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## Form **990-PF**

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

Sa Gross rents   Determination or (loss)	Intern	al Rev	venue Service Note. The foundation may t	reated as a Private see able to use a copy of this	return to sati	sfy state repo	rting requirements.	<u>  2011                                  </u>			
THE ARGO FAMILY FUND  C/O ROBERT AROSETI TRUSTES  Notes of street for 10 too number of man in recident would be used activated.  FIVE CONCURSE PKW, \$1000  Chy or term, state, and ZP code  ATLANTA, GA 30 328  G Check all that apply:   united return   Anneoded retur					, and e	naing	A Employee identification				
Second Part   Concentration   Contration							Employer Identification   	on number			
Trept/proce number				F			58-2069120				
PIVE CONCOURSE PKWY						Room/suite		<u> </u>			
APTLANTA GA 30328  6 Check all mat apply:							'	209			
a Check all that apply:	City	or to	own, state, and ZIP code	<del>-</del>			C If exemption application is	pending, check here			
Fall return	_ <u>A</u>	TL	ANTA, GA 30328								
Address change   Name change   Name change   2, Engay organizations covering the 36th text.	G C	heck	all that apply: Initial return	Initial return of a fo	rmer public (	charity	D 1 Foreign organization	ns, check here			
## Check bye of organization: **\begin{align*} \begin{align*} \lequiv{ Section 501(c)(s) exempt private foundation status was terminated under section 507(b)(1)(A), check hire \begin{align*} \begin{align*} \lequiv{ I private foundation status was terminated under section 507(b)(1)(A), check hire \begin{align*} \begin{align*} \lequiv{ I private foundation status was terminated under section 507(b)(1)(A), check hire \begin{align*} \begin{align*} \lequiv{ I private foundation status was terminated under section 507(b)(1)(A), check hire \begin{align*} \begin{align*} \lequiv{ I private foundation status was terminated under section 507(b)(1)(B), check hire \begin{align*} \begin{align*} \lequiv{ I private foundation status was terminated under section 507(b)(1)(B), check hire \begin{align*} \begin{align*} \lequiv{ I private foundation status was terminated under section 507(b)(1)(B), check hire \begin{align*} \begin{align*} \begin{align*} \lequiv{ I private foundation status was terminated under section 507(b)(1)(B), check hire \begin{align*} \begin{align*} \begin{align*} \lequiv{ I private foundation status was terminated under section 507(b)(1)(B), check hire \begin{align*} \begin{align*} \begin{align*} \begin{align*} \lequiv{ I private foundation status was terminated under section 507(b)(1)(B), check hire \begin{align*} \			Final return	Amended return			F				
Section 3497(9\f1) non-sempt charable trist			Address change	Name change			2. check here and attach of	computation			
Section 49/7(a)(1) nonexempt charable trust   Other table private foundation   Surface   Continuing   Surface   Su	H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation			E If private foundation st	atus was terminated			
## Source   Contributions   Color   Contributions   Color   Co	L	Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion		under section 507(b)(	1)(A), check here 🕨 🔲			
Note that income or (less)   Saturation from the control of the	1 Fa	ır ma	rket value of all assets at end of year 🚺 🛭 Accounting	ng method 🔼 Cash	Accı	rual	F If the foundation is in a	60-month termination			
Part II   Analysis of Revenue and Expenses (a) Revenue and Expenses (b) for all the increase of the increase	•		Part II, col (c), line 16)	her (specify)			under section 507(b)(	1)(B), check here 🕨 📖			
Contributions, gifts, grants, etc., received   300,000.   N/A				mn (d) must be on cash b	oasis)						
Check	Pa	<u>rt l</u>	(The total of amounts in columns (b), (c), and (d) may not					for charitable purposes			
Cheek	~ .	1	Contributions, gifts, grants, etc., received	300,000.			N/A				
Dividends and interest from securities   136,813.   136,813.   STATEMENT 2	010	2									
Sa Gross rents   Division rental income or (loss)		3	Interest on savings and temporary cash investments					STATEMENT 1			
Description	O	4	Dividends and interest from securities	136,813.	13	6,813.		STATEMENT 2			
Total Add lines 1 through 11  Total Add lines 24 and 25  Total Add lines 1 through 11  Total Add lines 24 and 25  Total Repeated to the profession of officers, directors, trustees, etc  Total Repeated to the profession of	10 \ 1	5a	Gross rents								
Total Add lines 1 through 11  Total Add lines 24 and 25  Total Add lines 1 through 11  Total Add lines 24 and 25  Total Repeated to the profession of officers, directors, trustees, etc  Total Repeated to the profession of		b	Net rental income or (loss)								
Total Add lines 1 through 11  Total Add lines 24 and 25  Total Add lines 1 through 11  Total Add lines 24 and 25  Total Repeated to the profession of officers, directors, trustees, etc  Total Repeated to the profession of	₹,			24,766.							
Total Add lines 1 through 11  Total Add lines 24 and 25  Total Add lines 1 through 11  Total Add lines 24 and 25  Total Repeated to the profession of officers, directors, trustees, etc  Total Repeated to the profession of	Revenu	b									
Total Add lines 1 through 11  Total Add lines 24 and 25  Total Add lines 1 through 11  Total Add lines 24 and 25  Total Repeated to the profession of officers, directors, trustees, etc  Total Repeated to the profession of					2	<u>4,766.</u>					
Total Add lines 1 through 11  Total Add lines 24 and 25  Total Add lines 1 through 11  Total Add lines 24 and 25  Total Repeated to the profession of officers, directors, trustees, etc  Total Repeated to the profession of	<i>-</i>										
Total Add lines 1 through 11  Total Add lines 24 and 25  Total Add lines 1 through 11  Total Add lines 24 and 25  Total Repeated to the profession of officers, directors, trustees, etc  Total Repeated to the profession of	8	9									
Total Add lines 1 through 11  Total Add lines 24 and 25  Total Add lines 1 through 11  Total Add lines 24 and 25  Total Repeated to the profession of officers, directors, trustees, etc  Total Repeated to the profession of	Š	10a									
11 Other income   12   Total Add lines 1 through 11   509,385.   209,385.     13   Compensation of officers, directors, trustees, etc   0. 0.   0.     14   Other employee salaries and wages   15   Pension plans, propoyee Deptits   16a Legal fees   b Accounting fees   c Other profession employees   c Other p	U)										
12 Total Add lines 1 through 11  13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, Employee benefits 16a Legal fees 16a Legal fees 18 Taxes 19 Depreciation and deple GDEN, UT 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 expenses. Add lines 13 through 23 26 Contributions, girts, grants paid 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements 29 better through 11 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total expenses 25 Contributions, girts, grants paid 26 Total expenses and disbursements 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements 29 b Net investment income (if negative, enter -0-) 20 Codition (incomptive, enter -0-) 21 Codition (incomptive, enter -0-) 22 Adjusted net income (if negative, enter -0-) 23 Codition (incomptive, enter -0-) 24 Codition (incomptive, enter -0-) 25 Codition (incomptive, enter -0-) 26 Adjusted net income (if negative, enter -0-) 27 Adjusted net income (if negative, enter -0-) 28 Codition (incomptive, enter -0-) 38 Codition (incomptive, enter -0-) 39 Codition (incomptive, enter -0-) 30 Codition (incomptive, enter -0-) 30 Codition (incomptive, enter -0-) 30 Codition (incomptive, enter -0-) 31 Codition (incomptive, enter -0-) 32 Codition (incomptive, enter -0-) 33 Codition (incomptive, enter -0-) 34 Codition (incomptive, enter -0-) 35 Codition (incomptive, enter -0-) 36 Codition (incomptive, enter -0-) 37 Codition (incomptive, enter -0-) 38 Codition (incomptive, enter -0-) 39 Codition (incomptive, enter -0-) 30 Codition (incom		C	. ,	F 140		F 140		CENTER 3			
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other profession Plees 17 Interest 18 Taxes 19 Depreciation and deple@GDEN, UT 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, girts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)					2.0			STATEMENT 3			
14 Other employee salaries and wages 15 Pension plans, employee benefit 16a Legal fees 15 Accounting fees 16a Legal fees 17 Interest 18 Taxes 19 Depreciation and deple@GDEN, UT 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 expenses. Add lines 13 through 23 26 Contributions, girts, grants paid 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements 29 b Net investment income (if negative, enter -0-) 20 children income (if negative, enter -0-) 21 Contribution in come (if negative, enter -0-) 22 Contribution in come (if negative, enter -0-) 25 Contribution in come (if negative, enter -0-) 26 Cother expenses and disbursements 297, 339.					20						
15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other profession and depleto GDEN, UT  18 Taxes 19 Depreciation and depleto GDEN, UT  20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses. STMT 4  24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)			•	- U.		0.		<u> </u>			
16a Legal fees b Accounting fees c Other profession and deple GDEN, UT 17 Interest 18 Taxes 19 Depreciation and deple GDEN, UT 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)				<del> </del>							
b Accounting fees c Other profession Pees NOV 1 6 2012  17 Interest 18 Taxes 19 Depreciation and deple GDEN, UT 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)  N/A	4	۔مدا	Legal fees RECEIVED	<del> </del>				<del>                                     </del>			
Interest Int	ens	h		io l							
Interest Int	ă X	"	- <b>1</b> [	lől				1			
18 Taxes 19 Depreciation and depleto GDEN, UT 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)  20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 105, 224. D 105,	Š E			Ó							
23 Other expenses STMT 4  24 Total operating and administrative expenses. Add lines 13 through 23  25 Contributions, gifts, grants paid  26 Total expenses and disbursements  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)	ati	•	Taxes	<b>!</b> ≝[							
23 Other expenses STMT 4  24 Total operating and administrative expenses. Add lines 13 through 23  25 Contributions, gifts, grants paid  26 Total expenses and disbursements  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)	iista	l	Depreciation and depleton GDEN III								
23 Other expenses STMT 4  24 Total operating and administrative expenses. Add lines 13 through 23  25 Contributions, gifts, grants paid  26 Total expenses and disbursements  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)	Ë	l			<u> </u>						
23 Other expenses STMT 4  24 Total operating and administrative expenses. Add lines 13 through 23  25 Contributions, gifts, grants paid  26 Total expenses and disbursements  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)	P	21	Travel, conferences, and meetings								
23 Other expenses STMT 4  24 Total operating and administrative expenses. Add lines 13 through 23  25 Contributions, gifts, grants paid  26 Total expenses and disbursements  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  C Adjusted net income (if negative, enter -0-)	pue	22	Printing and publications								
25 Contributions, gifts, grants paid  26 Total expenses and disbursements  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	gu	23	Other expenses STMT 4	105,224.	10	5,224.		0.			
25 Contributions, gifts, grants paid  26 Total expenses and disbursements  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	ratii	24	Total operating and administrative			_					
25 Contributions, gifts, grants paid  26 Total expenses and disbursements  Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	þeī		expenses. Add lines 13 through 23		10	5,224.					
Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A	J	l .		501,500.				501,500.			
27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A		26	•	[	<u>.</u> -	- 004		F04 700			
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  N/A		<u> </u>		606,724.	10	5,224.		501,500.			
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  N/A				.07.330							
c Adjusted net income (if negative, enter -0-)				<91,339.		A 1 C 1		<del> </del> /			
		1		-		4,101.	NT / N	<del>                                     </del>			
	1235	1 <b>C</b> 01	Adjusted net income (if negative, enter -0-)  LHA For Paperwork Reduction Act Notice, see	instructions			N/A	Form <b>990-PF</b> (2011)			

2

5	8 -	2	0	6	9	1	2	0	
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P	ar	ıe	•

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only			degining of year	Ena or	End of year			
P	aπ	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - nbn-interest-bearing	1,864,342.	2,055,221.	2,055,221.			
		Savings and temporary cash investments						
		Accounts receivable			-			
		Less' allowance for doubtful accounts ▶			i			
		Pledges receivable ▶			<del></del>			
		Less: allowance for doubtful accounts			i			
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other	·					
	_	disqualified persons			1			
	7	Other notes and loans receivable						
		Less: allowance for doubtful accounts						
S	8	Inventories for sale or use						
Assets	_	Prepaid expenses and deferred charges						
As		Investments - U.S. and state government obligations						
		Investments - corporate stock						
		Investments - corporate bonds						
		Investments - land, buildings and equipment basis						
		Less accumulated depreciation						
	12	Investments - mortgage loans STMT 5	728,339.	837,000.	837,000.			
		Investments - other STMT 6	6,108,676.	5,711,798.	6,111,039.			
		Land, buildings, and equipment basis		<u> </u>				
		Less accumulated depreciation						
	15	Other assets (describe ▶			<del> </del>			
	16	Total assets (to be completed by all filers)	8,701,357.	8,604,019.	9,003,260.			
$\neg$		Accounts payable and accrued expenses						
<b>S</b>		Grants payable	· · · · · ·					
	l	Deferred revenue	**					
ıtie		Loans from officers, directors, trustees, and other disqualified persons						
Liabilıties		Mortgages and other notes payable						
Ľ		Other liabilities (describe ▶ )						
	23	Total liabilities (add lines 17 through 22)	0.	0.				
		Foundations that follow SFAS 117, check here						
		and complete lines 24 through 26 and lines 30 and 31.						
es	24	Unrestricted	8,701,357.	8,604,019.				
ano	25	Temporarily restricted						
Bal		Permanently restricted						
пd		Foundations that do not follow SFAS 117, check here						
Fu		and complete lines 27 through 31.						
5 0	27	Capital stock, trust principal, or current funds						
set		Paid-in or capital surplus, or land, bldg., and equipment fund						
Net Assets or Fund Balances		Retained earnings, accumulated income, endowment, or other funds	_					
let.		Total net assets or fund balances	8,701,357.	8,604,019.				
_								
	31	Total liabilities and net assets/fund balances	8,701,357.	8,604,019.				
_								
Р	<u>art</u>	III Alialysis of Changes III Net Assets of Fund Ba						
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30					
	(mus	t agree with end-of-year figure reported on prior year's return)		1	8,701,357.			
		amount from Part I, line 27a		2	<97,339.			
3	Other	r increases not included in line 2 (itemize) . MISCELLANEOU	JS	3	1.			
		ines 1, 2, and 3		4	8,604,019.			
5	Decre	eases not included in line 2 (itemize)		5	0.			
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30	6	8.604.019.			

	<ul><li>(a) List and describe the kind(s) of property sold (e.g., real estate,</li><li>2-story brick warehouse, or common stock, 200 shs. MLC Co.)</li></ul>						d (d) Date sold (mo , day, yr.)
1a			·				
b SEE ATTACHED	STATEMENTS						
c							
d							
е						_	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis xpense of sale			(h) Gain or ( (e) plus (f) mir	
a							
b							
<u>c</u>							
d							
e 841,679.			816,91	.3.			24,766
Complete only for assets showin	g gain in column (h) and owned	by the foundation	on 12/31/69			I) Gains (Col. (h)	
(i) F.M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess of col. (i) over col. (j), if any			l (k), but not less Losses (from o	
a						<u> </u>	
b							
С							
d							
e	<del> </del>			-			24,766
<u> </u>	<i>(</i> .		-	<del>\                                    </del>			
Capital gain net income or (net ca	pital loss) If gain, also el	nter in Part I, line r -0- in Part I, line	7 7	} 2		·	24,766
Net short-term capital gain or (los	,	) and (6)		٦			
If gain, also enter in Part I, line 8,	column (c).			<u> </u>	1	3.7	/3
If (loss), enter -0- in Part I, line 8  Part V Qualification U	nder Section 4940(e) 1	or Bodyson	Toy on Not	3	<u> </u>	N	/A
as the foundation liable for the sect "Yes," the foundation does not qual			•	rıod?			Yes X N
Enter the appropriate amount in e	ach column for each year; see ir	structions before	making any entri	es.			
(a) Base period years Calendar year (or tax year beginnir	(b) Adjusted qualifying	distributions	Net value of no	( <b>c)</b> ncharitab	le-use asset	Di (col. (b	(d) stribution ratio ) divided by col (c))
2010		399,500.		9.0	36,81	5.	.04420
2009		476,483.			70,57		.05625
2008		184,025.			82,19		.04753
2007		198,737.	<del></del>		54,58		.05061
2006		343,158.			02,558		.04971
	<del> '</del>			<u> </u>	<u> </u>	<del>- [                                   </del>	
Total of line 1, column (d)	Cupar base period divide the te	tal as less O by E	as bu the aumbers	-6		2	.24832
3 Average distribution ratio for the 5 the foundation has been in exister		tai UII III € 2 UY 5,	or by the number	oi years		3	.04966
4 Enter the net value of noncharitab	le-use assets for 2011 from Part	X, line 5				4	9,125,168
5 Multiply line 4 by line 3						5	453,192
6 Enter 1% of net investment income (1% of Part I, line 27b)				6	1,042		
' Add lines 5 and 6						7	454,234
B Enter qualifying distributions from	ı Part XII. line 4					8	501,500
If line 8 is equal to or greater than See the Part VI instructions.	·	line 1b, and comp	lete that part usin	g a 1% ta	x rate.		302,300
23521 12-02-11							Form <b>990-PF</b> (201

THE ARGO FAMILY FUND

	990-PF (2011) C/O ROBERT AROGETI, TRUSTEE rt VI Excise Tax Based on Investment Income (Section 4940(a),	4940(b), 4940(e), o	58-206 r 4948 - see			Page 4	
	Exempt operating foundations described in section 4940(d)(2), check here and enter *N						
, .	Date of ruling or determination letter: (attach copy of letter if necessary						
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%						
	of Part I, line 27b					<u>42.</u>	
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Pa	irt I, line 12, col (b). 📙					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others e	enter -0-)	2			0.	
3	Add lines 1 and 2		3		1,0	<u>42.</u>	
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	<u>42.</u>	
6	Credits/Payments:	1 4.50	_				
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a	1,60	9.4				
	Exempt foreign organizations - tax withheld at source						
	Tax paid with application for extension of time to file (Form 8868)  6c						
	Backup withholding erroneously withheld  Tatal and the and accurate Add land Scattering		$\dashv$ $_{-}$ $\mid$		1 6	00	
_	Total credits and payments. Add lines 6a through 6d		7		1,6		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			<u>6.</u>	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			52.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be: Credited to 2012 estimated tax	552. Refunded	► 10 ► 11			0.	
	rt VII-A Statements Regarding Activities	JJZ •   Relunded	11			<u> </u>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or did it participate or interv	ene in		Yes	No	
	any political campaign?			1a		<u> X</u>	
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?						
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop	nes of any materials publ	shed or		i		
	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) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers. $\blacktriangleright$ 5		<u>).</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure ta	ix imposed on foundation					
	managers. ► \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>	
	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 instrum	nent, articles of incorporation	n, or	1		v	
4-	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?  If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4a			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		N/A	4b5		x	
J	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 direct	ctions that conflict with the s	tate law	j			
	remain in the governing instrument?			6		X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	Х		
	If "Yes," complete Part II, col. (c), and Part XV						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<b>-</b>		_			
	GA						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorne	y General (or designate)		-			
	of each state as required by General Instruction G? If "No," attach explanation			8b	X		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4	4942(j)(3) or 4942(j)(5) for	calendar			ļ	
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete	ete 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						X	

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had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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

Part IX-B | Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

N/A

All other program-related investments See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<u> </u>
а	Average monthly fair market value of securities	1a	5,635,339.
b	Average of monthly cash balances	1b	1,778,093.
С	Fair market value of all other assets	1c	1,850,698.
	Total (add lines 1a, b, and c)	1d	9,264,130.
	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	9,264,130.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	138,962.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,125,168.
6	Minimum investment return. Enter 5% of line 5	6	456,258.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	456,258.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)	l	
C	Add lines 2a and 2b	2c	1,042.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	455,216.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	455,216.
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	455,216.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	501,500.
b	· ·	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	501,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	1,042.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	500,458.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies f	or the section

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2010	2010	2011
1 Distributable amount for 2011 from Part XI,				455 046
line 7				455,216.
2 Undistributed income, if any, as of the end of 2011			0.	
a Enter amount for 2010 only b Total for prior years:				
g rotal for prior years.		0.		
3 Excess distributions carryover, if any, to 2011:			<u></u>	
a From 2006				
<b>b</b> From 2007				
c From 2008	•			
d From 2009 13,452.				
e From 2010				
f Total of lines 3a through e	13,452.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ► \$ 501,500.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		U .		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2011 distributable amount				455,216.
e Remaining amount distributed out of corpus	46,284.			33,210.
5 Excess distributions carryover applied to 2011	0.			0.
(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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	59,736.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously			į	
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line			0	
4a from line 2a. Taxable amount - see instr.			0.	
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)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.	_			
Subtract lines 7 and 8 from line 6a	59,736.			
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009 13,452.	1			
d Excess from 2010 e Excess from 2011 46,284.				
C LAUGSS HUIII 201140, 204.				Form 990-DF (2011)

123581 12-02-11

### NONE

Check here LX if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds if the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines.

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors'

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of Purpose of grant or contribution Amount Name and address (home or business) recipient a Paid during the year SCHEDULE ATTACHED SCHEDULE ATTACHED 501,500. Total **▶** 3a 501 500. b Approved for future payment NONE Total

123611 12-02-11

XVI-A	Analysis of	Income-Produc	cina Activities
~~!	/ \\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		onig Monthioc

Enter gross amounts unless otherwise indicated.	Unrelated	business income		Excluded by section 512, 513, or 514 (e)			
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income		
	Code		1000				
a	<del> </del>		++	<del></del> -			
b			<del>                                     </del>				
<u> </u>	l I		1		<del> </del>		
d			+	<del></del>			
e	_		+ +				
<u> </u>	-		+				
g Fees and contracts from government agencies			+ +				
2 Membership dues and assessments	<del></del>	<del></del>	+ +				
3 Interest on savings and temporary cash			امدا	42 664			
investments		<del></del>	14	42,664. 136,813.			
4 Dividends and interest from securities	-		1 4	136,813.			
5 Net rental income or (loss) from real estate			++		<del> </del>		
a Debt-financed property			+ +				
b Not debt-financed property			1 1				
6 Net rental income or (loss) from personal							
property			1				
7 Other investment income	-		1 1		5,142.		
8 Gain or (loss) from sales of assets other				22 242			
than inventory			14	32,842.	<8,076.		
9 Net income or (loss) from special events			+				
10 Gross profit or (loss) from sales of inventory			<del>  </del>				
11 Other revenue:	,		1 1				
a	_		1				
b	_			-			
C	_		1				
d	_		<del>  </del>				
e	_		+	212 212	0 004		
12 Subtotal Add columns (b), (d), and (e)	<u> </u>	0.	44	212,319.			
13 Total. Add line 12, columns (b), (d), and (e)				13	209,385.		
See worksheet in line 13 instructions to verify calculations	.)						
Part XVI-B Relationship of Activitie	s to the Acco	mplishment of E	xempt	t Purposes			
Line No. Explain below how each activity for which i	ncome is reported in	column (e) of Part XVI-4	\ contribi	uted importantly to the accomp	dishment of		
the foundation's exempt purposes (other th				atod importantly to the decomp	MISHINGHE OF		
		•••					
	•		_	<del></del>	<u> </u>		
	•	····			<del></del>		
-							
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		<del></del>			<del> </del>		
					<del> </del>		
	·						

orm 990-PF (20	11) <u>C/O</u>	KOREKT	AROGETI,	TRUSTEE	58-20	<u>69120</u>	Pa	ge
Part XVII	Information	Regarding	<b>Transfers To</b>	and Transacti	ons and Relationships With Noncl	haritable	•	
	<b>Exempt Org</b>	anizations						
								_

			wing with any other organization		n 501(c) of		Yes	No
	•	• • •	n 527, relating to political organ	izations?				
		ation to a noncharitable exemp	t organization of:					
(1) (						1a(1)		X
, ,	Other assets					1a(2)		X
_	transactions:	hl				41.74		7.7
	Sales of assets to a noncharita	· -				1b(1)		X V
٠,,		ncharitable exempt organizatio	n			1b(2)		X
	Rental of facilities, equipment,					1b(3)	-	X
٠,	Reimbursement arrangements					1b(4)		X
٠,	oans or loan guarantees	embership or fundraising solici	tations			1b(5) 1b(6)		X
		uling lists, other assets, or paid				10(6)		X
		•	schedule. Column ( <b>b)</b> should alv	vavs show the fair ma	rket value of the goods of		ets	
	•		ceived less than fair market valu	•	- ·		oto,	
		other assets, or services receiv		o iii ariy iranououon o	,, on a my an am go ,, on q o ,,			
a) Line no	(b) Amount involved	<del></del>	able exempt organization	(d) Description o	f transfers, transactions, and sh	arıng arı	angeme	
· · · · · · · · · · · · · · · · · · ·	<del></del>	N/2	A.					
			· · · · · · · · · · · · · · · · · · ·					
		<u></u>	<del></del>					
				<u> </u>				
					· · · · · · · · · · · · · · · · · · ·			
		•	one or more tax-exempt organiz	zations described		٦,,,,	77	٦
	' '	r than section 501(c)(3)) or in	section 52/7		<u></u>	Yes	LA	No
b IT Ye	s," complete the following sch (a) Name of org		(b) Type of organization	(0	) Description of relationship	<u> </u>		
	N/A	gunzation	(b) Type of organization	(0	J Description of relationship	Р		
	<u>N/A</u>							
			<del></del>					
·								
			luding accompanying schedules and			the IRS o	liecues (	thie
Sign '	and belief, it is true correct, and cor	mplete Declaration of preparer (othe	r than taxpayer) is based on all inform	nation of which preparer h	as any knowledge return	with the	prepar	er
Here	026	$\mathcal{X}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}\mathcal{I}I$	11/13/12	TRUSTE		_		Ĭ <sub>No</sub>
	Signature of officer or trustee		Date	Title				
	Print/Type preparer's no	Preparei	's signature	Date (	Check if PTIN			
	ROBERT J.	AROGEZPI,		11.1	self- employed			
Paid	CPA			11/13/10	P00			
Prepar		BIF, AROGETI,/	WANTE, I.L.	P.	Firm's EIN ► 57-11	575	23	
Use O	· · · · · · · · · · · · · · · · · · ·							
			PARKWAY, SUITE	1000				
_	AT	LANTA, GA 303	28		Phone no. (404)			
					Fori	ո <b>990</b>	-PF (	2011)

## Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

Name of the organization

or 990-PF)

## Schedule of Contributors

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

OMB No 1545-0047

**Employer identification number** 

THE ARGO FAMILY FUND C/O ROBERT AROGETI. 58-2069120 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** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total 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 total 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 Part I, 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) (2011)

Name of organization
THE ARGO FAMILY FUND
C/O ROBERT AROGETI. TRUSTEE

Employer identification number

58-2069120

<u> </u>	OBERT AROUBIT, TRODIES		<u> </u>
Part I  (a)  No.  1	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JEANETTE AROGETI		Person X Payroll
	650 PHIPPS BLVD #2005	\$150,000.	Noncash
	ATLANTA, GA 30326		(Complete Part II if there is a noncash contribution

	ATLANTA, GA 30326		is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROBERT AROGETI  330 GREEN GLEN WAY NW  ATLANTA, GA 30327	\$150,000.	Person X Payroll
(a) No.	(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) No.	(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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there

Name of organization

Employer identification number

THE ARGO FAMILY FUND

C/O ROBERT AROGETI, TRUSTEE

58-2069120

Part II	Noncash Property (see instructions) Use duplicate copies of Par	t II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b></b>	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		     \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization Employer identification number THE ARGO FAMILY FUND C/O ROBERT AROGETI, TRUSTEE

58-2069120

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 01-23-12

Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate. (d) Date sold (mo., day, yr) P - Purchase D - Donation 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) 1a GODBY RD LOAN 10/31/9612/31/11 10/04/9410/10/11 b 3000 SH AARON RENTS-SMITH BARNEY P 1000 SH EXPED INTL OF WASH-SMITH BARNEY P 12/15/0907/27/11 d 900 SH KONINKLIKJKE-SMITH BARNEY P 10/08/07|04/07/11 e 24 SH KONINKLIKJKE-SMITH BARNEY P 03/31/1004/07/11 f 816 SH TOTAL SYSTEMS-SMITH BARNEY P 11/01/9501/05/11 Q 241 SH TOTAL SYSTEMS-SMITH BARNEY P 09/08/9801/05/11 h 100,000 SH SBC COMM-US TRUST P 05/25/1003/15/11 100,000 SH GE CAP CORP-US TRUST 04/19/1008/22/11 P 125,000 SH CREDIT SUISSE-US TRUST P 06/10/1011/15/11 k RAYONIER INC-TD AMERITRADE P 08/24/<u>11</u>08<u>/30/11</u> 1 6 SH COMMSCOPE-TD AMERITRADE P VARIOUS |01/14/11 m 24 SH AOL-TD AMERITRADE P VARIOUS 05/12/11 221 SH AXCELIS TECH-TD AMERITRADE Ρ 05/12/11 VARIOUS 0 132 SH HC CAP TR GRWTH-HIRTLE Ρ VARIOUS |06/02/11 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 83,339 43,108. <40,231.> a 5,724 78,376. 72,652. b 47,714. 34,375 <u>13,339</u>. С 27,970. 39,480 d <11,510.> 746. 805. <59.> е 12.616. 7.137. 5,479. f 3,739. 5,472 <1,733.> g 100,000. 104,107. <4,107.> h 100,000. 101,161 <1,161.> 125,000. 132,615 <7,615.> 21. 21. 189. 189. 1 437. 23,025 <22,588.> m 401 357 44. n 838. ,761 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col (h) gain over col. (k), (j) Adjusted basis (k) Excess of col (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") over col. (j), if any as of 12/31/69 <40.231.> a b 72,652. 13,339. <11,510.> <59.> 5,479. <1,733.> q <4,107·> h <1,161.> <7,615.> <u>21.</u> 189. <22,588.> m 44. п  $\{\begin{array}{l} \mbox{If gain, also enter in Part I, line 7} \\ \mbox{If (loss), enter "-0-" in Part I, line 7} \end{array}\}$ 2 Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold ,2-story brick warehouse; or common stock, 200 shs. MLC Co (mo., day, yr.) D - Donation (mo., day, yr.) 1a 67 SH'HC CAP TR GRWTH-HIRTLE 06/15/11|09/09/11 b 638 SH HC CAP TR RE-HIRTLE P VARIOUS 03/16/11 587 SH HC CAP TR GRWTH-HIRTLE P 04/28/1006/02/11 d 2697 SH HC CAP TR GRWTH-HIRTLE P VARIOUS |09/09/11 e 7 SH HC CAP TR RE-HIRTLE P 03/10/1003/16/11 f 635 SH HC CAP TR RE-HIRTLE P VARIOUS 03/23/11 Q VARIOUS-CHARLES SCHWAB ACCOUNT P VARIOUS VARIOUS h BISHOP LAND-GRAYSON GA P 08/18/11 VARIOUS 591 SH HC CAP TR RE-HIRTLE P VARIOUS 04/13/11 | 570 SH HC CAP TR RE-HIRTLE P VARIOUS 04/20/11 k 2642 HC CAP TR RE-HIRTLE P VARIOUS 09/09/11 CAPITAL GAINS DIVIDENDS m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 846. 911 <65.> 9,689. 10,501. 81<u>2.</u> b 916. 7,246. 8,162. С 34,057 33,120. 937. d 19. 122. 103. е f 10,623. 8,655. ,968. 2,173 1,331 842. g 137,500. 169,690. <32,190.> h 7,927. 10,000. 2,073. 7,570 10,000 2,430. 42,698. 31,313 11,385. 32,842. 32,842. m п 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any <65.> a 812. b 916. 937<u>.</u> d 19. е 1,968. f 842<u>.</u> q <32,190.> h 2,073. 2,430. 11,385. 32,842. m n  $\{\begin{array}{c} \mbox{If gain, also enter in Part I, line 7} \\ \mbox{If (loss), enter "-0-" in Part I, line 7} \end{array}\}$ 2 Capital gain net income or (net capital loss) 24,766. 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 N/A

FORM 990-PF INTEREST ON SAVINGS A	ND TEMPORARY CA	SH INVESTMENTS	STATEMENT 1
SOURCE			AMOUNT
NOTE RECEIVABLES			42,664.
TOTAL TO FORM 990-PF, PART I, LINE	3, COLUMN A		42,664.
FORM 990-PF DIVIDENDS AND	INTEREST FROM	SECURITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
BANK OF AMERICA-DIVIDENDS BANK OF AMERICA-INTEREST CHARLES SCHWAB-INTEREST HIRTLE CALLAGHAN-DIVIDENDS ISRAELI BONDS-INTEREST MORGAN STANLEY-DIVIDENDS MORGAN STANLEY-INTEREST SMITH BARNEY-DIVIDENDS TD AMERITRADE-DIVIDENDS US TRUST-INTEREST TOTAL TO FM 990-PF, PART I, LN 4	660. 4,247. 171. 62,453. 670. 11,686. 19. 10,332. 23,207. 56,210.	0. 0. 0. 32,124. 0. 0. 0. 718. 0.	660. 4,247. 171. 30,329. 670. 11,686. 19. 10,332. 22,489. 56,210.
FORM 990-PF O	THER INCOME		STATEMENT 3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
BISHOP LAND	5,1	.42. 5,142	•
TOTAL TO FORM 990-PF, PART I, LINE	11 5,1	.42. 5,142	•

FORM 990-PF	OTHER EXPENSES			STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO				
MANAGEMENT FEES REAL ESTATE TAXES	50,000. 15,115.			0.		
BROKERAGE FEES AND MISC EXPENSES FOREIGN TAXES PAID OTHER-EXPENSES	20,624. 2,241. 17,244.	20,6 2,2 17,2	41.	0. 0. 0.		
TO FORM 990-PF, PG 1, LN 23	105,224.	105,2	24.	0.		
FORM 990-PF	MORTGAG	E LOANS		STATEMENT 5		
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE		
MORTGAGE LOANS		_	837,000.	837,000.		
TOTAL TO FORM 990-PF, PART I	I, LINE 12	=	837,000.	837,000.		
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 6		
DESCRIPTION		LUATION ETHOD	BOOK VALUE	FAIR MARKET VALUE		
VARIOUS BROKERAGE ACCOUNTS 1940 MOORES MILL RD STATE OF ISRAEL BOND BISHOP PROPERTIES	MOORES MILL RD COST OF ISRAEL BOND COST		4,743,041. 168,110. 50,000. 750,647.	5,142,282. 168,110. 50,000. 750,647.		
TOTAL TO FORM 990-PF, PART I	I, LINE 13		5,711,798.	6,111,039.		

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS

STATEMENT

NAME OF MANAGER

ROBERT AROGETI JOEL AROGETI

## The Argo Family Fund

Year End: December 31, 2011

Organization	City, State	Subtotal	Amount	Date	Check #
Anti Defamation League	New York, NY	2,500.00	2,500.00	9/15/2011	1189
Atlanta Group Home	Atlanta, GA	3,500.00	3,500.00	11/22/2011	1194
Atlanta Jewish Film Festival	Atlanta, GA	5,000.00	5,000.00	10/12/2011	1190
Atlanta Scholars Kollel	Atlanta, GA	5,000.00	5,000.00	1/31/2011	1181
Camp Twin Lakes	Atlanta, GA	1,000.00	1,000.00	10/14/2011	1191
Emory Institute for Modern Israel	Atlanta, GA	6,000.00	6,000.00	5/5/2011	1184
Epstein School	Atlanta, GA		5,000.00	3/21/2011	1182
Epstein School	Atlanta, GA	15,000.00	10,000.00	12/2/2011	1205
Friends of Yemin Orde	Washington, DC	1 •	10,000.00	1/3/2011	1173
Friends of Yemin Orde	Washington, DC	15,000.00	5,000.00	11/22/2011	1203
Greenfield Hebrew Academy	Atlanta, GA	1,000.00	1,000.00	5/9/2011	1185
Hillels of Georgia	Atlanta, GA	8,000.00	8,000.00	11/22/2011	1196
Jewish Federation of Greater Atlan	Atlanta, GA		35,000.00	1/3/2011	1172
Jewish Federation of Greater Atlan	Atlanta, GA	180,000.00	145,000.00	12/22/2011	1210
Jewish National Fund	Atlanta, GA	2,500.00	2,500.00	11/22/2011	1197
JF&CS	Atlanta, GA		10,000.00	8/23/2011	1187
JF&CS	Atlanta, GA	12,000.00	2,000.00	11/22/2011	1195
Judge Bernes Memorial Scholarsh	i Marietta, GA	2,500.00	2,500.00	8/24/2011	1188
Marcus Jewish Community Ctr	Atlanta, GA	132,000.00	132,000.00	2/2/2011	wire
National Musuem-Am Jewish Histo	Philadelphia, PA	5,000.00	5,000.00	11/22/2011	1198
OR Ve Shalom Synagogue	Atlanta, GA		9,105.00	1/3/2011	1174
OR Ve Shalom Synagogue	Atlanta, GA		10,100.00	11/15/2011	1192
OR Ve Shalom Synagogue	Atlanta, GA	50,000.00	30,795.00	11/22/2011	1193
ORT	Atlanta, GA	5,000.00	5,000.00	11/22/2011	1199
Susan Komen Race for the Cure	Atlanta, GA		1,000.00	5/5/2011	1183
Susan Komen Race for the Cure	Atlanta, GA	2,000.00	1,000.00	9/29/2011	1211
The Amit Program	Atlanta, GA	12,500.00	12,500.00	8/23/2011	1186
The Bremen Jewish Museum	Atlanta, GA	5,000.00	5,000.00	12/2/2011	1206
The Weinstein Hospince	Atlanta, GA	1,000.00	1,000.00	12/2/2011	1204
Weber School	Atlanta, GA		5,000.00	11/22/2011	1201
Weber School	Atlanta, GA	25,000.00	20,000.00	11/22/2011	1200
Wm Bremen Home and Auxillary	Atlanta, GA	5,000.00	5,000.00	11/22/2011	1202
		501,500.00	501,500.00		

Form 8868 (Rev 1-2012)			_			Page 2
If you are filing for an Additional (Not Automati	c) 3-Month Extension,	complete only Part II and check the	s box		<b>•</b>	$\mathbf{x}$
Note. Only complete Part II if you have already be			filed Form	8868		
<ul> <li>If you are filing for an Automatic 3-Month Exte</li> </ul>						
Part II Additional (Not Automatic)	3-Month Extensio	<b>n of Time.</b> Only file the origi	nal (no c	opies ne	eded).	
		Enter filer's	identifyir	ıg number	, see inst	ructions
Type or Name of exempt organization or other	filer, see instructions		Employe	ridentificat	ion numb	er (EIN) or
int THE ARGO FAMILY FUND						
File by the C/O ROBERT AROGETI,	TRUSTEE		X	58-2	06912	0
le date for			Social se	curity num	ber (SSN)	
return See FIVE CONCOURSE PKWY,						
instructions City, town or post office, state, and Zli	Picode For a foreign add	fress, see instructions				
ATLANTA, GA 30328						
Enter the Return code for the return that this appli	cation is for (file a separa	te application for each return)				0 4
Application	Return	Application				Return
ls For	Code	Is For				Code
Form 990	01					
Form 990-BL	02	Form 1041-A			_	80
Form 990-EZ	01	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 a	lready granted an autor	natic 3-month extension on a prev	iously file	d Form 88	68.	
ROBERT						
<ul> <li>The books are in the care of ► FIVE CO</li> </ul>	NCOURSE PKWY	<u>, #1000 - ATLANTA,</u>	GA 3	0342		
Telephone No ► 404-898-8209		FAX No ▶			-	-
<ul> <li>If the organization does not have an office or pl</li> </ul>	ace of business in the Ui	nited States, check this box			<b>&gt;</b>	
<ul> <li>If this is for a Group Return, enter the organizat</li> </ul>	ion's four digit Group Ex	emption Number (GEN)	If this is fo	the whole	group, ch	eck this
box 🕨 🔲 If it is for part of the group, check t	his box 🕨 🔲 and atta	ich a list with the names and EINs o	f all memb	ers the ext	ension is f	or_
4 I request an additional 3-month extension of	time until NOVEM	BER 15, 2012				
5 For calendar year 2011, or other tax year	r beginning	, and endin	g			
6 If the tax year entered in line 5 is for less tha	n 12 months, check reas	on Initial return	Fınal r	eturn		
Change in accounting period						
7 State in detail why you need the extension	· <del>-</del>					
ADDITIONAL TIME IS NEE	DED TO GATHE	R ALL INFORMATION	NECES	SARY	TO	
PREPARE A COMPLETE AND	ACCURATE TA	X_RETURN				
	<u></u>					
8a If this application is for Form 990-BL, 990-PF	, 990-T, 4720, or 6069, e	nter the tentative tax, less any				
nonrefundable credits See instructions			8a	\$	4	,000.
b If this application is for Form 990-PF, 990-T,	4720, or 6069, enter any	refundable credits and estimated				
tax payments made Include any prior year of	verpayment allowed as a	a credit and any amount paid				
previously with Form 8868			8b	\$	_ 4	,000.
c Balance due. Subtract line 8b from line 8a	include your payment wi	th this form, if required, by using		_		
EFTPS (Electronic Federal Tax Payment Sys	tem) See instructions		8c	\$		0.
Signature a	nd Verification mus	st be completed for Part II	only.			
Under penalties of perjury, I declare that I have examined	this form, including accomp	panying schedules and statements, and t	o the best o	i my knowle	dge and be	iref,
it is true, correct, and complete, and that I am authorized	to prepare this form.					
Signature	Title ▶ TRUST	<u>ee</u>	Date	<b></b>		
				Form	<b>8868</b> (Rev	v 1·2012)
					• -	-,

01-06-12

Form	8868 (Rev 1-2012)					Page 2	
• If y	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box		<b>■</b> X	
	Only complete Part II if you have already been granted an a				8868		
	ou are filing for an Automatic 3-Month Extension, complete						
Par				al (no c	opies need	ded).	
						ee instructions	
Туре	or Name of exempt organization or other filer, see instru	ctions				number (EIN) or	
print	THE ADOC SANCTIVE DIDE			Zp.o, o		Thamber (Entry of	
•	O /O DODEDM ADOCUME MORIOMED			X	58-206	9120	
	lua data far				•		
	Ing your Parties CONCOIDED PRINT #1000				ocial security number (SSN)		
return Instruc		reign add	tress see instructions				
	ATLANTA, GA 30328	neigh auc	iress, see instructions				
	ATHAMIA, GA 30320						
	the Debugger and fourther actions that the court is a contract of						
Enter	the Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
		I	T		· · ·	<del></del>	
	cation	Return	Application			Return	
ls Fo		Code	Is For			Code	
Form		01					
	990-BL	02	Form 1041-A			08	
	990-EZ	01	Form 4720			09	
	990-PF	04	Form 5227			10	
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
	990-T (trust other than above)	06	Form 8870			12	
STOF	P! Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	iously file	d Form 8868		
	ROBERT AROGETI						
	e books are in the care of FIVE CONCOURSE	PKWY	<u>, #1000 - ATLANTA,</u>	<u>GA 3</u>	0342		
Te	lephone No      404-898-8209		FAX No 🕨				
• If t	the organization does not have an office or place of business	s in the Ur	nited States, check this box			<b>▶</b> □	
• If 1	this <u>is fo</u> r a Group Return, enter the organization's four d <u>igit (</u>	Group Exe	emption Number (GEN) II	this is fo	r the whole gr	oup, check this	
box	If it is for part of the group, check this box ►	and atta	ich a list with the names and EINs of	all memb	ers the extens	sion is for	
4	I request an additional 3-month extension of time until	NOVEM	BER 15, 2012				
5	For calendar year $2011$ , or other tax year beginning		, and ending	3			
6	If the tax year entered in line 5 is for less than 12 months, cl	heck reas	on Initial return	Final r	eturn	<b>_</b>	
	Change in accounting period						
7	State in detail why you need the extension						
	ADDITIONAL TIME IS NEEDED TO (	SATHE	R ALL INFORMATION	NECES	SARY T	Oʻ	
	PREPARE A COMPLETE AND ACCURAT						
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069. e	nter the tentative tax, less any				
	nonrefundable credits. See instructions	,	, ,	8a	\$	4,000.	
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	1		-/,555:	
-	tax payments made Include any prior year overpayment all	•					
	previously with Form 8868	01100 03 0	credit and any amount paid	8b	\$	4,000.	
С	Balance due. Subtract line 8b from line 8a Include your pa	vment wit	h this form if required by using	OU	<u> </u>	4,000.	
_	EFTPS (Electronic Federal Tax Payment System) See instru	•	ar and form, it required, by using	0.		n	
			st be completed for Part II o	8c	\$		
Under	penalties of perjury, I declare that I have examined this form, including the correct, and complete, and that I am authorized to prepare this fo	ing accomp	•	•	f my knowledge	e and belief,	
Signa	Titla 🛌	ויייי און ב <b>ייו</b>	k' k'	Date			