
								
(-) No		,	T					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held				
Part I	(-),	(1, 000 0 3.00		3				
								
			 -					
-		(a) Transfer of si						
		(e) Transfer of gi	π					
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee					
-	Transferoo o name, adaross, a		Troidionship of ad	noter of to a distance				
(a) No. from			(d) Door	winding of hours of in hold				
Part I	(b) Purpose of gift	(c) Use of gift	(a) Desc	ription of how gift is held				
			\					
-								
	(e) Transfer of gift							
ł	The second secon	4 7104						
}	Transferee's name, address, a	IIId ZIP + 4	Helationship of tra	nsferor to transferee				
								
1				· · · · · · · · · · · · · · · · · · ·				
(a) No.		T						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
ľ								
Ţ		(e) Transfer of gi	ift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
ſ								
1								
]								

FORM 990-PF DIVIDEND	S AND	INTER	EST	FROM	SECUE	TIES	STATEMENT	1
SOURCE		GROSS	AMO	UNT		TAL GAINS	COLUMN (A AMOUNT	.)
UBS	-		136,	277.		0.	136,2	77.
TOTAL TO FM 990-PF, PART I, L	.N 4		136,	277.		0.	136,2	77.
FORM 990-PF		TAX	ES				STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVI IT INC		(C) ADJUSTED NET INCOM		
IRS	1	3,050.			0.		0.	0.
TO FORM 990-PF, PG 1, LN 18	1	3,050.	_		0.		0.	0.
FORM 990-PF	CO	RPORAT	E S	FOCK			STATEMENT	3
DESCRIPTION					вос	OK VALUE	FAIR MARKE VALUE	T
MARKETABLE SECURITIES						668,085.	4,865,0	77.
TOTAL TO FORM 990-PF, PART II	I, LIN	E 10B				668,085.	4,865,0	77.
FORM 990-PF	ОТН	ER LIA	BIL:	TIES			STATEMENT	4
DESCRIPTION					BOY	AMOUNT	EOY AMOUNT	1
FEDERAL TAX LIABILITY						265.	10,8	45.

FORM	990-PF	INTEREST	AND PEN	ALTIES	STATEMENT	5
FORM	990-PF	LATE	PAYMENT	PENALTY	STATEMENT	6
FORM	990-PF	LATE	PAYMENT	INTEREST	STATEMENT	7

	IST OF OFFICERS, D ND FOUNDATION MANA		STATI	EMENT 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
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 2010

		UBS Financial Cash & Securities	Charles Schwab Cash & Securities	Average
December	200 9	1,410.15	3,603,790.52	
January	2010	1,410.15	3,597,913.22	3,602,262.02
February	2010		3,915,693.10	3,757,508.24
March	2010		4,022,742.67	3,969,217 89
Aprıl	2010		4,112,525.66	4,067,634.17
May	2010		4,069,489.47	4,091,007.57
June	2010		3,984,748.35	4,027,118.91
July	2010		4,199,862.79	4,092,305.57
August	2010		4,005,881.40	4,102,872.10
September	2010		3,791,378.68	3,898,630.04
October	2010		4,013,970.43	3,902,674.56
November	2010		4,198,744.05	4,106,357.24
December	2010		5,216,220.56	4,707,482.31
				48,325,070.59
			AVG Monthly FMV	4,027,089.22

The Frank Family Foundation, Inc 2010'Contributions Out

Check #	Organization	Λmount
302	Hosea Feed the Hungry	500
	Austin Boxer Rescue	1,000
	BBYO	1,000
	Moishe House	·
	Leadership Institute	1,000 5,000
	JFCS	·
	NCJW	100
	Mazon- Haiti Relief	1,000
	OXFAM	2,500
_	JDC- Haiti	10,000
	JCRC	3,000
	CARE	7,000
	CARE	1,500
		2,000
	Camp Twin Lakes	1,000
	AJWS	1,000
	Pet Rescue	1,000
	Atlanta Humane Society	1,000
	Alliance for Climate Protection	4,000
	JFGA	23,000
	JFGA	4,000
	U.S. Humane Society	1,000
	JCPA	5,200
	JFGA	21,000
	LIMMUD	2,500
	AA Synagogue	2,500
	Hunger Wars	200
	AA Sisterhood	100
	Planned Parenthood	1,000
	Vanderbilt	1,000
	Jemina	275
	Holocaust Museum	500
	Sports Center for Disabled	15,000
	SHAARE ZEDEK	3,000
	ETGAR	500
	AA Synagogue	2,000
	National Transplant Association	1,250
340	•	2,000
	Anonymous for Animals	3,000
	JSAAR	3,000
	Movement for Quality Governors	3,000
	LEV Ramat	10,026
	Masorti	1,000
	United Synagogue	1,000
	Tsori Chaim	5,000
	Alyn Childrens Hospital	5 00
	Alyn Childrens Hospital	500
	Crossroads	1,500
	Compassionate	1,000
413 .	Anonymoous for Animals	3,00 0

114 DEE Manuary Con (No. 12)	
414 PEF- Movement for Quality Environment	3,000
341 JCPA	2,000
342 Arch Foundation	1,000
343 Leukemia Lymphoma	50 0
344 Canine Assistants	200
345 Sports Center for Disabled	10,000
346 AA Kiddage Fund	1,500
347 AA	2,610
348 National Transplant - Kidney	1,250
350 AJC	7,000
351 Project Interchange	3,000
352 JCPA	2,000
353 JCRC	1,500
355 Center for Jewish Education	2,500
356 JFCS	1,000
357 American Friends for Lithuanians	1,000
358 JFGA	43,460
359 TICC Tel Aviv University	5,00 0
360 Vanderbilt	5,000
361 Yemen Orde	1,000
362 ADL	1,200
363 Torah Fund	100
364 Med Share	100
365 Limmund	2,500
366 Hillel of Ga	2,000
367 Jewish Home	1,000
368 Gilie	100
369 Mazon	5,000
370 Mazon	3,600
371 St. Nicholas Church	200
372 United Friend Way	1,000
373 Leadership Atlanta	100
374 Zuhira	300
375 PEF- Movement for Quality Environment	5,000
376 Or Hadash	250
377 School of Dallas	250
378 JFCS	500
379 WABE/ PBA	120
380 HIDEC	50
382 AJC	1,000
383 Masorti Foundation	5,000
384 AA	200
385 Community Food Bank	100
386 AJC	5,000
387 Project Interchange	3,500
388 Breman Museum	250
389 Atlanta Home	100
390 National Transplant	
391 JCPA	1,250
392 Breman Jewish Home	6,100
393 AJWS	1,000
0.00 11,110	5,000

394.United Way	1,000
395 Hospice	250
396 JNF	2,000
39 7 BBYO	1,000
398 Chimes Israel	1,000
399 Moishe House	1,000
451 AJWS	5,000
476 Arch Foundation	1,000
477 Chattahoochee River Keeper	500
478 Hosea Feed the Hungry	5 00
479 AA Synagogue	2,500
480 Emory	100
481 Epstein School	5 00
482 HIAS	100
483 Hebrew Academy	100
484 NCJW	2,500
485 Atlanta JCRC	2,000
486 Project Interchange	1,500
487 VOX	200
488 Pardes Institute	2,000
489 Pardes Institute	1,000
490 Beit Hamikdash	500
491 National Confederation	250
492 Hazom	500
493 Atlanta Womens Foudnation	250
494 Hunger Walk	200
495 CASA	100
496 Animal Sancuary	250
497 OU/NCSY	100
498 Lemina	108
499 Weber School	1,000
500 AJCC	490
501 Lilita	126
502 Action Center	100
503 ETGAR	500
529 An Hears Association	50
530 Monkey Biz	5 00
531 JFCS	2,000
532 CARE	3,000
533 Camp Twin Lakes	1,000
534 AJWS	7,000
535 Pet Rescue	2,000
536 Humane Society	3,000
537 Alliance for Climate Protection	4,000
538 Alexander Museum	2,000
539 Atlanta Food Bank	2,000
540 AJCC	1,000
0 AJCC	100
Total checks written	366,415
	,

Form 8868 (Rev. 1-2011)					Page 2		
If you are filing for an Additional (Not Automatic) 3-Month E	xtension, o	complete only Part II and check this bo	X	>	X		
Note. Only complete Part II if you have already been granted an				8868.			
 If you are filing for an Automatic 3-Month Extension, comp 	lete only Pa	art I (on page 1).					
Part II Additional (Not Automatic) 3-Month	Extension	n of Time. Only file the original (no co	opies r	needed).			
Name of exempt organization	-		Empl	loyer identification	number		
Type or							
THE FRANK FAMILY FOUNDATION	INC	<u> </u>	5	<u>8-2082981</u>			
File by the extended Number, street, and room or suite no. If a P O box, see instructions.							
due date for 920 CREST VALLEY DRIVE, NW							
return See City, town or post office, state, and ZIP code. For a	foreign add	lress, see instructions.					
ATLANTA, GA 30327							
Enter the Return code for the return that this application is for (file a separa	te application for each return)		•	0 4		
	Τ						
Application	Return	Application			Return		
Is For	Code	Is For			Code		
Form 990	01	Fa 1041 A					
Form 990-BL Form 990-EZ	02	Form 1041-A Form 4720			08		
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 grante			elv file	d Form 8868	14		
LOIS FRANK	<u> </u>	THE STATE OF THE S	<u> </u>				
• The books are in the care of ▶ 920 CREST VALI	LEY A	TLANTA, GA - ATLANTA	. G	A 30327			
Telephone No. ► 404 255-7112		FAX No. ▶			···		
If the organization does not have an office or place of business.	ess in the Ui						
• If this is for a Group Return, enter the organization's four dig			is is fo	r the whole group,	check this		
box ▶ . If it is for part of the group, check this box ▶	and atta	ach a list with the names and EINs of all	memb	ers the extension i	s for.		
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2011.					
5 For calendar year 2010, or other tax year beginning		, and ending			<u> </u>		
6 If the tax year entered in line 5 is for less than 12 months.	, check reas	on: Initial return	Final r	eturn			
Change in accounting period							
7 State in detail why you need the extension							
ADDITIONAL INFORMATION IS NEI	EDED T	O FILE A COMPLETE AN	ID A	CCURATE T	AX		
RETURN.							
0. 1/1/2 I 1/2	0 0000		_				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	D, or 6069, 6	enter the tentative tax, less any	_		^		
nonrefundable credits. See instructions.	· O	unafi malakka anadaha anada aski makad	8a	\$	0.		
b If this application is for Form 990-PF, 990-T, 4720, or 606 tax payments made. Include any prior year overpayment	=						
previously with Form 8868.	allowed as	a credit and any amount paid	Oh	•	0.		
c Balance due. Subtract line 8b from line 8a. Include your	navment wi	th this form if required by using	8b	\$			
EFTPS (Electronic Federal Tax Payment System). See ins		arrans form, in required, by using	8c	\$	0.		
		nd Verification	<u> </u>	ΙΨ			
Under penalties of perjury, I declare that I have examined this form, incl			e best o	f my knowledge and	pelief.		
it is true, correct, and complete, and that I am authorized to prepare this	form.	. , , , ,		,			
Signature ► Title ►	CPA		Date	>			

Form 8868 (Rev. 1-2011)

Form 8868 (Rev. 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month E	xtension, c	complete only Part II and check this be	ox	>	X
Note. Only complete Part II if you have already been granted an				386 8 .	
If you are filing for an Automatic 3-Month Extension, comple					
Part II Additional (Not Automatic) 3-Month I	xtensio	n of Time. Only file the original (no o	opies r	eeded).	
Type or Name of exempt organization	Employer identification number				
print THE FRANK FAMILY FOUNDATION	. TNC	_	5	8-2082981	
File by the Number street and room or state no. If a P.O. box			<u> </u>	0 2002502	
due date for 920 CREST VALLEY DRIVE, NW					
filing your city, town or post office, state, and ZIP code. For a	foreign add	Iress, see instructions.			
ATLANTA, GA 30327					
FILEMENT OF SUBSE					
Enter the Return code for the return that this application is for (fi	le a senara	te application for each return)			0 4
Effet the neturn code for the return that this application is for the	io a sepaia	te application to each returny			0 1 1
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01	131 01			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 grante			usly file	od Form 8868	
LOIS FRANK				<u>u</u>	
 The books are in the care of ► 920 CREST VALI 	EY A	TLANTA. GA - ATLANTA	A. G	A 30327	
Telephone No. ► 404 255-7112		FAX No ▶	<u>-, </u>		
If the organization does not have an office or place of business	ss in the Ui				
If this is for a Group Return, enter the organization's four digr			nis is fo	r the whole group.	check this
box ▶ ☐ If it is for part of the group, check this box ▶ ☐		ach a list with the names and EINs of al			
		BER 15, 2011.			
5 For calendar year 2010, or other tax year beginning		, and ending			
6 If the tax year entered in line 5 is for less than 12 months,	check reas		Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension				_	
ADDITIONAL INFORMATION IS NEE	EDED T	O FILE A COMPLETE AL	ND A	CCURATE TA	AX
RETURN.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	, or 6069, e	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	9, enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayment a	allowed as	a credit and any amount paid			
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your p	ayment wr	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See inst	ructions.		8c	\$	0.
Sign	nature ar	nd Verification			
Under penalties of perjury, I declare that I have examined this form, incluit is true, correct, and complete, and that I am authorized to prepare this	iding accom form.	panying schedules and statements, and to th	ne best o	f my knowledge and I	elief,
Signature ▶ Title ▶	CPA		Date	>	
<u> </u>			~~.0		