

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

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

OMB No 1545-0052

2011

Department of the Treasury Internal Revenue Service

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

Fo	r cale	endar year 2011, or tax year beginning	, 2011	, and ending		
		oundation			A Employer identification number	
Fil	can)	kle Family Foundation, Inc.	and address)	Room/suite	26-3861579 Relephone number (see the instructions)	
		nd street (or PO box number it mail is not delivered to stre	et address)	2000	B Telephone number (see the instructions) (813) 273-4334	
	or tow		State	ZIP code		_
Ta	ampa	à	FL	33602	C If exemption application is pending, check here	
G	Che	ck all that apply 🔲 Initial return	Initial Return of a form	ner public charity	D 1 Foreign organizations, check here	\Box
		Final return	Amended return		·	لــا
		Address change	Name change		2 Foreign organizations meeting the 85% test, check here and attach computation	
Н	CI		(c)(3) exempt private for		·	LI
_		Section 4947(a)(1) nonexempt charitable tr		private foundation	E If private foundation status was terminated under section 507(b)(1)(A), check here	П
J	ra (fi		ounting method X C Other (specify)	ash Accrual		Ш
	► s	J 🖵	column (d) must be on	cash basis)	If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	П
P	art T	Analysis of Revenue and				
_		Expenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investment	nt (c) Adjusted net (d) Disbursement income for charitable	5
		columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)	, ,		purposes	
		(see instructions))			(cash basis only	,
		1 Contributions gifts, grants, etc received (att sch)	500,120.			_
		2 Ck if the foundn is not req to att Sch B				
		3 Interest on savings and temporary cash investments				
		4 Dividends and interest from securities	20,208.	20,20	8.	_
		5a Gross rents				_
	l	b Net rental income or (loss)				
	R	6a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all				
	E V	assets on line 6a	<u> </u>	236 20		
7	E	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		236,20	33,416.	
DEC 0 7 2012	ΰ	9 Income modifications				—
.,,	E	10 a Gross sales less returns and		1a 1 2 4	,	_
20		allowances b Less Cost of				
$\ddot{\circ}$		goods sold				
Ĭ,		c Gross profit/(loss) (att sch)				
		11 Other income (attach schedule)				—
Ü		12 Total. Add lines 1 through 11	520,328.	256,40	9. 33,416.	—
SCANNED		13 Compensation of officers, directors trustees etc				_
Ž		14 Other employee salaries and wages				
8		15 Pension plans, employee benefits				
Ø	A	16a Legal fees (attach schedule)	1 050		· F DECENTED	
	M	b Accounting fees (attach sch)	1,250.	1,25		
0	N	c Other prof fees (attach sch) 17 Interest				—
P E R	Š	18 Taxes (attach schedule)(see instrs) Excise Taxes	4,500.		0. 10 NOV 2 6 2012 9	—
R A T	Ŕ	19 Depreciation (attach	.,,,,,,			
1	A T	sch) and depletion		 		
N G	¥	20 Occupancy 21 Travel, conferences, and meetings			OGDEN, UT	
А	Ε	22 Printing and publications	· · 			
A N D	EXPEN	23 Other expenses (attach schedule)				
	E N	Advisory Fees	5,998.	5,99	08.	
	Ş	24 Total operating and administrative expenses. Add lines 13 through 23	11,748.	7,24		
	5	25 Contributions, gifts, grants paid	176,400.	/,25		
		26 Total expenses and disbursements.				
		Add lines 24 and 25	188,148.	7,24	8.	
		27 Subtract line 26 from line 12:	·			
		a Excess of revenue over expenses and disbursements	332,180.	<u> </u>		
		b Net investment income (if negative, enter 0-)		249,16		
		C Adjusted net income (if negative enter -0-)			33,416.	
R/	ΔE	or Paperwork Reduction Act Notice, see inst	tructions.		TEEA0301 12/02/11 Form 990-PF (20	1111

2 332,180. Enter amount from Part I, line 27a 3 3 Other increases not included in line 2 (itemize) ► Adjustment to Book Value for Assets Sold 230,505. 4 1,248,061. 4 Add lines 1, 2, and 3 128,896. 5 Decreases not included in line 2 (itemize) ▶ Difference in FMV of Contributions and Book Value 5 6 1,119,165. Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6

Page 3

Par		osses for Tax on Investmen		(h)	(c) D		(4)
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company) (b) How ac P — Puro D — Don						ate acquired h, day, year)	(d) Date sold (month day year)
1 a	1255.562 American F	d Capital World Growth	1	P	03/	08/09	03/21/11
b	25 Apple			D	Var	ious	03/21/11
С	95 Apple			D	Var	ious	03/21/11
d	100 Apple			D	02/	05/09	03/21/11
e	See Columns (a) thru (d)						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa	le		h) Gain or plus (f) m	ninus (g)
а	45,389.			9,576.			15,813.
b				2,613.			5,843.
<u>c</u>	32,131.			9,051.			23,080.
d	··-·			9,709.			24,113.
e				4,568.			167,352.
	(i) Fair Market Value as of 12/31/69	ng gain in column (h) and owned by (j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		gain mir		lumn (h) k), but not less rom column (h))
a		0.	, , , , , , , , , , , , , , , , , , ,	0.	<u> </u>		15,813.
<u>u</u>		0.		0.			5,843.
		0.		0.			23,080.
d							24,113.
e		0.		0.			167,352.
2	Capital gain net income or (net	capital loss) — If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	-	2		236,201.
3	Net short-term capital gain or (I	oss) as defined in sections 1222(5) a		<u> </u>			
-	· -		_				
	in Part I, line 8	8. column (c) (see instructions) If (1055), enter -0-	-	3		33,416.
Par	t V Qualification Under	Section 4940(e) for Reduce	d Tax on Net Investm	ent Incor	ne		
	s,' the foundation does not quali	ion 4942 tax on the distributable am fy under section 4940(e) Do not cor	nplete this part			Yes	X No
		n each column for each year, see the		any entries	· · · · · · · · · · · · · · · · · · ·	(d)	
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets		Distributio	n ratio l by column (c))
	2010	122,450.	66	1,712.			0.185050
	2009	67,700.		2,162.			0.140409
	2008	30,000.	3	8,695.			0.775294
	2007						
	2006						
_	T 1 1 (1) 1 2 2 2 2 4 5				,		1.100753
2	Total of line 1, column (d) Average distribution ratio for the	e 5-year base period — divide the to	tal on line 2 by 5, or by the	ţ	2		1.100/33
3	number of years the foundation	has been in existence if less than 5	years		3		0.366918
4	Enter the net value of nonchari	table-use assets for 2011 from Part	X, line 5		4		0
5	Multiply line 4 by line 3				5		0.
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)			6		2,492
7	Add lines 5 and 6				7		2,492
8	Enter qualifying distributions fro	om Part XII, line 4			8		
		nan line 7, check the box in Part VI,	line 1b, and complete that p	oart using a	1% tax ra	te See th	e

Form	990-PF (2011) Frankle Family Foundation, Inc. 26-386157	9	Р	age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction	ns)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here	** 5 ·	+	. "
	Date of ruling or determination letter (attach copy of letter if necessary – see instrs)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		4,9	83.
	check here ► and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			_
	foundations only Others enter -0-)			0.
3	Add lines 1 and 2	 	4,9	83.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4 0	0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		4,9	83.
6	Credits/Payments			
	2011 estimated tax pmts and 2010 overpayment credited to 2011 Fixempt foreign organizations — tax withheld at source 6a 3,500.			
	Exempt foreign organizations tax matrices			
	Backap withholding chonesasiy withhold		4 5	
7	Total creats and payments 7 and miles of amough of		4,5	86.
8				69.
9	Tax due in the total of lines 5 and 6 is more diam line 7, since amount of the			0.
10				- 0 .
11	Cited the amount of fine to to be of cured to 2012 outmated tax			
	t VII-A Statements Regarding Activities		Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1ь		Х
	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?	1 c		Х
c	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(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			
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		<u>X</u>
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
Ŀ	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
	If 'Yes,' attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	
	Enter the states to which the foundation reports or with which it is registered (see instructions)			
0.0	FL - Florida			
t	o If 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	8ь	Х	
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 year 2011 or the taxable year beginning in 2011 (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		<u>X</u>
BAA		Form 99	0-PF	(2011)

	1 390-PF (2011) Frankle Family Foundation, Inc.	26-	386157	9	Ρ	age 5
Par	t VII-A Statements Regarding Activities (continued)			,		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified advisory privileges? If 'Yes,' attach statement (see instructions)	d person	had	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	applicatio	n ⁷	13	Χ	
14	Website address ► N/A The books are in care of ► McFarlane Ferguson & McMullen Telephone		(813)	273	-433	 3 4
	Located at ► 201 N. Franklin St., Ste 2000 Tampa FL ZIP + 4 ►					
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year	►	15		•	Ц
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authors, securities, or other financial account in a foreign country?	_		16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the nar foreign country.	ne of the				
Par	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	a During the year did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	X No			
ŀ	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?			1 b		
	Organizations relying on a current notice regarding disaster assistance check here	•	· 🗆			
(c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?			1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).					
i	a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?	Yes	X No			
	If 'Yes,' list the years ▶ 20, 20, 20, 20			,		
ı	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a all years listed, answer 'No' and attach statement — see instructions)	a)(2))(2) to		2b		
(c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he	ere				
	► 20 , 20 , 20 , 20					
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
ı	b If 'Yes,' did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011)			3b		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		<u>x</u>
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?			4b		x
BAA	A		Fo	orm 99	0-PF ((2011)

Part VII-B Statements Regarding Activit	ies for winich Form	14/20 May be Kedi	uirea (conunuea)		
5a During the year did the foundation pay or incur		1 47 Lo May Do Hod	and (continued)	, ,	ifat .
(1) Carry on propaganda, or otherwise attemp	•	(section 4945(e))?	Yes X	No .	
(2) Influence the outcome of any specific publ	c election (see section	4955), or to carry			``
on, directly or indirectly, any voter registra			Yes X	No	
(3) Provide a grant to an individual for travel,	study, or other similar p	urposes?	∐ Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	an a charitable, etc, org 4940(d)(2)? (see instru	panization described ctions)	Yes X	No	
(5) Provide for any purpose other than religiou educational purposes, or for the prevention			Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of to described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to quality a current notice regardi	ualify under the exception ing disaster assistance	ons	5 b	ŀ
Organizations relying on a current notice regar	ding disaster assistance	e check here	▶ □		
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure response	ne foundation claim exe		☐ Yes ☐	No	'æ
If 'Yes,' attach the statement required by Regu	, -	5(d)			ĺ
6a Did the foundation, during the year, receive an on a personal benefit contract?	y tunas, airectly or inair	ectly, to pay premiums	Yes X	No	
b Did the foundation, during the year, pay premit	ums, directly or indirectly	y, on a personal benefit		6ь	X
If 'Yes' to 6b, file Form 8870					
7a At any time during the tax year, was the found				' 1 1	
b If 'Yes,' did the foundation receive any proceed				7b	
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	jers, Highly Paid E	Employees,	
and Contractors					
1 List all officers, directors, trustees, foundation				1772	
(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 a other allowa	
Mark A. Frankle					
201 N. Franklin St., Ste 2000	President				
rampa FL 33602	2.00	0.	0.		(
Mary D. Frankle					
201 N. Franklin St., Ste 2000	VP				
Tampa FL 33602	5.00	0.	0.		(
Nicholas A. Frankle		İ			
201 N. Franklin St., Ste 2000	Director				
Tampa FL 33602	0.50	0.	0.		
· - -					
2 Compensation of five highest-paid employee				er 'NONE.'	
(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 a other allowa	
None					
0					
0					
0					
0					
	1	l l			

Form 990-PF (2011) Frankle Family Foundation, Inc.	<u>26-3861579</u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Mand Contractors (continued)	anagers, Highly Paid Employ	ees,
3 Five highest-paid independent contractors for professional services (see instructions)	If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	b) Type of service (c) Co	ompensation
None		
		
	İ	
Total number of others receiving over \$50,000 for professional services	>	None
Part IX-A Summary of Direct Charitable Activities		
<u>Fart IX-A</u> Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc.	such as the number of E	xpenses
1		
2		
3		
*		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2	Amount
1		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	>	
ΡΔΔ	Form	990-PF (2011)

Form 990-PF (2011) Frankle Family Foundation, Inc.	26-3861579	Page 8
Part X Minimum Investment Return (All domestic foundations must complete this part. see instructions.)		itions,
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	
b Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	0.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this part.		ilons
1 Minimum investment return from Part X, line 6	1	0.
2a Tax on investment income for 2011 from Part VI, line 5 2a 4, 98	3.	
b Income tax for 2011 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2 c	4,983.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	0 .
6 Deduction from distributable amount (see instructions)	6	•
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	0
Part 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	1 a	
b Program-related investments — total from Part IX-B	1 b	
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	7	
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3ь	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
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 (see instructions)	5	0
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth qualifies for the section 4940(e) reduction of tax in those years	er the foundation	
RAA	Form	990-PF (2011

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				0
Ine 7 2 Undistributed income, if any, as of the end of 2011	·			0.
a Enter amount for 2010 only			29,579.	
b Total for prior years 20 , 20 , 20	-			
3 Excess distributions carryover, if any, to 2011				
a From 2006 0.				
b From 2007 0.				
c From 2008 30,000.				
d From 2009 67, 700.				
e From 2010 122, 450.	'			
f Total of lines 3a through e	220,150.		······	
4 Qualifying distributions for 2011 from Part				
XII, line 4 \$		'		
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)	<u> </u>	<u> </u>		
d Applied to 2011 distributable amount				
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011				
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:	000 150			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	220,150.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount — see instructions		0.		
e Undistributed income for 2010 Subtract line 4a from			00 570	
line 2a Taxable amount — see instructions			29,579.	
f Undistributed income for 2011 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2012.				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
,				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	220,150.			<u>.</u>
10 Analysis of line 9				
a Excess from 2007 0.			ļ	
b Excess from 2008 30,000.			į	
c Excess from 2009 67, 700.				
d Excess from 2010 122, 450.				
e Excess from 2011 0.		L ,		Form 990-PF (2011)

orm 990-PF (2011) Frankle Family Fo				26-3861579	Page 10 N/A			
Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling								
is effective for 2011, enter the date of the ri	uling			•	T			
b Check box to indicate whether the foundation		ating foundation des T		4942(j)(3) or	4942(j)(5)			
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(h) 2010	Prior 3 years	(d) 2008	(a) Tatal			
investment return from Part X for each year listed	(a) 2011	(b) 2010	(c) 2009	(a) 2008	(e) Total			
b 85% of line 2a								
 Qualifying distributions from Part XII, line 4 for each year listed 								
d Amounts included in line 2c not used directly for active conduct of exempt activities								
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c								
3 Complete 3a, b, or c for the alternative test relied upon								
a 'Assets' alternative test – enter								
(1) Value of all assets			-					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)								
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed								
c 'Support' alternative test — enter								
 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 Information assets at any time during th	(Complete this e vear – see in	part only if the structions.)	organization ha	id \$5,000 or more	e in			
Information Regarding Foundation Manage a List any managers of the foundation who had close of any tax year (but only if they have Mark A. Frankle Mary D. Frankle	ers: ave contributed moi contributed more th	re than 2% of the to nan \$5,000) (See s	ection 507(d)(2))					
b List any managers of the foundation who or a partnership or other entity) of which the f	wn 10% or more of oundation has a 10	the stock of a corpo % or greater interes	oration (or an equal) st	y large portion of the	ownership of			
None								
2 Information Regarding Contribution, Gran Check here ► X if the foundation only m requests for funds If the foundation makes complete items 2a, b, c, and d	akes contributions	to preselected char	table organizations					
a The name, address, and telephone number	of the person to w	hom applications sh	ould be addressed.					
b The form in which applications should be s	ubmitted and inform	nation and materials	s they should include	•				
c Any submission deadlines								
d Any restrictions or limitations on awards, s	uch as by geograph	nical areas, charitab	le fields, kinds of in	stitutions, or other fac	tors.			

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager or	1 Status VI	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		<u> </u>
a Paid during the year				
DMC RIM			L	
42005 W. 12 Mile Rd			Medical	500
Novi MI 483		Qual	Needs	500.
FORE				
13020 N. Telecom Pkwy	,,	0,1,2,1	Medical	55 000
Tampa FL 336 Schaarai Zedek Sisterhood) ' [Qual	Medicai	55,000.
3300 Swann Avenue				
Tampa FL 336	19	Qual	Star Event	6,500.
Tampa Musuem of Art	,	Quai	l dear divent	0,500.
120 W. Gasparilla Plaza				
Tampa FL 336	12	Qual	Art	33,700.
Tourette Syndrome Association				
PO Box 411416		1		
Melbourne FL 329	.1	Qual	Medical	5,000.
WEDU Broadcasting		[
1300 North Boulevard			[
Tampa FL 336	17	Qual	Donation	5,000.
US Holocaust Memorial Museum				
9911 W. Pico Blvd, Suite 1490			ł	
Los Angeles CA 900	35	Qual	Donation	1,000.
Catholic Charities		İ	Í	
2021 E. Bush Blvd				
Tampa FL 336		Qual	Donation	500.
Tampa General Hospital Foundati	on		1	
PO Box 1289				
Tampa FL 336)1	Qual	Donation	7,200.
See Line 3a statement				
				62,000.
				02,000.
Total			▶ 38	176,400.
b Approved for future payment				
			j	
Total			▶ 31	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	(a)
	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program service revenue			code		
a			+		
b		-	+		
c			 		
d					
e			+		
			 		
g Fees and contracts from government agencies			 		
2 Membership dues and assessments			-		
3 Interest on savings and temporary cash investments			3	20 200	···
4 Dividends and interest from securities	75 15	the was dead of the conflict	1 3	20,208.	
5 Net rental income or (loss) from real estate		からな ないかっていい	到40.70000		
a Debt-financed property		<u>.</u> .	- 		
b Not debt-financed property			 		
6 Net rental income or (loss) from personal property			+		····
7 Other investment income			 -	026 001	
8 Gain or (loss) from sales of assets other than inventory			3	236,201.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a			 		
b	I I				
c					
d					
e			 		
12 Subtotal Add columns (b), (d), and (e)				256,409.	255 100
13 Total. Add line 12, columns (b), (d), and (e)				256, 409. 13	256,409.
* * * * * * * * * * * * * * * * * * * *	fations)				256,409.
13 Total. Add line 12, columns (b), (d), and (e)		hment of Exem	pt Purpos	13	256,409.
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcu Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcu Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcu Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcu Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcu Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcu Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	
13 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcular to Part XVI-B Relationship of Activities to	the Accomplis			13 __	

Page **13**

Form \$90-PF (2011) Frankle Family Foundation, Inc. 26-3861579 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the	organization directly	or indirectly er	ngage in any of the	e following with	any other orga	anization ection 52	7		Yes	No
	to political organiza		ici tilari section se	or (c)(o) organiz		0000011 32	'''			l
	rs from the reporting	g foundation to a	noncharitable ex	empt organizati	on of					l
(1) Cas								1 a (1)		X
	er assets							1 a (2)		<u>X</u>
	ansactions									l
• •	es of assets to a no		· -					1 b (1)		<u>X</u>
	chases of assets fro			zation				1b (2)		X
	ital of facilities, equi		assets				}	1 b (3)		<u>X</u>
` '	mbursement arrange							1 b (4)		<u>X</u>
` '	ns or loan guarante		4 - 4					1b (5)		X
• •	formance of service				_			1b (6)		X
c Sharing	of facilities, equipm	ient, mailing list	s, other assets, or	paid employee	'5		(1c		<u>X</u>
the good	nswer to any of the a ds, other assets, or assection or sharing a	services given b	oy the reporting foi	undation If the	foundation rec	eived les	ys show the fair mar s than fair market va services received	ket value alue in	of	
(a) Line no	(b) Amount involved		f noncharitable exempt				sfers, transactions, and s	haring arran	gement	s
										
					<u> </u>					
		<u> </u>								
	 ,		 _							
	 									
	· ·									
										
										
		<u> </u>								
						·				
		<u> </u>								
describe	oundation directly or ed in section 501(c) complete the follow	of the Code (otl	ted with, or related ner than section 50	d to, one or mo 01(c)(3)) or in s	re tax-exempt ection 527?	organizat	tions	Yes	X	No
	Name of organiza		(b) Type (of organization			Description of rela	tionship		
	y traine of organiza		(3) 1) po (or organization			y Boson phon or roll			
	 ,									
<u> </u>										
				-						
							<u></u>			
Under	penalties of perjury, I decl and complete Declaration	are that I have exam	ined this return, including	ng accompanying sch	nedules and statem	ents, and to	the best of my knowledge	and belief, i	l is true,	
Sign -	May b	Lund	Tull)	▶	/- /3 -	_	May the I this return preparer (see instr	n with th shown b	ne pelow
Sign	ature of officer or rustee			ate	Title				Yes	No
Paid	Print/Type preparers n Jim Brennar		Preparer's sig	nature /	4 Date //-	-/3-	Check X if self-employed	PTIN P01210	068	
Preparer	Firm's name	JIM BRENNA	IN, CPA				Firm's EIN ►			
Jse Only	Firm's address	PO BOX 668	36				ļ			
		BRANDON		F	L 33508-	6011	Phone no			
BAA								Form 99	0-PF ((2011)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization		Employer identification number
Frankle Family Foundation	on, Inc.	26-3861579
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not tre	eated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
1 01111 333 1 1	4947(a)(1) nonexempt charitable trust treated	d as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered b	y the General Rule or a Special Rule (10) organization can check boxes for both the General Rul	le and a Special Rule. See instructions
Note. Only a section 501(c)(7), (6), or	(10) organization can check boxes for both the General Rul	e and a Special Nule 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 I	1)	
Special Rules		
$\frac{1}{2}$ 509(a)(1) and 170(b)(1)(A)(v _i), and	n filing Form 990 or 990-EZ that met the 33-1/3% support to received from any one contributor, during the year, a cont 90, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete	ribution of the greater of (1) \$5,000 or
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,
total contributions of more than \$1, the prevention of cruelty to children	000 for use <i>exclusively</i> for religious, charitable, scientific, I or animals Complete Parts I, II, and III	iterary, or educational purposes, or
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 the total contributions that were received during the year for	s did not total to more than \$1,000
purpose Do not complete any of th	e parts unless the General Rule applies to this organization	n because it received nonexclusively
religious, charitable, etc, contribution	ons of \$5,000 or more during the year	► \$
Caution: An organization that is not co	vered by the General Rule and/or the Special Rules does n	ot file Schedule B (Form 990, 990-EZ, or
990-PF) but it must answer 'No' on Pai Form 990-PF, to certify that it does not	t IV, line 2, of its Form 990; or check the box on line H of i meet the filing requirements of Schedule B (Form 990, 990	its Form 990-EZ or on Part I, line 2, of its D-EZ, or 990-PF)
		Schedule B (Form 990, 990-EZ, or 990-PF) (2011)
990EZ, or 990-PF.		, , , , , , , , , , , , , , , , , , , ,

ľ							
Schedule	В	(Form	990,	990-EZ,	or 990	-PF)	(2011)

Name of organization

Page Employer identification number

1 of Part 1

Frankle Family Foundation, Inc.

26-3861579

1 of

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional sp	ace is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Mark A. Frankle 915 Mooring Circle Tampa FL 33602	\$250,060.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Mary D. Frankle 915 Mooring Circle Tampa FL 33602	\$250,060.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
- 		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Page

1 to

of Part II

1

Name of organization

Employer identification number

Frankle Family Foundation, Inc.

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

26-3861579

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional sp	oace	is needed	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	2283 Harbor Intn'l Fd			
1		7		
		- \$	114,995.	12/20/11
		-,	114,995.	12/20/11
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	6139.49 Loomis Sayles Fd			<u> </u>
1		-		
		ş	84,541.	12/20/11
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	2735.5 Royce Premier			
1		-		
		- \$	50,525.	12/20/11
		Ţ		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	2283 Harbor Intn'l Fd			
2		4		
		- \$	114,995.	12/20/11
			222/3301	12720711
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	6139.49 Loomis Sayles Fd			· <u></u> .
2		4		
			84,541.	12/20/11
		- ال	04, 541.	12/20/11
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	2735.5 Royce Premier			
2		4		
		- _{\$}	50,525.	12/20/11

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
100 Apple	D — Donation	02/05/09	03/21/11
130 Google	D	01/20/09	$\frac{03/21/11}{03/21/11}$
563.45 Nuveen Tradewinds Value Fd	P	02/01/10	03/21/11
4134.527 Pimco Total Return Fd	P	03/18/09	03/21/11
4148.618 Royce Premier Fd	D	03/18/09	03/21/11
200 Varian Medical	<u>D</u>	Various	03/21/11
100 Varian Medical	D	01/20/09	03/21/11
100 Varian Medical	D	01/20/09	03/21/11
920 Varian Medical	D	01/20/09	03/21/11
654.884 Nuveen Tradewinds Value Fd	P	02/01/10	08/09/11
1256.913 Blackrock Global	P	03/21/11	09/16/11
1270.926 Blackrock Global	P	02/01/10	09/16/11
202.184 Artisan Intn'l Value Fd	P	03/21/11	12/08/11
520.725 Fidelity Floating Rate High Income Fd	P	03/21/11	12/08/11
698.738 Pimco All Asset Fd	P	03/21/11	12/08/11
351.153 Vanguard Inflation Protection Fd	P	03/21/11	12/08/11
336.635 Vanguard Total Stk Mkt Fd	<u>P</u>	03/21/11	12/08/11
577.367 Yacktman Fund	P	03/21/11	12/08/11
370.884 FPA Crescent Fund	<u>P</u>	02/01/10	12/08/11
437.391 Ivy Asset Strategy Fund	<u>P</u>	02/01/10	12/08/11
713.523 Loomis Sayles Bond Fd	<u>P</u>	02/01/10	12/08/11
2149.934 Pimco All Asset Fd	P	02/01/10	12/08/11
921.415 Pimco Total Return Fd	P	Various	12/08/11
543.95 Royce Premier Fund	<u>P</u>	03/18/09	12/08/11
Through Schwab Long-Term CG Distrib	<u>P</u>	01/01/10	12/31/11

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income **Columns (e) thru (h)**

			
(e)	(f)	(g)	(h)
Gross sales	Depreciation allowed	Cost or other basis	Gain or (loss)
price	(or allowable)	plus expense of sale	(e) plus (f) minus (g)
33,822.		9,527.	24,295.
74,889.		38,839.	36,050.
20,000.		16,682.	3,318.
45,000.		41,676.	3,324.
90,000.		44,224.	45,776.
13,275.		6,619.	6,656.
6,637.		3,561.	3,076.
6,637.		3,561.	3,076.
61,066.		32,761.	28,305.
21,743.		19,389.	2,354.
23,944.		25,025.	-1,081.
24,211.		22,492.	1,719.
5,000.		5,556.	-556.
5,000.		5,134.	-134.
7,359.		7,498.	-139.
5,000.		4,682.	318.
10,000.		10,652.	-652.
10,000.		9,965.	35.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

Continued

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
10,000.		9,286.	714.
10,000.		9,616.	384.
10,000.		9,583.	417.
22,641.		22,487.	154.
10,000.		9,954.	46.
10,000.		5,799.	4,201.
5,696.		0.	5,696.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (i) thru (l)

Complete only for asserby the foundation on 12	ts showing gain in column 2/31/69	(h) and owned	(I) Gains (column (h) gain minus column (k),
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	but not less than -0-) or losses (from column (h))
0.	0.	0.	24,295. 36,050. 3,318. 3,324. 45,776. 6,656. 3,076. 28,305. 2,3541,081. 1,719556134139. 318652. 35. 714. 384. 417. 154. 46. 4,201. 5,696.
Total	0.	0.	<u>167,352.</u>

4

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
Berkely Preparatory School				Person or
4811 Keely Rd				Business X
Tampa FL 33615		Qual	Donation	10,000.
Beat Cancer with a Paddle				Person or
Hyde Park				Business X
Tampa FL 33606		Qual	Healthcare	1,000.
Orthopaedic Research Education Fdn			 	Person or
6300 N. River Rd, Suite 700				Business X
Rosemont IL 60018		Qual	Donation	25,000.
Metropolitan Ministries		 		Person or
2002 N. Florida Ave				Business X
Tampa FL 33620		Qual	Donation	20,000.
Women's Leadership Council				Person or
Po_Box				Business X
Tampa FL 33602		Qual	Donation	1,000.
Friends of Malibu Urgent Care		l		Person or
PO_Box_6836				Business X
Malibu CA 90264		QUAL	Donation	5,000.

Total

62,000.

Form 990-PF, Page 2, Part II, Line 10b

L-10b Stmt

	End of Year			
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value		
Through Schwab 9564	0.	0.		
Total	0.	0.		

Form 990-PF, Page 2, Part II, Line 10c

L-10c Stmt

	End of	Year
Line 10c - Investments - Corporate Bonds:	Book Value	Fair Market Value
Through Schwab 9564	312,429.	357,819
	212	

Total

312,429. 357,819.

Form 990-PF, Page 2, Part II, Line 13 L-13 Stmt

	End of Year		
Line 13 - Investments - Other:	Book Value	Fair Market Value	
Equity Funds Through Schwab 9564	791,662.	875,939.	
Total	791,662.	875,939.	

(Rev January 2012

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Part | Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print X 26-3861579 Frankle Family Foundation, Inc. File by the due date for Number street and room or suite number. If a P.O. box see instructions Social security number (SSN) tiling your return See instructions 201 N. Franklin St., #2000 City town or post office state, and ZIP code For a foreign address, see instructions 33602 04 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Application Is For Return Return Code Code 01 Form 990-T (corporation) 07 Form 990 Form 990-BL 02 Form 1041-A 08 01 Form 4720 09 Form 990-EZ Form 990-PF 04 Form 5227 10 Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ► McFarlane Ferguson & McMullen Telephone No ► (813) 273-4334 FAX No ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ▶ ☐ and attach a list with the names and EINs of all members If it is for part of the group, check this box check this box the extension is for 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15 ___, 20 12 _, to file the exempt organization return for the organization named above The extension is for the organization's return for X calendar year 20 11 or

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a|\$ 4,500. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax 3,500. payments made Include any prior year overpayment allowed as a credit 3b|\$ c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using 1,000. 3c \$ EFTPS (Electronic Federal Tax Payment System) See instructions

Initial return

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

____, 20 ___, and ending

2 If the tax year entered in line 1 is for less than 12 months, check reason

tax year beginning

Change in accounting period

Final return

	(Rev 1-2012) Frankle Family Fo			26-38	61579_	Page 2
	are filing for an Additional (Not Automatic) 3-Mo					► <u>X</u>
-	complete Part II if you have already been grant			iled Form	8868	
	are filing for an Automatic 3-Month Extension,					IN.
Part II	Additional (Not Automatic) 3-Month E	xtension of				
	To the state of th	 		<u>-</u>		see instructions
	Name of exempt organization or other filer, see instructions		i i	imployer ider	Timestion ria	11001 (2114) 01
Type or print	Frankle Family Foundation, Inc.		i i	X 26-3861579		
			Social security number (SSN)		SN)	
rile by the extended						
due date for	201 N. Franklin St., #2000					
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
	Tampa	FL 33	3602			
Enter the I	Return code for the return that this application is	for (file a sepa	rate application for each return)			04
			···			
Application Is For		Return Code	Application Is For			Return Code
						Code
Form 990		01	Form 1041-A			
Form 990-BL		01	Form 4720			
Form 990·EZ Form 990·PF		04	Form 5227			
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069			
Form 990-T (trust other than above)		06	Form 8870			
If the oIf this	organization does not have an office or place of its for a Group Return, enter the organization's found the check this box	our digit Group	United States, check this box	the name		this is for the
- 5	the extension is for					
5 For 6 If the	quest an additional 3-month extension of time uncalendar year 2011, or other tax year beging tax year entered in line 5 is for less than 12 m. Change in accounting period e in detail why you need the extension Infamplete and accurate return is	nning onths, check re ormation	, 20 , and ending ason Initial return		, 2	20
	is application is for Form 990-BL, 990-PF, 990-T refundable credits. See instructions	, 4720, or 6069	, enter the tentative tax, less any	8 8	s	0 .
payı	is application is for Form 990-PF, 990-T, 4720, oments made Include any prior year overpayment Form 8868	or 6069, enter a at allowed as a	069, enter any refundable credits and estimated tax lowed as a credit and any amount paid previously		\$	1,000
c Balance due. Subtract line 8b from line 8a Include your payment wit EFTPS (Electronic Federal Tax Payment System) See instructions			with this form, if required, by using	80	\$	0
c Bala EFT						
c Bala EFT	Signature and Ver	rification mu	st be completed for Part II or	ıy.		
EFT Under penalt	Signature and Ver ties of perjury I declare that I have examined this form, includir complete, and that I am authorized to prepare this form		•		belief it is tru	ue.
EFT Under penalt	ties of perjury. I declare that I have examined this form, includir complete, and that I am authorized to prepare this form	ng accompanying sch	•	owledge and	belief it is tru Date ►	ue.