"Form	990-PF
Departr	ment of the Treasun

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0047

2019
Open to Public Inspection

For	caler	dar year 2019 or tax year beginning		 	, and ending		
Nai	ne of	foundation				A Employer identification	number
T	HE	FARBOLIN FAMILY	CHARIT	ABLE TRUST		58-6323280	
		nd street (or P O box number if mail is not deli			Room/suite	B Telephone number	
		5 MANSELL ROAD, SU				(470)242-8	
		own, state or province, country, and ZIP HARETTA , GA 30022		oostal code		C If exemption application is p	ending, check here
		all that apply: Initial return		Initial return of a fe	ormer public charity	D 1. Foreign organizations	check here
•	HICCK	Final return		Amended return	ormer public chartty	1. Torcign organizations	s, check here
		Address cha	nge	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
H C	heck	type of organization: X Section	501(c)(3) e	xempt private foundation	Ou	E If private foundation sta	tus was terminated
		ction 4947(a)(1) nonexempt charitable	trust	Other taxable private found	ation 04	under section 507(b)(1)	
		·	_	ing method: X Cash	Accrual	F If the foundation is in a	
		Part II, col. (c), line 16)	O L Out Lookur	ther (specify) nn (d), must be on cash bas	we \	under section 507(b)(1)	(B), check here
	\$ iřt∛li		Part I, Colui	1		(2) Adv4-d4	(d) Disbursements
<u>₹</u> 124 €	ı Ç	(The total of amounts in columns (b), (c), and necessarily equal the amounts in column (a)	(d) may not)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., receiv	ed	100,000.		N/A	
	2	Check if the foundation is not required to	attach Sch B				
	3	Interest on savings and temporary cash investments		1.	1.		STATEMENT 1
	4	Dividends and interest from securities		41,107.	41,107.		STATEMENT 2
	1 .	Gross rents		\$\$\$\$\$\$^*\$	20000, 20044,54000 00000 0000000000000000000000000000		
		Net rental income or (loss)		23,820.			
Ĕ	6a Net gain or (loss) from sale of assets not on line 10 B Gross sales price for all 649,899.			23,020.			
Revenue	7	Capital gain net income (from Part IV, line 2)	7 0 3 3 1		23,820.	360 600 600 600 600 600 600 600 600 600	
æ	8	Net short-term capital gain				REC	EIVED
	9	Income modifications					8 S S S S S S S S S S S S S S S S S S S
	10a	Gross sales less returns and allowances			į	MAY!	97070
	b	Less Cost of goods sold				9	× × ×
	١	Gross profit or (loss)				OGD	EN. U.T
	11	Other income		164,928.	64,928.	LOOD	
	12 13	Total. Add lines 1 through 11 Compensation of officers, directors, trustees,	oto.	104,928.	04,328.	 	0.
	14	Other employee salaries and wages	erc.				_
	,	Pension plans, employee benefits					
enses	16a	Legal fees					
pen		Accounting fees STN		5,500.	5,500.		0.
Ä		•	IT 4	5,061.	5,061.		0.
IN V JO and Administrative Exp		Interest	em E	2 504	554.		0.
stra	18		IT 5	2,584.	554.	 	U .
ة. ق	19 20	Depreciation and depletion Occupancy		·		<u> </u>	
Admi	21	Travel, conferences, and meetings					
ַם בַּי	22	Printing and publications		-	-		
) Band	23	Other expenses					L
	24	Total operating and administrative					
Operating a		expenses. Add lines 13 through 23		13,145.	11,115.		0.
η°	25	Contributions, gifts, grants paid		91,000.			91,000.
ϋ	26	Total expenses and disbursements.		104 145	11 11-		01 000
~ <u>4</u>	<u> </u>	Add lines 24 and 25		104,145.	11,115.		91,000.
<u>~</u>		Subtract line 26 from line 12:		60,783.			
วกวก		Excess of revenue over expenses and disburs Net investment income (if negative, enter		00,703.	53,813.		
ાં		Adjusted net income (if negative, enter -0				N/A	200000000000000000000000000000000000000
			<u> </u>	The second recovery of the second sec	The reservoir of reservoir assessment and depotent age, so	· · · · · · · · · · · · · · · · · · ·	

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2019)

) FD	W845 9	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End o	f year
ă M	agg	column should be for end-of-year amounts only ,	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	1	Savings and terhporary cash investments	88,509.	85,506.	85,506.
	ı	Accounts receivable			
	ľ	Less: allowance for doubtful accounts			
	4	Pledges receivable			
	٦	Less: allowance for doubtful accounts			
	۔ ا				
		Grants receivable			·
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons	Validate signaturate service supposition and according to the service	%	0000000755098000000000000000000000000000
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ets	8	Inventories for sale or use			
ssets		Prepaid expenses and deferred charges			
٩	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock STMT 6	87,691.	74,949.	338,084.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 7	1,080,989.	1,157,600.	1,429,815.
	14	Land, buildings, and equipment basis ▶		*	
		Less accumulated depreciation			
	15	Other assets (describe DIVIDEND RECEIVABLE)	0.	<83.	> <83.>
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	1,257,189.	1,317,972.	1,853,322.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue	,		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
į	21	Mortgages and other notes payable			
Ë	22	Other liabilities (describe)			
				·	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow FASB ASC 958, check here			
co.	1	and complete lines 24, 25, 29, and 30.			
alances	24	Net assets without donor restrictions		•	
ā	25	Net assets with donor restrictions			
	23	Foundations that do not follow FASB ASC 958, check here			
ğ		and complete lines 26 through 30.			
Ē	26	Capital stock, trust principal, or current funds	0.	0.	
S		Paid-in or capital surplus, or land, bldg., and equipment fund	Ď.	0.	
Net Assets or Fund B	27 28	Retained earnings, accumulated income, endowment, or other funds	1,257,189.	1,317,972.	
Ä	1	Total net assets or fund balances	1,257,189.	1,317,972.	
Š	29	Total net assets of fund barances	1,237,107.	1,311,312.	
	20	Total liabilities and net assets/fund balances	1,257,189.	1,317,972.	
_	30			1,311,312.	
ξľ	ärt;	Analysis of Changes in Net Assets or Fund B	Balances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29		I
		st agree with end-of-year figure reported on prior year's return)	==	1	1,257,189.
		r amount from Part I, line 27a	-	2	60,783.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	1,317,972.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (h) line 29		1,317,972.
Ť	. 544	at the contract of the contrac		<u> </u>	Form 990-PF (2019)

Part IV Capital Gains	and Lo	sses for Tax on In	vestmeni	Income						
(a) List and describ 2-story brick v	e the kind(s varehouse;	s) of property sold (for exan or common stock, 200 shs	nple, real esta . MLC Co.)	te,	(b) H	low ac Purch Dona	iase i	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a PUBLICALLY TR	ADED	SECURITIES					P '	VARI	OUS	12/31/19
b PUBLICALLY TR	ADED	SECURITIES	··.				P 1	VARI	ous	12/31/19
c CAPITAL GAINS	DIVI	DENDS								
d		···· · · · · · · · · · · · · · · · ·								
e			-				<u> </u>			
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		t or other basis xpense of sale					ain or (loss s (f) minus	
a 393,446				409,10	7.					<15,661.
b 248,235				216,97	2.					31,263.
c 8,218				·						8,218.
<u>d</u>	`									
e	+			· · · · · · · · · · · · · · · · · · ·	-+					
Complete only for assets show	unn nain in	column (h) and owned by t	he foundation	on 12/31/69	+		(1)	Gains (C	ol. (h) gair	n minus
Complete only for assets show				cess of col. (i)	\dashv		col.	(k), but n	not less tha	n -0-) o r
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69		col. (j), if any				Losses	(from col.	(h)) ´
		40 01 120 1100			\dashv					<15,661.
<u>a</u>	 				-+					31,263.
<u>b</u>	+							.		8,218.
С										0,210.
d	<u> </u>				_					
<u>e</u>	1									
2 Capital gain net income or (net	capital loss) { If gain, also enter } If (loss), enter -0-	ın Part I, line - ın Part I, line	7 7	}[2				23,820.
3 Net short-term capital gain or (I	oss) as def	ined in sections 1222(5) an	q (6):							
If gain, also enter in Part I, line			- (-)-		Ŋ					
If (loss), enter -0- in Part I, line	8				Л	3			N/A	<u> </u>
Part V Qualification	Under S	Section 4940(e) for	Reduced	Tax on Net	Inve	estm	ent Inc	ome		
If section 4940(d)(2) applies, leave Was the foundation liable for the so If "Yes," the foundation doesn't qua	ection 4942 lify under s	tax on the distributable am section 4940(e). Do not com	plete this par	L.						Yes X No
1 Enter the appropriate amount i	1 each colu		istructions be	ore making any e				·		(4)
(a) Base period years Calendar year (or tax year begin	ning in)	(b) Adjusted qualifying dist		Net value of no					Dıstrı (col. (b) dı	(d) ibution ratio ivided by col. (c))
2018			3,000.				7,099			.056122
2017		9	3,173.		1	<u>,54</u>	0,673	•		.060476
2016		8	3,754.				6,699			.061282
2015		8	5,371.				7,382			.060231
2014		8	8,361.		1	, 47	0,088	•		.060106
2 Total of line 1, column (d)								2		.298217
3 Average distribution ratio for th	e 5-year ba	se period - divide the total o	on line 2 by 5.	O, or by the numb	er of y	ears				
the foundation has been in exis								3		.059643
4 Enter the net value of noncharit	able-use as	ssets for 2019 from Part X,	line 5					4		1,733,864.
5 Multiply line 4 by line 3								5_		103,413.
6 Enter 1% of net investment inco	ome (1% of	f Part I, line 27b)		<u></u>	-			6		538.
7 Add lines 5 and 6								7		103,951.
8 Enter qualifying distributions from	om Part XII	, line 4						8		91,000.
If line 8 is equal to or greater th See the Part VI instructions.	an line 7, c	heck the box in Part VI, line	1b, and comp	lete that part usin	ig a 19	% tax r	ate.			

Form **990-PF** (2019)

year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV

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

	113 PANUSAS CLASSICAL Deputies A Michigan	7200		age
\$ 787	art VII-A Statements Regarding Activities (continued)		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	8888888	163	140
''	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	11		x
10	section 512(b)(13)? If "Yes," attach schedule. See instructions	 '' 		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	1,0		x
40	If "Yes," attach statement, See instructions	12	Х	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Λ	
	Website address ► N/A The books are in care of ► THE FOUNDATION Telephone no. ► (470)?	112	010	1
14		1022	040	
4-		1022		$\overline{}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	N.T	/A	`—
40	and enter the amount of tax-exempt interest received or accrued during the year			N.
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,	_	Yes	No X
	securities, or other financial account in a foreign country?	16	-3868888	********
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
۵D	foreign country	######################################	XXX	******
ģ.,¢,	art VII:B) Statements Regarding Activities for Which Form 4720 May Be Required	40000000	×	1
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	****	Yes	No
18	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
·	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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.)			
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	2000		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	16		X
	Organizations relying on a current notice regarding disaster assistance, check here			
(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 2019?	1c		Х
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)):			
	a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019? Yes 🛣 No			
	If "Yes," list the years ,,,,,			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
-	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
				
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			
	b If "Yes," did it have excess business holdings in 2019 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 Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	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 jeonardy before the first day of the tax year beginning in 2019?	4h		l X

Page 6

		required (contin		
5a During the year, did the foundation pay or incur any amount to:		·	<u> </u>	Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	es 🗶 No 🏻	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire			
any voter registration drive?			es 💹 No 🛙	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es 🗶 No 📗	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? See instructions		Y ₍	es 🗶 No 📗	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?	-	Y ₁	es 🗶 No 📗	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations		
section 53.4945 or in a current notice regarding disaster assistance? See instru	ictions		N/A	5b
Organizations relying on a current notice regarding disaster assistance, check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?	N	'/A Yo	es LNo	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			
a personal benefit contract?		Y	es 🗶 No 🙎	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es 🛣 No 🙎	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A L	7b
8 is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration oi			
excess parachute payment(s) during the year?			es 🗶 No 🧏	
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	,	
1 List all officers, directors, trustees, and foundation managers and t				-
•	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deterred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
SEE STATEMENT 8		0.	0.	0.
		I		
		i		
	,			
	٠			
	,			
, Compensation of five highest-paid employees (other than those inc		enter "NONE."		
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000		enter "NONE."	(d) Contributions to	(e) Expense account, other allowances
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other allowances
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances 0 990-PF (2019)

<u>~</u>			
P	art X . Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions)
$\overline{1}$	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	1,691,889.
b	Average of monthly cash balances	1b	1,691,889. 68,379.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	1,760,268.
е	Reduction claimed for blockage or other factors reported on lines 1a and	1, 1	
	1c (attach detailed explanation) 1e 0.	ક્ષ્મેન્દ્ર <u>ે</u>	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,760,268.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	26,404.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,733,864.
6	Minimum investment return. Enter 5% of line 5	6	86,693.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	d certain	
_	foreign organizations, check here 🕨 🔲 and do not complete this part.)		
ī	Minimum investment return from Part X, line 6	1	86,693.
2a	Tax on investment income for 2019 from Part VI, line 5	5 (5)	· · · · · · · · · · · · · · · · · · ·
b	Income tax for 2019. (This does not include the tax from Part VI.)	1.7	
C	Add lines 2a and 2b	2c	1,076.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	85,617.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	85,617.
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	85,617.
<u> </u>	art XII Qualifying Distributions (see instructions)		
[,F	at XIII 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	91,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	91,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	_91,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section
	4940(e) reduction of tax in those years		

Form **990-PF** (2019)

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount fo	or 2019 from Part XI,	Ourpus	Total Sprior to 2010	2010	85,617.
line 7	of the end of 2010				03,017
2 Undistributed income, if an a Enter amount for 2018				0.	
b Total for prior years:	Olliy				
g rotal for prior years.			0.		
3 Excess distributions ca	rryover, if any, to 2019:	200			
a From 2014	16,135.				
b From 2015	15,760.				
c From 2016	15,911.				
d From 2017	17,793.				
e From 2018	11,575.				
f Total of lines 3a throug	ıh e	77,174.			
4 Qualifying distributions	for 2019 from	7.0			
Part XII, line 4; ►\$	91,000.				
a Applied to 2018, but no	ot more than line 2a			0.	
b Applied to undistribute	d income of prior				
years (Election required	d - see instructions)		0.		
c Treated as distributions	s out of corpus				
(Election required - see	instructions)	0.			
d Applied to 2019 distrib	utable amount				85,617.
e Remaining amount dist	tributed out of corpus	5,383.			
5 Excess distributions carryo (If an amount appears in co must be shown in column (lumn (d), the same amount	0.			0.
6 Enter the net total of e indicated below:	ach column as				
a Corpus Add lines 3f, 4c, at	nd 4e Subtract line 5	82,557.			
b Prior years' undistribut	ed income. Subtract				
line 4b from line 2b			0.		
c Enter the amount of pri undistributed income fi deficiency has been iss the section 4942(a) tax assessed	or which a notice of sued, or on which	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	0.		
d Subtract line 6c from li	ne 6h. Tavahle				
amount - see instruction			0.		
e Undistributed income f				7000770(4530700000000000000000000000000000000000	
4a from line 2a. Taxabl				0.	
f Undistributed income f					
lines 4d and 5 from line					
be distributed in 2020					0.
7 Amounts treated as dis	stributions out of				
corpus to satisfy requi	rements imposed by				
section 170(b)(1)(F) or	r 4942(g)(3) (Election				
may be required - see i	instructions)	0.			
8 Excess distributions ca	rryover from 2014				
not applied on line 5 or	r line 7	16,135.			
9 Excess distributions c	arryover to 2020.				
Subtract lines 7 and 8	from line 6a	66,422.			
10 Analysis of line 9:					
a Excess from 2015	15,760.				
b Excess from 2016	15,911.				
c Excess from 2017	17,793.				
dExcess from 2018	11,575.				
e Excess from 2019	5,383.				5 000 55
923581 12-17-19					Form 990-PF (2019)

		Y CHARITABL			23280 Page 10
Part XIV Private Operating Fo	undations (see in	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	t it is a private operating		·	
foundation, and the ruling is effective for	2019, enter the date of	the ruling	▶		
b Check box to indicate whether the foundation	ation is a private operation	gg foundation described if	n section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	Ň	Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for	······································	 \			
1					
each year listed		\ \ \ \			/
b 85% of line 2a		\		 	
c Qualifying distributions from Part XII,					
line 4, for each year listed				/	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				/	
e Qualifying distributions made directly			\ /		
for active conduct of exempt activities.				1	
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:					Į.
(1) Total support other than gross investment income (interest, dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
' * h					
(4) Gross investment income	mation (Comple	to this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during the				111au \$5,000 01 111	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who year (but only if they have contributed m			ributions received by the	e foundation before the clo	se of any tax
SEE STATEMENT 9	· ·	·			
b List any managers of the foundation who other entity) of which the foundation has			or an equally large port	ion of the ownership of a p	partnership or
NONE					
2 Information Regarding Contribution	on Grant Gift Loan	Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation or				not accept unsolicited regi	uests for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone numb					
a The hame, address, and telephone humb	er of email address of t	ne person to whom applic	ations should be address	336u,	
b The form in which applications should be	e submitted and informa	ation and materials they sl	nould include:		
c Any submission deadlines:					
	anah aa barara aa a	oloroo chantala falla	kindo of motividada ======	other factors:	
d Any restrictions or limitations on awards	, such as by geographic	ai areas, charitable fields,	KINGS OF INSTITUTIONS, OF	other factors;	

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year TO PROVIDE MEDICAL DOCTORS WITHOUT BORDERS NONE РC CARE TO VICTIMS OF WAR 333 SEVENTH AVENUE 2ND FLOOR NEW YORK, NY 10001-5504 AND DISASTER 2,500. FOUNDATION FOR NEUROLOGIC DISEASES NONE RESEARCH ON NEUROLOGIC DISEASES 10 STATE STREET 75,000. NEWBURYPORT, MA 01950 ENVIRONMENTAL THE CONSERVATION FUND NONE ÞС 1655 N. FORT MEYER DRIVE, SUITE 1300 NON-PROFIT WITH A DUAL CHARTER TO PURSUE ARLINGTON, VA 22209-3199 ENVIRONMENTAL PERSERVATION AND 2,500. LOVE MUTTS RESCUE, INC. NONE ₽C TO RESCUE DOGS IN NEED PO BOX 91313 FROM THE SURROUNDING RALEIGH, NC 27675 COMMUNITIES, PROVIDE THEM WITH APPROPRIATE MEDICAL CARE, AND 1,000. CHILDREN'S MIRACLE NETWORK NONE ÞС DEDICATED TO MAKING 2050 WEST 700 SOUTH KIDS BETTER TODAY AND HEALTHIER TOMORROW. 2,500. SALT LAKE CITY, UT 54101 SEE CONTINUATION SHEET(S) 91,000. **▶** 3a Total b Approved for future payment NONE **▶** 3b Total

Form **990-PF** (2019)

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of recipient Amount any foundation manager Name and address (home or business) or substantial contributor GLOBAL GIVING FOUNDATION NONE TO SUPPORT THE ROADS 1110 VERMONT AVE. NW - SUITE 550 TO REHAB NEPAL WASHINGTON, DC 20005 PROJECT. 2,500. HEART GALLERY ALABAMA NONE PC TO HELP FIND FOREVER FAMILIES FOR CHILDREN 3100 INDEPENDENCE DR STE 200 BIRMINGHAM, AL 35209 IN ALABAMA'S FOSTER CARE SYSTEM BY RAISING AWARENESS AND 5,000. Total from continuation sheets 7,500.

Part XVI-A Analysis of Income-Producing Act

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
•		-			
	-		 		
			 	<u> </u>	
<u> </u>			-	 -	
d					
e			<u> </u>		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	1.]
4 Dividends and interest from securities			14	41,107.	
5 Net rental income or (loss) from real estate:	3 , 1	4 4 , 5 6 7 6 4 6 F	11 42	້ ຼື ຕົກຄ້ ເ	4.5
		, , , , ,	 	· · · · · · · · · · · · · · · · · · ·	
a Debt-financed property			-		<u> </u>
b Not debt-financed property			-		<u> </u>
6 Net rental income or (loss) from personal					
property			<u> </u>		
7 Other investment income				<u></u>	
8 Gain or (loss) from sales of assets other					
than inventory	į		18	23,820.	
9 Net income or (loss) from special events	- '''				
10 Gross profit or (loss) from sales of inventory			1		
11 Other revenue:			<u> </u>		
a			-		
b			├		<u></u>
•	1		l		
c					
d					
d		0.	- 1	64,928.	0.
d e		0.	- 1	64,928.	64,928.
d e 12 Subtotal. Add columns (b), (d), and (e)		0.	- 1	<u> </u>	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	o the Acc		(emr	13_	0. 64,928.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	o the Acc		cemp	13_	0. 64,928.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t Line No. Explain below how each activity for which incompared to the columns of the column	me is reported	omplishment of Ex		ot Purposes	64,928.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities t	me is reported	omplishment of Ex		ot Purposes	64,928.
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923621 12-17-19

				CHARITABLE			323280		age 13
Part			rs to a	and Transactions	and Relation	ships With Nonc	haritable	•	
1 Dic	Exempt Organ the organization directly or indi		na followir	no with any other organiza	tion described in se	etion 501(c)	<u> </u>	Ves	No
	her than section 501(c)(3) orgai					ction 30 i(c)			
	insfers from the reporting found	•							
	Cash			9			1a(1)		X
	Other assets						1a(2)		X
	ner transactions:				•				
(1)	Sales of assets to a noncharita	able exempt organization					1b(1)		X
(2)	Purchases of assets from a no	oncharitable exempt orga	nization				1b(2)		X
(3)	Rental of facilities, equipment,	or other assets					1b(3)		X
(4)	Reimbursement arrangements	3					1b(4)		Х
(5)	Loans or loan guarantees						10(5)		X
(6)	Performance of services or me	embership or fundraising	solicitatio	ons			1b(6)		Х
	aring of facilities, equipment, ma	• .	•	• •			10		X
	he answer to any of the above is	•	-					ets,	
	services given by the reporting f				ilue in any transacti	on or sharing arrangeme	ent, show in		
	umn (d) the value of the goods,				(4) 5				
(a)Line n	o (b) Amount involved	(c) Name of not		e exempt organization	(u) Descript	ion of transfers, transactions	, and sharing ar	rangeme	nts
			N/A						
									
	 							-	
									
					- 			_	
	 	 		<u> </u>	- 				
	 								
	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·		_	
			<u> </u>	-		·			
									
_									
ın s	he foundation directly or indirected the foundation directly or indirect section 501(c) (other than section for the following th	on 501(c)(3)) or in section		e or more tax-exempt orga	nizations described		Yes	X] No
	Yes," complete the following sch (a) Name of org			(b) Type of organization		(c) Description of relat	tionship	_	
	N/A	guiii2011011		(b) Type of organization	\	(0) 20001 511011 01 10101			
	11/11			<u> </u>					
					-				
				 	 				
	Under penalties of periusy I declare						May the IRS	iscuss	this
Sign Here	and belief, it is true correct, and cor	mpleter Declaration of prepare	er (other tha	in taxpayer) is based on all info	TRUST		return with the shown below	e prepar ? See m	er str
	Signature of officer or trustee			Date Date	Title		L& Yes		J No
	Print/Type preparer's na		eparer's s		Date		TIN		
_		1				self- employed			
Paid				UER WILLIAM	05/14/20		P00080		
Prepa	arer Firm's name ► WIN	IDHAM BRANNO	DN, L	iLC		Firm's EIN ► 58	-17634	39	

Form **990-PF** (2019)

Phone no. 404-898-2000

Use Only

Firm's address ▶ 3630 PEACHTREE RD., NE, SUITE 600

ATLANTA, GA 30326

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.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Name of the organization

Employer identification number

	THE FARBOLIN FAMILY CHARITABLE TRUST	58-6323280					
Organization type (chec	ck one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization	501(c)() (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						
, ,	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule See instructions.					
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contribution						
Special Rules							
sections 509(a any one contril	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppl)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the ar I-EZ, line 1. Complete Parts I and II	6a, or 16b, and that received from					
year, total conf	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contribut is checked, en purpose Don't	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on it						

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

THE FARBOLIN FAMILY CHARITABLE TRUST

58-6323280

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE ORIGINAL GEORGIA FAMILY COMPANY, INC 4555 MANSELL ROAD, SUITE 120 ALPHARETTA, GA 30022	s100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE FARBOLIN FAMILY CHARITABLE TRUST

58-6323280

Part II	Noncash Property (see instructions) Use duplicate copies of Part 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization 58-6323280 THE FARBOLIN FAMILY CHARITABLE TRUST Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info 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 (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. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF	INTEREST	ON	SAVINGS	AND	TEMPORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE					(A) REVENUE ER BOOKS	NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
SUNTRUST			_		1.		1.		
TOTAL TO PAR	T I, LINE	3	_		1.		1.		

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES S	TATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
THROUGH CHARLES SCHWAB & CO.	49,325.	8,218.	41,107.	41,107.	
TO PART I, LINE 4	49,325.	8,218.	41,107.	41,107.	

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 3			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEE	5,500.	5,500.		0.		
TO FORM 990-PF, PG 1, LN 16B	5,500.	5,500.		0.		

FORM 990-PF (OTHER PROFESSIONAL FEES			STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INVESTMENT MANAGEMENT FEE BANK FEES	4,922. 139.	4,922.		0.		
TO FORM 990-PF, PG 1, LN 16C	5,061.	5,061.		0.		

FORM 990-PF	TAX	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES FEDERAL TAXES	554. 2,030.	55 4. 0.		0.	
TO FORM 990-PF, PG 1, LN 18	2,584.	554.		0.	

THE FARBOLIN FAMILY CHARITABLE TRUST

FORM 990-PF CORPORATE STOCK		STATEMENT 6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EQUITIES SEE DETAILED STATEMENT ATTACHED	74,949.	338,084.
TOTAL TO FORM 990-PF, PART II, LINE 10B	74,949.	338,084.

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 7
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS PORTFOLIO SEE DETAILED STATEMENT ATTACHED	FMV	1,157,600.	1,429,815.
TOTAL TO FORM 990-PF, PART II, LINE	13	1,157,600.	1,429,815.

	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS				STATEMENT 8	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
CAROL FARBOLIN 4555 MANSELL ROAD, SUITE 120 ALPHARETTA, GA 30022	TRUSTEE 0.09		0.	0.	0.	
LINDA E. VAN REES 4555 MANSELL ROAD, SUITE 120 ALPHARETTA, GA 30022	DIRECTOR 0.09		0.	0.	0.	
JULIE P. HAYES 4555 MANSELL ROAD, SUITE 120 ALPHARETTA, GA 30022	DIRECTOR 0.09		0.	0.	0.	
GREGORY FARBOLIN 4555 MANSELL ROAD, SUITE 120 ALPHARETTA, GA 30022	DIRECTOR 0.09		0.	0.	0.	
ROBERT FARBOLIN 4555 MANSELL ROAD, SUITE 120 ALPHARETTA, GA 30022	DISTRIBUTION 0.09	COMMITTEE	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII		0.	0.	0.	

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

9

NAME OF MANAGER

CAROL FARBOLIN LINDA E. VAN REES JULIE P. HAYES GREGORY FARBOLIN