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1. Form 990-PF

EXTENSION GRANTED TO 11/15/12 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

SCANNED NOV 2

Department of the Treasury Internal Revenue Service For calendar year 2011 or tax year beginning , and ending Name of foundation A Employer identification number GREEN FAMILY FOUNDATION, INC. 20-4256553 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 9726 53RD DR E (941)538-4013 City or town, state, and ZIP code C If exemption application is pending, check here -BRADENTON, FL 34211-3760 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year | J Accounting method: | X | Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 15, 987, 512. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (a) Revenue and (d) Disbursements (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) charitable purpos (cash basis only) expenses per books income ıncome 10,009. N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 137,027. 137,144. 3 STATEMENT 198,392. 4 Dividends and interest from securities 199,035. STATEMENT 5a Gross rents b Net rental income or (loss) -237,062 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 5,985,072. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 24,500. 9 Income modifications 10a Gross sales Estatos EIVED Cost of goods sold rofit pro(loss) c Grossprofit 39,025. 24,500. 11 Oth STATEMENT 133,509. 374,561. 24,500. 12 Add lines 1 through 11 120,000. 45,000. pensation of officer), elirectors, trustees, etc 45,000. Other employee salaries and wages 15 Pension plans, employee benefits 21,648. 10,824. STMT 4 10,824. 16a Legal fees 5 12,375. 9,716. 3,119. STMT **b** Accounting fees STMT 6 58,019. 64,745. O. c Other professional fees 1,215. 0. 0. 17 Interest STMT 7 10,610. Ō. 18 Taxes 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 16,835. 8,418. 8,417. 22 Printing and publications 2,365. 1,171.STMT 8 23 Other expenses 1,169. 24 Total operating and administrative 243,067 expenses, Add lines 13 through 23 139,874. 68,529. 25 Contributions, gifts, grants paid 700,068. 700,068. 26 Total expenses and disbursements. Add lines 24 and 25 943,135. 139,874. 768,597. Subtract line 26 from line 12: -809,626 a Excess of revenue over expenses and disbursements 234,687. b Net investment income (if negative, enter -0-) 24,500. C Adjusted net income (if negative, enter -O-) LHA For Paperwork Reduction Act Notice, see instructions.

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-very amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year		End of year				
<u> </u>	ar L	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value				
	1	Cash - non-interest-bearing	108,651.	1,159,453.	1,159,453.				
	2	Savings and temporary cash investments	216,853.	210,669.	210,669.				
	3	Accounts receivable ►							
		Less: allowance for doubtful accounts							
	4	Piedges receivable ►							
		Less: allowance for doubtful accounts							
	5	Grants receivable							
	6	Receivables due from officers, directors, trustees, and other							
		disqualified persons							
	7	Other notes and loans receivable							
		Less: allowance for doubtful accounts							
ş	8	Inventories for sale or use							
Assets	1	Prepaid expenses and deferred charges							
Ä	10a	Investments - U.S. and state government obligations STMT 9	1,151,651.	1,313,706.	1,313,706.				
	Ь	Investments - corporate stock STMT 10	13,441,798.	11,494,226.	11,494,226.				
	C	Investments - corporate bonds STMT 11	1,949,120.	1,806,480.	1,806,480.				
	11	Investments - land, buildings, and equipment basis	-						
		Less accumulated depreciation							
	12	Investments - mortgage loans							
	13	Investments - other							
	14	Land, buildings, and equipment basis							
		Less accumulated depreciation							
	15	Other assets (describe ► STATEMENT 12)	6,771.	2,978.	2,978.				
	16	Total assets (to be completed by all filers)	16,874,844.	15,987,512.	15,987,512.				
	17	Accounts payable and accrued expenses							
	18	Grants payable							
es	19	Deferred revenue							
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons							
Liabilities	21	Mortgages and other notes payable	30 055	61 401					
	22	Other liabilities (describe ► STATEMENT 13)	30,277.	61,491.					
			20 077	C1 401					
_	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	30,277.	61,491.					
		•							
S	١.,	and complete lines 24 through 26 and lines 30 and 31.	16 044 567	15 026 021					
nces	1-	Unrestricted	10,044,507.	15,926,021.					
ala	١.	Temporarily restricted Permanently restricted							
Fund Bala	26	Foundations that do not follow SFAS 117, check here							
ᆵ		and complete lines 27 through 31.							
ŏ	27	Capital stock, trust principal, or current funds							
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund							
SS	29	Retained earnings, accumulated income, endowment, or other funds							
et/	30	Total net assets or fund balances	16,844,567.	15,926,021.					
Z	"	Total Het Basets of Idno Baranoes	20,011,007	13,320,021.					
	31	Total liabilities and net assets/fund balances	16,874,844.	15,987,512.					
_									
F	art	Analysis of Changes in Net Assets or Fund B	alances		,				
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line							
•		st agree with end-of-year figure reported on prior year's return)	1	16,844,567.					
2	,	r amount from Part I, line 27a	2	-809,626.					
		r increases not included in line 2 (itemize)	3	0.					
_		lines 1, 2, and 3		4	16,034,941.				
•		eases not included in line 2 (itemize) UNREALIZED LOS	S ON SECURITI		108,920.				
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	15,926,021.				

6 15,926,021. Form **990-PF** (2011)

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Part IV Capital Gains an	d Losses	for Tax on In	vestment	Income						
(a) List and describe 2-story brick wareh					(b) I	low ac - Purch - Dona	quired hase ition	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a			<u> </u>							
b SEE ATTACHED	STATEME	NT			<u> </u>					
C					<u> </u>					
d					ļ					
<u>e</u>	//\ D	La allamad	() 0		L					Ļ
(e) Gross sales price	(r) Deprecia (or alio	tion allowed wable)		t or other basis xpense of sale					un or (loss (f) minus	
a										
b			ļ							
С										
<u>d</u>				<u> </u>	- 1					000 000
e 5,985,072.		// · · · · · · · · · · · · · · · · · ·		6,222,13	4.					-237,062
Complete only for assets showing							(I)	Gains (C	ol. (h) gaır ot less tha	minus
(i) F.M.V. as of 12/31/69	(j) Adjus as of 1:	ted basis 2/31/69		cess of col. (ı) col. (ı), ıf any			coi.		from col.	
				(),,,						
<u>a</u>			 							
<u>b</u>										
<u>C</u>		*		 –						
<u>d</u>					-					-237,062
e		•			_		· · · · ·			-231,002
2 Capital gain net income or (net capit	tal loss) {	ff gain, also entei If (loss), enter -0	r in Part I, line)- in Part I, line	7 7	}	2				-237,062
3 Net short-term capital gain or (loss)	as defined in s	ections 1222(5) ar	nd (6):		_					
If gain, also enter in Part I, line 8, co					1					
If (loss), enter -0- in Part I, line 8						3			N/Z	<i>I</i>
Part V Qualification Un	der Sectio	n 4940(e) ioi	neduced	rax on Nei	LINV	еѕіл	nent inc	ome		
If section 4940(d)(2) applies, leave this Was the foundation liable for the sectio If "Yes," the foundation does not qualify Tenter the appropriate amount in each	n 4942 tax on t	4940(e). Do not co	omplete this pa	rt			·		_	Yes X No
(a)		(b)	20110110 001010	making any one	(c)	· · · · · ·			_	(d)
Base periód years Calendar year (or tax year beginning	ın) Adju	sted qualifying dis	stributions	Net value of no			use assets		Distr (col. (b) d	ibutión ratio ivided by col. (c))
2010	"", 	78	7,924.		16	40	2,165		(00.11 (0) 0	.04803
2009			5,162.				2,499			.05989
2008		99	9,716.				6,785		-	.05678
2007			00,180.				4,995			.07031
2006			34,206.				6,093		_	.04014
			,	_,,		/	. ,	+		
2 Total of line 1, column (d)								2		.27516
3 Average distribution ratio for the 5-	vear base perior	d - divide the total	on line 2 by 5.	or by the number	r of ve	ears		- <u>-</u> -		
the foundation has been in existence			······································		, .			3		.05503
		,								
4 Enter the net value of noncharitable	-use assets for	2011 from Part X.	line 5					4		16,804,171
		· · · · · · · · · · · · · · · · · ·								
5 Multiply line 4 by line 3								5		924,784
• W. C. W. C								<u> </u>		
6 Enter 1% of net investment income	(1% of Part I. i	ne 27b)						6		2,347
	\							<u> </u>		
7 Add lines 5 and 6								7		927,131
								·		
8 Enter qualifying distributions from F	Part XII. line 4							8		768,597
If line 8 is equal to or greater than li	•	hov in Part VI. line	e thi and com-	alete that part year	na o 1	0/2 tax	rate		L	
See the Part VI instructions.	110 1, 01160K ING	DOX III art vi, iiiit	ا الله عالم دين الله عالم الله عالم الله الله عالم الله الله الله الله الله الله الله ا	note that half asi	iiya I	/0 LdX	1016			
0.0										Form 000 DE (2011

	1990-PF (2011) GREEN FAMILY FOUNDATION, INC. 20-42			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e instru	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		4,6	94.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Add lines 1 and 2		4,6	94.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		4,6	94.
	Credits/Payments:			· ·
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 9,600.			
	Exempt foreign organizations - tax withheld at source 6b			
	Tax paid with application for extension of time to file (Form 8868) 6c			
	Backup withholding erroneously withheld 6d			
	Total credits and payments. Add lines 6a through 6d		9 6	oo.
8	37		, , ,	00. 52.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u> </u>
9			7 0	54.
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 4,854. Refunded 11		4,0	34.
	irt VII-A Statements Regarding Activities			٠.
			Vac	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	-	163	X
	any political campaign?	1a	<u> </u>	$\frac{\Lambda}{X}$
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b	 	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			7,7
	Did the foundation file Form 1120-POL for this year?	1c	 	Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1	
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.		İ	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$0 •			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	<u> </u>	X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
	olf "Yes," has it filed a tax return on Form 990-T for this year?	4b	ļ	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<u> </u>	Х
	If "Yes," attach the statement required by General Instruction T			l
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		-	1
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
	If "Yes," complete Part II, col. (c), and Part XV			
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions)		1 ,	
	NJ	_		1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	_		
	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 4942(j)(3) or 4942(j)(5) for calendar		-	
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

orm 990-PF (2011) GREEN FAMILY FOUNDATION, INC.	20-4256	553	Р	age 5
Part VII-A Statements Regarding Activities (continued)				
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		<u>X</u>
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had adviso	ry privileges?		l	
If "Yes," attach statement (see instructions)		12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
Website address ► N/A				
14 The books are in care of ▶ DONALD GREEN, TREASURER Telephone	no.▶(941)5			
Located at ▶9726 53RD DR. E, BRADENTON, FL	ZIP+4 ►34	211-	370	60
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				
and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	N/	'A	
16 At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		7	Yes	No
securities, or other financial account in a foreign country?		16		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign				
country				
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a During the year did the foundation (either directly or indirectly).				
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1 1		
a disqualified person?	Yes X No	i l		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?				
(5) Transfer any income or assets to a disqualified person (or make any of either available				
for the benefit or use of a disqualified person)?	Yes No	1		
(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		1 1		
termination of government service, if terminating within 90 days.)	Yes X No			
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		16	х	
Organizations relying on a current notice regarding disaster assistance check here	▶□			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1			
before the first day of the tax year beginning in 2011?	•	10	x	1
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation)	tion	-		_
defined in section 4942(j)(3) or 4942(j)(5)):		Ì		
a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beg	חוחות			
before 2011?	Yes X No			
If "Yes," list the years ▶ , , , , ,	_ 1000			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to income	errect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and a		1		
statement - see instructions.)	N/A	2b		1
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	-17	- <u></u>		
thing provisions of section 4942(a)(2) are being applied to any of the years used in 2a, list the years need.				1
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		'		
	Yes X No			į
during the year?				
b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified perso				
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)				
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Sched	nie C, N/A	3k		
Form 4720, to determine if the foundation had excess business holdings in 2011) As Did the foundation invest during the year any amount in a manner that would repeat use the charitable purposes?	M/A	3b		V

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b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	16	c) Compensation
NONE		o, companion
NONE	-	
	ŀ	
Total number of others receiving over \$50,000 for professional services	•	0
Part IX-A Summary of Direct Charitable Activities		
<u> </u>	1	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	E>	kpenses
1 N/A	_	
	_	
2		
]	
	1	
3		
	1	
	1	
A	+	
4	4	
	-	
Port IV B Company of December Deleted Investments		
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.	T	maunt
	 	mount
1 N/A	_	
		0.
2		
]	
	1	
All other program-related investments. See instructions.		· · · · · · · · · · · · · · · · · · ·
3		
· · · · · · · · · · · · · · · · · · ·	4	
	┥	
Total Add lines 1 through 3	+	0.
Total. Add lines 1 through 3	<u> </u>	
	Form \$	990-PF (2011)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	idations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	16,471,263.
b	Average of monthly cash balances	1b	16,471,263. 585,831.
C	Fair market value of all other assets	1c	2,978.
d	Total (add lines 1a, b, and c)	1d	17,060,072.
е	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	17,060,072.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	255,901.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	16,804,171.
6	Minimum investment return. Enter 5% of line 5	6	840,209.
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	840,209.
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.)		
C	Add lines 2a and 2b	2c	4,694. 835,515.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	835,515.
4	Recoveries of amounts treated as qualifying distributions	4	24,500.
5	Add lines 3 and 4	5	860,015.
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	860,015.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		560 505
a		1a	768,597. 0.
b	•	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a		3a	
b		3b	F.60 F.0 F
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	768,597.
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	768,597.
	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	qualifies fo	r the section

Form **990-PF** (2011)

GREEN FAMILY FOUNDATION, INC. 20-4256553 Form 990-PF (2011) Page 9 Part XIII Undistributed Income (see instructions) (b) (a) (c) (d) Corpus Years prior to 2010 2010 2011 1 Distributable amount for 2011 from Part XI, 860,015. line 7 2 Undistributed income, if any, as of the end of 2011 731,505 a Enter amount for 2010 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2011: a From 2006 **b** From 2007 c From 2008 dFrom 2009 e From 2010 0. f Total of lines 3a through e 4 Qualifying distributions for 2011 from 768,597 Part XII, line 4: ►\$ 731,505 a Applied to 2010, but not more than line 2a **b** Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0. (Election required - see instructions) 37,092. d Applied to 2011 distributable amount 0. e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 0 & Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of

deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b. Taxable

amount - see instructions e Undistributed income for 2010. Subtract line

4a from line 2a. Taxable amount - see instr.

f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)

8 Excess distributions carryover from 2006 not applied on line 5 or line 7

Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a

10	Analysis of line 9:	
	a Excess from 2007	
	b Excess from 2008	
	- / 2222	

e Excess from 2011

a Excess from 2007	
b Excess from 2008	
c Excess from 2009	
d Fxcess from 2010	Γ

Form **990-PF** (2011)

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	AMILY FOUND			20-42	56553 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2011, enter the date of t	he ruling	>		
b Check box to indicate whether the found	dation is a private operatir	g foundation described i		4942(j)(3) or49)42(₁)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,				 	
line 4 for each year listed	1				
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly				····	_ .
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			<u> </u>		
alternative test relied upon:					
a "Assets" alternative test - enter.					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					İ
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	<u> </u>	1 41 / 1	***************************************	1 105 000	<u> </u>
Part XV Supplementary Info			if the foundation	n nad \$5,000 or m	ore in assets
1 Information Regarding Foundation					
a List any managers of the foundation wi	~	than 2% of the total cont	ributions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed	more than \$5,000). (See s	section 507(d)(2).)	-		•
NONE					
b List any managers of the foundation wi	no own 10% or more of th	e stock of a corporation	(or an equally large port	ion of the ownership of a p	artnership or
other entity) of which the foundation ha			, , , , , , , , , , , , , , , , , , , ,	, ,	,
NONE					
2 Information Regarding Contribu	tion, Grant, Gift, Loan	, Scholarship, etc., Pi	rograms:		-
Check here ▶ ☐ If the foundation	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indi	viduals or organizations u	inder other conditions, o	complete items 2a, b, c, an	d d.
a The name, address, and telephone num	nber of the person to who	m applications should be	addressed:		
GDD GDD DDVDD 1.4					
SEE STATEMENT 14					
b The form in which applications should	be submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines;	• • •				
d Any restrictions or limitations on award	ds, such as by geographic	al areas, charitable fields	, kınds of ınstıtutıons, or	other factors:	

ALZHEIMER'S ASSOCIATION HAI WEST KIRKFATRICK STREET FYRACUSE, NY 13204 HONE REPLACEMENT OF 2 FURNACES 5,000 WINNACES 5,000 WINNACES 5,000 WINNACES 5,000 WINNACES 5,000 WINNACES STABLISHMENT OF "THE HOWARD L. GREEN FOUNDATION PRESENTS NE AUGUNN MONE WINNACES 12,500 BOTTENFIELD ELEMENTARY SCHOOL HONE EXEMPT BRETHER CARE VILLAGE WONE WINNACES 12,500 BRETHER CARE VILLAGE WONE WINNACES WONE EXEMPT REHABILITATION CENTER ALZHEIMER'S UNIT 5,000 Approved for future psyment NONE	Part XV Supplementary Informatio	n (continued)			
Show any delationship to state of the property of selections of control of the property of selections of control of the property of selections of control of the property of selections of control of the property of selections of control of the property of selections of control of the property of selections of control of the property of selections of control of the property of selections of control of the property of selections of control of the property of selections of control of the property of selections of selections of control of the property of selections of control of the property of selections of selecti	3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
a Pad dung the year LEBRIGHT COLLEGE LABORATORY LABRIGHT COLLEGE LABORATORY LABRIGHT COLLEGE LABORATORY LABRIGHT COLLEGE LABORATORY LABORATOR		show any relationship to		Purpose of grant or	Amount
ALBRIGHT COLLEGE 37H AND BEEN STREETS 125,000 14LHEIMER'S ASSOCIATION 14L WEST KIRKEATRICK STREET YEAROUSE, NY 13204 17 LANSING STREET 10HURN, NY 13021 10HURN, NY 13021 10HURN MEMORIAL MOSPITAL 17 LANSING STREET 10HURN, NY 13021 10HURN, NY 13021 10HURN MEMORIAL MOSPITAL 10HURN, NY 13021 10HURN MEMORIAL 10HURN	Name and address (nome or dusiness)	or substantial contributor		**	
ALBERTISE LABORATORY 25,000 ALBERMEN'S ASSOCIATION HAI WEST KIRKPATRICK STREET FYRACUSE, NY 13204 AUBURN MEMORIAL HOSPITAL 17 LANSING STREET MUBURN, NY 13021 SOUTHWRIELD ELEMENTARY SCHOOL 1801 S. PROSPECT ELEMENTAIN, IL 61820 RETHREN CARE VILLAGE RETHREN CARE VILLAGE RETHREN CARE VILLAGE RETHREN CARE VILLAGE RECONTINUATION SHEET(S) ADDRATORY 25,000 2,000 2,500 AUBURN MEMORIAL HOSPITAL NONE EXEMPT REMADILITATION CENTER ALZHEIMER'S UNIT SOUTHWRIELD FURNICATION CENTER - ALZHEIMER'S UNIT NONE NONE NONE	a Paid during the year				<u> </u>
ALBERTISE LABORATORY 25,000 ALBERMEN'S ASSOCIATION HAI WEST KIRKPATRICK STREET FYRACUSE, NY 13204 AUBURN MEMORIAL HOSPITAL 17 LANSING STREET MUBURN, NY 13021 SOUTHWRIELD ELEMENTARY SCHOOL 1801 S. PROSPECT ELEMENTAIN, IL 61820 RETHREN CARE VILLAGE RETHREN CARE VILLAGE RETHREN CARE VILLAGE RETHREN CARE VILLAGE RECONTINUATION SHEET(S) ADDRATORY 25,000 2,000 2,500 AUBURN MEMORIAL HOSPITAL NONE EXEMPT REMADILITATION CENTER ALZHEIMER'S UNIT SOUTHWRIELD FURNICATION CENTER - ALZHEIMER'S UNIT NONE NONE NONE					
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ALCHEIMER'S ASSOCIATION 141 WEST RIFERATRICK STREET SYRACUSE, NY 13204 NONE EXEMPT REPLACEMENT OF 2 FURNACES 5,000 AUBURN MEMORIAL HOSPITAL 17 LANSING STREET FURNACES FURNACES FURNACES FURNACES FURNACES 5,000 EXEMPT ESTABLISHMENT OF "THE HOWARD I. GREEN FOUNDATION PRESENTS THE AUBURN MEMORIAL HOSPITAL WELLNESS 12,500 BOTTENFIELD ELEMENTARY SCHOOL BOTTENFIELD ELEMENT OF "THE HOWARD LA GREEN FURNACES 5,000 2,500 BOTTENFIELD ELEMENTARY SCHOOL BOTTENFIELD ELEMENT OF "THE HOWARD LA GREEN FURNACES 5,000 CHAPTER FURNACES FURNACE	13TH AND BERN STREETS			- -	
ALCHSIMER'S ASSOCIATION AND EXEMPT REPLACEMENT OF 2 FURNACES 5,000 AUBURN MEMORIAL HOSPITAL 17 LANGING STREET FUNDATION PRESENTS THE AUBURN MEMORIAL HOSPITAL BOTTENFIELD ELEMENTARY SCHOOL BOTTENFIELD ELEMENT OF THE HOWARD SCHOOL BOTTENFIELD ELEMENT OF THE HOWARD SCHOOL BOTTENFIELD ELEMENT OF THE HOWARD SCHOOL BOTTENFIELD ELEMENT OF THE HOWARD SCHOOL BOTTENFIELD ELEMENT OF THE HOWARD SCHOOL BOTTENFIELD ELEMENT OF THE HOWARD SCHOOL BOTTENFIELD ELEMENT OF THE HOWARD SCHOOL BOTTENFIELD ELEMENT OF THE HOWARD SCHOOL BOTTENFIELD ELEMENT OF THE HOWARD SCHOOL BOTTENFIELD ELEMENT OF THE HOWARD SCHOOL BOTTENFIELD ELEMENT OF THE HOWARD SCHOOL BOTTENFIELD ELEMENT OF T	READING, PA 19612				25,000
HAI WEST KIRKPATRICK STREET VENACUSE, NY 13204 NONE EXEMPT STABLISHMENT OF 2 FUNACES SOUTHING STREET UNDURN MEMORIAL HOSPITAL IN LANSING STREET UNDURN, NY 13021 NONE EXEMPT EXAMPLE AUBUIN MEMORIAL HOSPITAL WELLINESS 12,500 SOUTHING IL 61820 NONE EXEMPT 2 SMART BOARDS BESTHER CARE VILLAGE NONE EXEMPT ALCHEMER'S UNIT ASSILAND, OH 44805 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE					
HAI WEST KIRKPATRICK STREET VENACUSE, NY 13204 NONE EXEMPT STABLISHMENT OF 2 FUNACES SOUTHING STREET UNDURN MEMORIAL HOSPITAL IN LANSING STREET UNDURN, NY 13021 NONE EXEMPT EXAMPLE AUBUIN MEMORIAL HOSPITAL WELLINESS 12,500 SOUTHING IL 61820 NONE EXEMPT 2 SMART BOARDS BESTHER CARE VILLAGE NONE EXEMPT ALCHEMER'S UNIT ASSILAND, OH 44805 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE					
SYRACUSE, NY 13204 PURNACES AUBURN MEMORIAL HOSPITAL NONE EXEMPT ESTABLISHMENT OF "THE HOWARD L. GREEN POUNDATION PRESENTS THE AUBURN MEMORIAL HOSPITAL WELLINESS 12,500 BOTTENFIELD ELEMENTARY SCHOOL BOTTENFIEL		NONE	EXEMPT		
AUBURN MEMORIAL HOSPITAL 17 LANSING STREET 18 HOWARD L. GREEN FOUNDATION RESENTS THE AUBURN MEMORIAL HOSPITAL WELLNESS 12,500 BOTTENFIELD ELEMENTARY SCHOOL NONE EXEMPT 2 SMART BOARDS 1801 S. PROSPECT HAMPAIGN, IL 61820 2,500 BRETHREN CARE VILLAGE RETHREN CARE VILLAGE RETHREN CARE VILLAGE Total SEE CONTINUATION SHEET(S) 5,000 Total SEE CONTINUATION SHEET(S) NONE				ł	F 000
HOMARD L, GREEN HOMARD L, GREEN FOUNDATION SHEET(S)	SYRACUSE, NY 13204			FURNACES	5,000
AUBURN, NY 13021 FOUNDATION PRESENTS THE AUBURN MEMORIAL HOSPITAL WELLNESS 12,500 SOTTENPIELD ELEMENTARY SCHOOL NONE EXEMPT 2 SMART BOARDS 2,500 REHAMPAION, 1L 61820 0,001 REHAMPAION, 1L 61820 NONE EXEMPT REHABILITATION CENTER ASHLAND, OH 44805 Total SEE CONTINUATION SHEET(S) NONE NONE	AUBURN MEMORIAL HOSPITAL	NONE	EXEMPT	ESTABLISHMENT OF "THE	
BOTTENFIELD ELEMENTARY SCHOOL BOTTENFIELD ELEMENTARY SCHOOL BOTTENFIELD ELEMENTARY SCHOOL BOTTENFIELD ELEMENTARY SCHOOL NONE EXEMPT 2 SMART BOARDS 2,500 BRETHREN CARE VILLAGE NONE EXEMPT REHABILITATION CENTER ALZHEIMER'S UNIT 5,000 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE	17 LANSING STREET			HOWARD L. GREEN	
HOSPITAL WELLNESS 12,500 BOTTENFIELD ELEMENTARY SCHOOL NONE EXEMPT 2 SMART BOARDS BRETHREN CARE VILLAGE NONE EXEMPT REHABILITATION CENTER - ALZHEIMER'S UNIT ASHLAND, OH 44805 Total SEE CONTINUATION SHEET(S) > 32 700,066	AUBURN, NY 13021			FOUNDATION PRESENTS	
SOTTENFIELD ELEMENTARY SCHOOL NONE EXEMPT 2 SMART BOARDS 1801 S. PROSPECT CHAMPAIGN, IL 61820 2,500 BRETHREN CARE VILLAGE NONE EXEMPT REHABILITATION CENTER - ALZHEIMER'S UNIT 5,000 Total SEE CONTINUATION SHEET(S) 3a 700,061 D Approved for future payment NONE				1	4.5 - 5.5
HAMPAIGN, IL 61820 BRETHREN CARE VILLAGE 2000 CENTER STREET ASHLAND, OH 44805 Total SEE CONTINUATION SHEET(S) NONE NONE NONE				HOSPITAL WELLNESS	12,500
HAMPAIGN, IL 61820 BRETHREN CARE VILLAGE 2000 CENTER STREET ASHLAND, OH 44805 Total SEE CONTINUATION SHEET(S) NONE NONE NONE					
ERETHREN CARE VILLAGE BERETHREN CARE VILLAGE LOOD CENTER STREET ASHLAND, OH 44805 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE NONE	BOTTENFIELD ELEMENTARY SCHOOL	NONE	EXEMPT	2 SMART BOARDS	
BRETHREN CARE VILLAGE NONE EXEMPT REHABILITATION CENTER - ALZHEIMER'S UNIT 5,000 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE	1801 S. PROSPECT				
ashland, oh 44805 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE Approved for future payment	CHAMPAIGN, IL 61820				2,500
ashland, oh 44805 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE Approved for future payment					
ashland, oh 44805 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE Approved for future payment	BDFTUDEN CADE VILLAGE	NONE	EASMDA	DEUARTITEMETON CRIMER	
ASHLAND, OH 44805 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE SEE CONTINUATION SHEET(S) NONE		NONE	EXEMP 1		
Total SEE CONTINUATION SHEET(S) Approved for future payment NONE NONE	ASHLAND, OH 44805				5,000
NONE	Total SEE CO	ONTINUATION SHE	ET(S)	▶ 3a	700,068
	b Approved for future payment				
					,
	NONE				
			+		
					
]	
OTA	Total		1	▶ 3b	0

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated		Unrelated business income			ded by section 512 513, or 514	(e)		
	service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income		
-	Service revenue							
å								
D								
·		ļ						
d			<u> </u>					
e								
1		<u> </u>	<u> </u>	-				
	and contracts from government agencies							
	ship dues and assessments			ļ				
	on savings and temporary cash			۱ , ,	100 000			
investme				14				
	is and interest from securities			14	199,035.			
	al income or (loss) from real estate:							
	-financed property							
	lebt-financed property							
	al income or (loss) from personal							
property				<u> </u>				
	vestment income							
	(loss) from sales of assets other			۸ ا	037 060			
than inve	-			14	-237,062.			
	me or (loss) from special events							
	rofit or (loss) from sales of inventory							
11 Other re	EE STATEMENT 15					24,500.		
<u> </u>	EE STATEMENT IS				<u> </u>	24,500.		
ŭ —								
,					ļ			
` <u> </u>				 				
12 Subtotal	l. Add columns (b), (d), and (e)		0.		99,000.	24,500.		
	dd line 12, columns (b), (d), and (e)		<u> </u>	<u>. </u>	13	123,500.		
	heet in line 13 instructions to verify calculations.)				"-	123,300.		
	.							
Part XV	/I-B Relationship of Activities to	o tne Acc	omplishment of Ex	cemp	t Purposes			
Line No.	Explain below how each activity for which incor	ne is reported	ın column (e) of Part XVI-A	contri	buted importantly to the accor	nplishment of		
▼	the foundation's exempt purposes (other than I							
11	THE AMOUNTS REPRESENT F							
11	FOUNDATION AND REPORTED) AS DI	SBURSEMENTS	FOR	CHARITABLE P	URPOSES.		
					•			
			-					
			<u></u>					
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		FAMILY F				20-4256		Pa	ge 13
Part 2	Information Re Exempt Organ		sfers To a	nd Transactions a	nd Relationship	s With Nonchar	itable		
1 Did	the organization directly or indi	rectly engage in any o	of the following	with any other organization	n described in section :	01(c) of	Ŋ	es/	No
the	Code (other than section 501(c)(3) organizations) or	r in section 527	, relating to political organi	izations?				
a Tra	nsfers from the reporting found	ation to a noncharitat	ble exempt orga	anization of:					
(1)	Cash						1a(1)		<u> </u>
(2)	Other assets						1a(2)		Х
b Oth	er transactions								
	Sales of assets to a noncharita	• •					1b(1)		<u>_x</u>
	Purchases of assets from a no	•	organization				1b(2)		X
	Rental of facilities, equipment,						1b(3)		X
٠,	Reimbursement arrangements	5					1b(4)		X
	Loans or loan guarantees	ambarahia ar filadusia	a a a a a le artate a m				1b(5)		X
	 Performance of services or meaning of facilities, equipment, ma 	•	-				1b(6)		X
	he answer to any of the above is			•	vave chow the fair mark	at value of the goods, of	1c	+c	
	services given by the reporting i							15,	
	lumn (d) the value of the goods,			a loos than lan market valu	o in any a ansaotion of	snaring arrangement, sn			
(a)Line n				exempt organization	(d) Description of t	ransfers, transactions, and si	haring arra	ngeme	nts
		<u> </u>	N/A	 -	<u> </u>				
			·						
				<u> </u>					
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						 -			
ın :	the foundation directly or indirect section 501(c) of the Code (othe Yes," complete the following sci	er than section 501(c)	· ·	on 527?	zations described		Yes	[X] No
	(a) Name of or	ganization		(b) Type of organization	(c)	Description of relationsh	ıp		
	N/A								
									
									
			·	· · · · · · · · · · · · · · · · · · ·					
	Under penalties of perjury, I declare	e that i have examined this	is return, includin	accompanying schedules and	statements, and to the bes	t of my knowledge			
Sign Here	and belief, it is tue, correct, and co	omplete Declaration of pro				s any knowledge return show	the IRS di in with the wn below (prepar	er
	Print/Type preparer's r	<i>l</i>	Preparer's si			ieck if PTIN			
					1 1	lf- employed			
Paid	KARL JACO	B, CPA	1/	1//100	11/19/12		435	568	
Prep Use	arer Firm's name ► DA		ICKEE,	LIP	·// // ¬	ırm's EIN ► 33 – 0 9			

315-472-9127 Form **990-PF** (2011)

Phone no.

Firm's address > 221 SOUTH WARREN ST.
SYRACUSE, NY 13202

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

Name of the organization

Schedule of Contributors ► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

G	REEN FAMILY FOUNDATION, INC.	20-4256553
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
	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	
	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule See instructions.
X For an organization	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or monplete Parts I and II	ore (in money or property) from any one
Special Rules		
509(a)(1) and 170	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.	
total contribution	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any on as of more than \$1,000 for use exclusively for religious, charitable, scientific, literary for the children or animals. Complete Parts I, II, and III	
contributions for If this box is chec purpose Do not o	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any on use exclusively for religious, chantable, etc., purposes, but these contributions dicked, enter here the total contributions that were received during the year for an ecomplete any of the parts unless the General Rule applies to this organization be ble, etc., contributions of \$5,000 or more during the year.	d not total to more than \$1,000 exclusively religious, chantable, etc.,
but it mus t answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Scion Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or at the filling requirements of Schooling B. (Form 900, 900 FZ, or 900 RD)	

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 Employer identification number

KEEN	FAMILY FOUNDATION, INC.		-4256553
Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOWARD GREEN ESTATE 9726 53RD DRIVE EAST BRADENTON, FL 34211-3760	\$10,009.	Person X 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 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 Payroli 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 Payroli Noncash (Complete Part II if there is a noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization Employer identification number

GREEN FAMILY FOUNDATION, INC.

20-4256553

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
-		 \$ <u></u>	
(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	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
- - -		*	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-	· · · · · · · · · · · · · · · · · · ·		
3453 01-23-1	2	Schedule B (Form	 990, 990-EZ, or 990-PF) (2

Employer identification number

	FAMILY FOUNDATION, INC	•	20-4256553
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	ridual contributions to section 501(c) ne following line entry For organization c., contributions of \$1,000 or less for al space is needed	(7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year. (Enter this information once) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
į	Transferee's name, address, a	nd 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 gif	t
	Transferee's name, address, a	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
	Transferee's name, address, a	(e) Transfer of git	Relationship of transferor to transferee

3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
CARON TREATMENT CENTERS	NONE	EXEMPT	REPLACE PATIENT ROOM	
P.O. BOX 150 WERNERSVILLE, PA 19565			WINDOWS	25.22
NEANERSVILLE, FA 19303				25,00
CAYUGA COMMUNITY COLLEGE FOUNDATION	NONE	EXEMPT	RENOVATION OF TV	
197 FRANKLIN STREET			STUDIO	
AUBURN, NY 13021				10,00
CAZENOVIA COLLEGE	NONE	EXEMPT	MULTI-PLATFORM	
22 SULLIVAN STREET			PROFESSIONAL MEDIA	
CAZENOVIA, NY 13035			BUREAU FOR	
			COMMUNICATION STUDIES PROGRAM	20.00
			I NOGRAM	20,00
COMMUNITY CHURCH OF VERO BEACH	ИОИЕ	EXEMPT	AWNING OVER COURTYARD	
1901 23RD STREET				
VERO BEACH, FL 32960				14,10
COMMUNITY CHURCH OF VERO BEACH	NONE	EXEMPT	"ONWARD TOGETHER"	
1901 23RD STREET			CAPITAL CAMPAIGN	
VERO BEACH, FL 32960				18,00
CROUSE HEALTH FOUNDATION	NONE	EXEMPT	CROUGE HOGDIEST PRINGE	
736 IRVING AVENUE	NONE	EXEMPT	CROUSE HOSPITAL BREAST HEALTH CENTER	
SYRACUSE, NY 13210				30,00
CULINARY INSTITUTE OF AMERICA	NONE	EXEMPT	SCHOLARSHIPS	
1946 CAMPUS DRIVE HYDE PARK, NY 12538				10,00
everson museum	NONE	EXEMPT	HVAC UPGRADES	
401 HARRISON STREET				
SYRACUSE, NY 13202				7,54
GOLDEN GODNED BOOD DAYERY	1017			
GOLDEN CORNER FOOD PANTRY 635 BUSINESS PARK DRIVE	NONE	EXEMPT	PAVING OF PARKING LOT	
SENECA, SC 29678			AND DRIVEWAY FOR FOOD FOR SENIORS PROGRAM	22,50
	-		THE TANGENTAL	
GREENVILLE SYMPHONY ASSOCIATION	NONE	EXEMPT	SUPPORT OF EDREACH	
200 SOUTH MAIN STREET			PROGRAM	
GREENVILLE, SC 29601				7,00
Total from continuation sheets				650,06

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
IISTORICAL SOCIETY OF BERKS COUNTY	NONE	EXEMPT	SHELVING FOR ART	
40 CENTER AVENUE			STORAGE ROOM	
READING, PA 19601				5,000
HOME AIDES OF CENTRAL NEW YORK	NONE	EXEMPT	B COMPUTERS FOR AIDE	
723 JAMES STREET			EMPLOYMENT APPLICATION	
SYRACUSE, NY 13203 HOPE FOR BEREAVED	NONE	EXEMPT	PROCESS	2,500
1500 ONONDAGA BOULEVARD	NOME	EXEMPT	EXPANDED SUPPORT AND SERVICES TO YOUTH	
SYRACUSE, NY 13219				
AIGCODE, NI ISEIS		ľ	PROGRAM FOR CHILDREN WITH DEVELOPMENTAL	
			DISABILITIES	5,000
				-,500
IOSPICE FOUNDATION OF CENTRAL NEW	NONE	EXEMPT	4 LAPTOPS	
YORK		1		
90 SEVENTH NORTH STREET			1	
IVERPOOL, NY 13088		 -		4,444
NDIAN RIVER MEDICAL CENTER	NONE	EXEMPT	BLADDER ULTRASOUND	
FOUNDATION	HONE	EXEMP 1	EQUIPMENT	
LOOO 36TH STREET			EQUIPMENT	
VERO BEACH, FL 32960				14,068
				14,000
JEWISH HOME OF CENTRAL NEW YORK	NONE	EXEMPT	GERIATRIC MENTAL	
1101 EAST GENESEE STREET			HEALTH	
SYRACUSE, NY 13214	 	 		18,500
MAKE-A-WISH FOUNDATION OF CENTRAL NEW	NONE	EXEMPT	UPGRADE 8 COMPUTERS,	
ORK			MONITORS AND SOFTWARE	
005 CAMPUSWOOD DRIVE			[]	
EAST SYRACUSE, NY 13057				8,010
IERRY-GO-ROUND PLAYHOUSE	NONE	EXEMPT	IMAGING SYSTEM FOR THE	
L7 WILLIAM STREET			YOUTH THEATRE	
AUBURN, NY 13021				7,500
OCEAN GROVE CAMP MEETING ASSOCIATION	NONE	EXEMPT	GREAT AUDITORIUM	
54 PITMAN AVENUE			COMPREHENSIVE ROOF	
OCEAN GROVE, NJ 07756	ļ		REPAIR	25,600
CEAN PARK ASSOCIATION	NONE	EXEMPT	CHOIR FESTIVAL	
4 TEMPLE AVENUE				
OCEAN PARK, ME 04063-7296				500
Total from continuation sheets				

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
OCEAN PARK ASSOCIATION 14 TEMPLE AVENUE OCEAN PARK, ME 04063-7296	NONE	EXEMPT	HONORARIA AND TRAVEL EXPENSES FOR OCEAN PARK TEMPLE SPEAKERS' PROGRAM	2,900
OCONEE MEDICAL CENTER 298 MEMORIAL DRIVE SENECA, SC 26671	NONE	EXEMPT	BREAST CARE CENTER	35,000
PEACE CENTER FOUNDATION 101 WEST BROAD STREET GREENVILLE, SC 29601	NONE	EXEMPT	1,000 SCHOLARSHIPS FOR ATTENDANCE AT PEACE DUTREACH SHOW	15,000
PUBLIC BROADCASTING COUNCIL OF CENTRAL NEW YORK 506 OLD LIVERPOOL ROAD LIVERPOOL, NY 13088	NONE	EXEMPT	REPLACEMENT OF HIGH DEFINITION BROADCAST EQUIPMENT	30,000
SAINT JOSEPH HIGH SCHOOL 230 HUNTINGTON TURNPIKE TRUMBALL, CT 06611	NONE	EXEMPT	STUDENT SCHOLARSHIPS AND EQUIPMENT	10,000
SKANEATELES AMBULANCE VOLUNTEER EMERGENCY SERVICE 77 FENNELL STREET SKANEATELES, NY 13152	NONE	EXEMPT	2 AUTOMATIC CARDIAC COMPRESSION DEVICES	5,000
SYRACUSE STAGE 820 EAST GENESEE STREET SYRACUSE, NY 13210	NONE	EXEMPT	SUPPORT OF ARTS EMERGING EDUCATION PROGRAM	5,000
SYRACUSE TEACHERS TRUST FUND 731 JAMES STREET, SUITE 100 SYRACUSE, NY 13207	NONE	EXEMPT	EXPANDING HORIZONS GRANT	5,000
TAMASSEE DAR SCHOOL 1925 BUMGARDNER DRIVE TAMASSEE, SC 29686	NONE	EXEMPT	STRENGTHENING THE COUNSELING PROGRAM	10,500
THE CROSSNORE SCHOOL P.O. BOX 249 CROSSNORE, NC 28616 Total from continuation sheets	NONE	EXEMPT	RENOVATION OF CAROLINA	25,000

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient THE SALVATION ARMY - HEMPSTEAD NONE EXEMPT MUSICAL INSTRUMENTS FOR SENIOR BAND CITADEL 65 ATLANTIC AVENUE 5,000. HEMPSTEAD, NY 11003 THE SALVATION ARMY - QUEENS TEMPLE NONE EXEMPT INSTRUMENTS FOR BRASS 86-07 35TH AVENUE BAND JACKSON HEIGHTS, NY 11372 5,000. THE SALVATION ARMY OF GREATER NEW NONE EXEMPT CHRISTMAS KETTLE ENDEAVOR YORK 120 WEST 14TH STREET 5,000. NEW YORK, NY 10010 THE SALVATION ARMY OF GREATER NEW NONE EXEMPT SENIOR OR JUNIOR MUSIC CREATIVE ARTS YORK 120 WEST 14TH STREET CONSERVATORY NEW YORK, NY 10010 20,000. EMERGENCY SERVICES THE SALVATION ARMY OF GREATER NEW NONE EXEMPT WEHICLE YORK 120 WEST 14TH STREET NEW YORK, NY 10010 85,000. THE SALVATION ARMY OF MANATEE COUNTY NONE EXEMPT SOUTHERN TERRITORY'S 1204 14TH STREET WEST PROJECT - TO REBUILD PORT O'PRINCE/HAITI 5,000. BRADENTON, NY 34205 THE SALVATION ARMY OF MANATEE COUNTY NONE EXEMPT RESIDENTIAL SUMMER 1204 14TH STREET WEST CAMP IN FLORIDA FOR BRADENTON, NY 34205 UNDERPRIVILEGED YOUTH 10,000. THE SALVATION ARMY OF WHITE PLAINS NONE EXEMPT COMPUTERS FOR AFTER-SCHOOL AND 16 STERLING AVENUE WHITE PLAINS NY 10606 SUMMER PROGRAMS 5,000. THE SALVATION ARMY NONE EXEMPT 1 000 BIBLES 440 WEST NYACK ROAD WEST NYACK, NY 10994 1,000. THE SALVATION ARMY NONE EXEMPT COMBINED CHOIR PROGRAM 440 WEST NYACK ROAD 6,000. WEST NYACK, NY 10994 Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or contribution show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor NONE EXEMPT STAR LAKE MUSICAMP THE SALVATION ARMY 440 WEST NYACK ROAD WEST NYACK NY 10994 6,000. FUTURE ALL STARS THE SALVATION ARMY NONE EXEMPT 440 WEST NYACK ROAD WEST NYACK, NY 10994 25,000. NONE EXEMPT SPONSORING RESIDENT THE SKANEATELES FESTIVAL, INC. ARTIST FOR 2011 SEASON 97 EAST GENESEE STREET 2,500. SKANEATELES NY 13152 DONOR MANAGEMENT THERMAL BELT OUTREACH MINISTRY NONE EXEMPT 134 WHITE DRIVE SOFTWARE SYSTEM COLUMBUS, NC 28722 10,000. SCHOLARSHIPS THRESHHOLD CENTER FOR ALTERNATIVE NONE EXEMPT YOUTH SERVICES 57 CENTRAL PARK ROCHESTER, NY 14605 5,000. NONE EXEMPT TVS AND AUDIO FOR UNITED BAPTIST CHURCH FAMILY CHAPEL AND 318 MAIN STREET SACO, ME 04072 NURSERY 5,000. EXEMPT LABOR AND EMPLOYMENT INIVERSITY OF ILLINOIS - SCHOOL OF NONE RELATIONS ENTRYWAY LABOR AND EMPLOYMENT RELATIONS REHAB 504 EAST ARMORY 20,000. CHAMPAIGN, IL 61821 UNIVERSITY OF NEW ENGLAND NONE EXEMPT USING THE PHOTO-FIES REACTION AS A 716 STEVENS AVENUE PHOTOCHEMICAL PROBE 8,400. PORTLAND, ME 04103 UNQUOWA SCHOOL NONE EXEMPT RENOVATION OF UPPER SCHOOL ACADEMIC SPACE 981 STRATFIELD ROAD 15,000. FAIRFIELD, CT 06825 VERA HOUSE NONE EXEMPT MINI VAN FOR EMERGENCY SHELTER PROGRAM 6181 THOMPSON ROAD, SUITE 100 SYRACUSE, NY 13206 7,500. Total from continuation sheets

		GREEN I	PAMILY	<u>FOUNI</u>	ATION,	INC.	<u> </u>	20	-4256553
Part XV	Supplementar	y Information						- #	
3a Grants	and Contributions P	aid During the Yea	r Continua	tion of Pur	pose of Gran	t or Cor	ntribution		
NAME OF	F RECIPIENT	- AUBURN	MEMOR	IAL HO	SPITAL				
ESTABL:	SHMENT OF	"THE HOWAI	RD L. (GREEN	FOUNDAT	rion	PRESENTS	THE	AUBURN
MEMORI <i>I</i>	AL HOSPITAL	WELLNESS	NETWO	RK"					<u> </u>
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20-4256553 PAGE 1 OF

	(a) List and 2-story bri	describe the kind(s) of property sold ick warehouse; or common stock, 20	, e.g., real estate, 0 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
			S 6084	P		·
_	PUBLICLY TRADE		PATE STREET 0634	P		
	PUBLICLY TRADE		OHN HANCOCK	P		
	PUBLICLY TRADE		ORREY INTERNATION			
	PUBLICLY TRADE		S 9932	P		
_			3 3332	<u> </u>		
		DI VIDENDS				
_9						
<u>h</u>						
						
_k						
_m	<u> </u>					
<u>n</u>	<u> </u>	·				
_0					<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) blus (f) minus (g)	
a	83,410.		104,412.	 	·····	-21,002.
b	734,318.		609,333.			124,985.
c	1,505,263.		1,974,190.	-		468,927.
d	12,635.		5,464.	·		7,171.
e	3,619,392.		3,528,735.			90,657.
Ť	30,054.		5,0=5,1551			30,054.
_					· · · · · · · · · · · · · · · · · · · 	30,0311
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<u>n</u>			-		 .	
0	Complete only for accets chowing	ng gain in column (h) and owned by t	the foundation on 12/21/60	401-	// //- //-	
_	Complete only for assets showin				sses (from col. (h)) of col (h) gain ove	
	(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	but r	not less than "-0-")	, oor (k),
a						-21,002.
b						124,985.
С						468,927.
d						7,171.
е						90,657.
f						30,054.
g						
h						
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2	Capital gain net income or (net ca	anital loss) { If gain, also enter	r in Part I, line 7)-" in Part I, line 7	2	_	237,062.
			\ \ \ \	-		
3	Net short-term capital gain or (los If gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) ar	10 (b):	l		
	If (loss), enter "-0-" in Part I, line 8		ŗ	3	N/A	
_	(1507) 5.115. 6 1111 4111, 11110	-		<u> </u>	11/12	

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMEN	TS STATEMENT 1
SOURCE	AMOUNT
MORGAN STANLEY (#1187) MORGAN STANLEY (#1188) MORGAN STANLEY (#6084) MORGAN STANLEY (#9526) MORGAN STANLEY (#9932) MORGAN STANLEY (#9932) - ACCRUED INTEREST MORGAN STANLEY (#9932) - US SAVINGS BONDS	16. 16. 69,993. 1. 37,890. 1,021. 28,090.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	137,027.

FORM 990-PF DIVIDENDS AND	INTEREST FROM	SECURITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
BLACK ROCK GLOBAL ALLOCATION			
(#4755)	34,018.	11,177.	22,841.
FIDELITY DIVERSIFIED			
INTERNATIONAL (#5667)	28,979.	0.	28,979.
MORGAN STANLEY (#6084)	13.	0.	13.
PIMCO REAL RETURN (#8060)	57,300.	18,812.	38,488.
PIMCO TOTAL RETURN (#8060)	31,816.	0.	31,816.
PIMCO UNCONSTRAINED BOND (#8060)	10,103.	0.	10,103.
SPARTAN 500 INDEX FUND (#5667) STATE STREET BANK AND TRUST	35,504.	0.	35,504.
(#0634)	31,356.	65.	31,291.
TOTAL TO FM 990-PF, PART I, LN 4	229,089.	30,054.	199,035.

FORM 990-PF 07	THER	INCOME		STATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ALTERNATIVE INVESTMENT PARTNERS SCHEDULE K-1 SAFE HARBOR, INC PRIOR YEAR	_	0.	39,025	•
GRANT RECOVERY		15,000.	0 .	•
TULLY HILL FOUNDATION - PRIOR YEAR GRANT RECOVERY GYANGE GYMPHONY ORGHEGERA DRIOR	D	2,500.	0	•
SYRACUSE SYMPHONY ORCHESTRA - PRIO YEAR GRANT RECOVERY	ĸ	7,000.	0	•
TOTAL TO FORM 990-PF, PART I, LINE	11	24,500.	39,025	•

FORM 990-PF	LEGAL	FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SCOLARO, SHULMAN, COHEN, FETTER & BURSTEIN	21,648.	10,824.		10,824.
TO FM 990-PF, PG 1, LN 16A	21,648.	10,824.		10,824.

FORM 990-PF	ACCOUNTI	NG FEES	S	PATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DANNIBLE & MCKEE, LLP	12,375.	9,716.		3,119.
TO FORM 990-PF, PG 1, LN 16B	12,375.	9,716.		3,119.

FORM 990-PF O	THER PROFES	SIONAL FEES	S	PATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES	58,019.	64,745.		0.
TO FORM 990-PF, PG 1, LN 16C	58,019.	64,745.		0.

FORM 990-PF	TAX	ES	S'	PATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX BASED ON INVESTMENT INCOME	10,610.	0.		0.
TO FORM 990-PF, PG 1, LN 18	10,610.	0.	•	0.

FORM 990-PF	OTHER E	OTHER EXPENSES ST		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE SUPPLIES	704.			352.
POSTAGE & SHIPPING INSURANCE EXPENSE	184. 757.			92. 378.
DUES & SUBSCRIPTIONS	695.	• • • •		347.
FILING FEES	25.	- -		0.
TO FORM 990-PF, PG 1, LN 23	2,365.	1,171.		1,169.

FORM 990-PF U.S. AND STATE/O	CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT 9
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY (#6084) MORGAN STANLEY (#9932)	X X	-	59,560. 1,254,146.	59,560. 1,254,146.
TOTAL U.S. GOVERNMENT OBLIGATIONS		,	1,313,706.	1,313,706.
TOTAL STATE AND MUNICIPAL GOVERNMEN	NT OBLIG	ATIONS		
TOTAL TO FORM 990-PF, PART II, LINI	E 10A	•	1,313,706.	1,313,706.

GREEN FAMILY FOUNDATION, INC.

EIN: 20-4256553

LINE 10a - INVESTMENTS - U.S. AND STATE GOVERNMENT OBLIGATIONS

STATEMENT 9

	Number		
Type and Name	Shares or	Book	Market
of Security	Principal	Value	Value
Morgan Stanley - 6084			
FHRR R005 AB	200,000	24.877	24,877
GOVERNMENT NATIONAL MTG ASSN POOL	50,000	5,880	5.880
GOVERNMENT NATIONAL MTG ASSN POOL	100.000	28.803	28.803
Total Morgan Stanley - 6084		59,560	59,560
Morgan Stanley - 9932			`
UNITED STATES TREASURY NOTE	149,000	149,635	149,635
UNITED STATES TREASURY NOTE	344,000	345,786	345,786
UNITED STATES TREASURY NOTE	175,000	179,856	179,856
UNITED STATES TREASURY NOTE	163,000	170,691	170,691
UNITED STATES TREASURY NOTE	101,000	115,563	115,563
UNITED STATES TREASURY NOTE	136,000	137,895	137,895
UNITED STATES TREASURY NOTE	130,000	154,720	154,720
Total Morgan Stanley - 9932		1,254,146	1,254,146
Total U.S. Government Obligations		1,313,706	1,313,706

FORM 990-PF CORP	ORATE STOCK	STATEMENT	10
DESCRIPTION	BOOK VALUE	FAIR MARKE VALUE	er
STATE STREET BANK AND TRUST (#0634)	2,114,285.	2,114,2	285.
JOHN HANCOCK CLASSIC FUND (#8117)	0.		0.
FIDELITY DIVERSIFIED INTERNATIONAL (#5667) 1,543,699.	1,543,6	599.
MORGAN STANLEY (#6785)	1,835,146.	1,835,1	L46.
SPARTAN 500 INDEX FUND ADV CL (#5667			
MORGAN STANLEY (#6084)	21,236.		
PIMCO TOTAL RETURN (#8060)	467,761.		
PIMCO REAL RETURN (#8060)	569,806.	•	
PIMCO UNCONSTRAINED BOND	997,253.	•	
BLACK ROCK GLOBAL ALLOCATION	1,041,690.	•	
BLACK ROCK CAPITAL APPRECIATION FUND		• •	
TOTAL TO FORM 990-PF, PART II, LINE	10B 11,494,226.	11,494,2	226.

GREEN FAMILY FOUNDATION, INC. EIN: 20-4256553

LINE 10b - INVESTMENTS CORPORATE STOCK

	.		STATEMENT 10 Market	
T 11	Number	ъ		
Type and Name	Shares or	Book		
of Security	Principal	Value	Value	
Morgan Stanley - 6084 CIT GROUP INC NEW (CIT)	(00	21 227 00	21 22 6 00	
	609 _	21.236 00	21,236 00	
Total Morgan Stanley - 6084		21.236 00	21,236 00	
Morgan Stanley - 6785				
ALTERNATIVE INVESTMENTS - AIP AIPABSR	1,753	1,835,146 00	1,835,146 00	
Total Morgan Stanley - 6785		1,835,146 00	1,835,146 00	
State Street - 0634				
ACI WORLDWIDE INC COM	1,520	43,533 00	43,533 00	
AFC ENTERPRISES INC COM	2,370	43,071 00	43,071 00	
ALBANY INTL CORP CL A	1,400	32,368 00		
ALTRA HOLDINGS INC COM	3,040	57,243 00	57,243 00	
ANALOGIC CORP COM PAR \$0 05	760	43,563 00	43,563 00	
APPLIED INDL TECHNOLOGIES INC COM	1,250	43,963 00	43,963 00	
ASTEC INDS INC COM	1,250	40,263 00	40,263 00	
BRADY CORP CL A	800	25,256 00	25,256 00	
CANTEL MEDICAL CORP COM	1,100	30,723 00	30,723 00	
CORE MARK HOLDING CO INC COM	1,080	42,768 00	42,768 00	
DREW INDS INC COM NEW	1,650	40,475 00	40,475 00	
DUFF & PHELPS CORP NEW CL A	3,030	43,935 00	43,935 00	
EASTGROUP PPTY INC COM	1,230	53,480 00	53,480 00	
EMCOR GROUP INC COM	1,820	48.794 00	48,794 00	
FEI CO COM	2,050	83,599 00	83,599 00	
FIRSTMERIT CORP COM	3,350	50,686 00	50,686 00	
GLATFELTER COM	2,820	39,818 00	39,818 00	
HEXCEL CORP NEW COM	1,710	41,399 00	41,399 00	
HIGHWOODS PPTYS INC COM	680	20,176 00	20,176 00	
HORACE MANN EDUCATORS CORP NEW COM	3,080	42,227 00	42.227 00	
IBERIABANK CORP COM	1,055	52,012 00	52,012 00	
ICU MED INC COM	950	42,750 00	42,750 00	
INDEPENDENT BANK CORP MASS COM	1,850	50,487 00	50,487 00	
INVACARE CORP COM	1,080	16,513 00	16,513 00	
J & J SNACK FOODS CORP COM	890	47,419 00	47,419 00	
LANCASTER COLONY CORP COM	740	51,312 00	51,312 00	
LITTELFUSE INC COM	1,020	43,840 00	43,840 00	
MAIDENFORM BRANDS INC COM	1,700	31,110 00	31,110 00	
MATTHEWS INTL CORP CL A	1,270	39,916 00	39,916 00	
MGE ENERGY INC COM	1,050	49,108 00	49,108 00	
MID-AMER APT CMNTYS INC COM	790	49,414 00	49,414 00	
MINE SAFETY APPLIANCES CO COM	1,170	38,750 00	38,750 00	
MISTRAS GROUP INC COM	1,840	46,902 00	46,902 00	
PLEXUS CORP COM	1,350	36,963 00	36,963 00	
PORTLAND GEN ELEC CO COM NEW	1,970	49,821 00	49,821 00	
PROSPERITY BANCSHARES INC COM	1,160	46,806 00	46,806 00	
PROTECTIVE LIFE CORP COM	2,320	52,339 00	52,339 00	
ROSETTA RESOURCES INC COM	1,390	60,465 00	60,465 00	
SCANSOURCE INC COM	1,370	49,320 00	49,320 00	
SCHNITZER STL INDS CL A	870	36,784 00	36,784 00	
SCHULMAN A INC COM	1,270	26,899 00	26,899 00	
SENSIENT TECHNOLOGIES CORP COM	890	33,731 00	33,731 00	

GREEN FAMILY FOUNDATION, INC. EIN: 20-4256553 LINE 10b - INVESTMENTS CORPORATE STOCK

	Number		STATEMENT 10
Type and Name	Shares or	Book	Market
of Security	Principal	Value	Value
STANDARD MICROSYSTEMS CORP COM	1,390	35,820 00	35.820 00
SWIFT ENERGY CO COM	1,830	54,388 00	54,388 00
TAL INTL GROUP INC COM	1,060	30,517 00	30,517 00
TELEDYNE TECHNOLOGIES INC COM	870	47,719 00	47,719 00
UIL HLDG CORP COM	1,293	45,733 00	45,733 00
US ECOLOGY INC COM	2,750	51,645 00	51,645 00
WEST PHARMACEUTICAL SVSC INC COM	750	28,462 00	28,462 00
Total State Street - 0634	_	2,114,285 00	2,114,285 00
Fidelity - 5667			
FIDELITY DIVERSIFIED INTERNATIONAL	60,490	1,543,699 00	1,543,699 00
Total Fidelity - 5667		1,543,699 00	1,543,699 00
Spartan - 5667			
SPARTAN 500 INDEX FUND	39,980	1,778,731 00	1,778,731 00
Total Spartan - 5667		1,778,731 00	1,778,731 00
PIMCO - 8060 - Total Return			
PIMCO TOTAL RETURN	43,032	467,761 00	467,761 00
Total PIMCO - 8060 - Total Return		467,761 00	467,761 00
PIMCO - 8060 - Real Return			
PIMCO REAL RETURN	48,330	569,806 00	569,806 00
Total PIMCO - 8060 - Real Return	_	569,806 00	569,806 00
PIMCO - 8060 - Unconstrained Bond			
UNCONSTRAINED BOND	91,575	997,253 00	997,253 00
Total PIMCO - 8060 - Unconstrained Bond		997,253 00	997,253 00
Black Rock Global Allocation - Institutional Class - 4755			
BLACK ROCK GLOBAL ALLOCATION - INSTITUTIONAL CLASS	57,110	1,041,690 00	1,041,690 00
Total Black Rock Global Allocation - Institutional Class -4755	_	1,041,690 00	1,041,690 00
Black Rock Capital Appreciation Fund - Blk Class -4755			
BLACK ROCK CAPITAL APPRECIATION FUND - BLK CLASS	51,802	1,124,619 00	1,124,619 00
Total Black Rock Capital Appreciation Fund - Blk Class -4755	_	1,124,619 00	1,124,619 00
Total Corporate Stock	=	11,494.226 00	11,494,226 00

FORM 990-PF CORPORATE BONI	os	STATEMENT 11
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY (#6084) MORGAN STANLEY (#9932)	1,068,813.	1,068,813.
TOTAL TO FORM 990-PF, PART II, LINE 10C	1,806,480.	1,806,480.

STATEMENT 11

GREEN FAMILY FOUNDATION, INC. EIN: 20-4256553 LINE 10c - INVESTMENTS CORPORATE BONDS

	Number		
Type and Name	Shares or	Book	Market
of Security	Principal	Value	Value
Morgan Stanley - 6084			
GENERAL ELECTRIC CAPITAL CORP	100 000	103 294	103 294
SLM CORP	100 000	97 345	97 345
BEAR STEARNS CO INC/FLOATER	100 000	102,258	102,258
GOLDMAN SACHS GROUP INC	200,000	208,555	208 555
SLM CORP/FLOATER	100 000	96.080	96,080
DUPONT EI NEMOUR	50 000	56,120	56,120
MORGAN STANLEY	100,000	101,224	101,224
CIT GROUP INC	10 619	10 746	10,746
MORGAN STANLEY FLOATING RATE INFLATION LINKED NOTES	100,000	93 786	93,786
HONEYWELL INTERNATIONAL INC	50,000	58,945	58,945
CIT GROUP INC	17,698	17.874	17,874
CIT GROUP INC	24,778	24,879	24,879
PEPSICO INC	50,000	68,162	68,162
JP MORGAN MORTGAGE TRUST 2006 S2 1A5	200,000	29 545	29,545
Total Morgan Stanley - 6084	200,000	1 068 813	1,068 813
Morgan Stanley - 9932			
DIAGEO CAPITAL PLC	22,000	22,529	22,529
GENERAL ELECTRIC CO	22,000	23,385	23,385
HEWLETT PACKARD CO	7,000	7,304	7,30
ONEBEACON U.S. HLDG INC	8,000	8,282	8,28
CME GROUP INC .	22,000	23,939	23,939
WALGREEN CO	22,000	23,918	23,91
KROGER CO	20,000	23,043	23.04
HEWLETT-PACKARD CO	14,000	15,381	15,38
BERKSHIRE HATHAWAY INC	19,000	20,379	20,379
LAZARD GROUP LLC	23,000	24,907	24,90
TEVA PHARM FINANCE LLC	22,000	25 377	25,37
COMCAST CORP	23,000	25,522	25,52
DOMINION RESOURCES INC	20,000	20,246	20,24
THERMO FISHER SCIENTIFIC	20,000	20,558	20,55
AT&T INC	22,000	25,970	
ORACLE CORP	21,000	25,738	25,970
VEOLIA ENVIRONNEMENT			25,73
	15 000	16.708	16,70
ENTERPRISE PRODUCTS OPER	21 000	25 023	25,02
UNITED TECHNOLOGIES CORP	20,000	25,224	25,22
JP MORGAN CHASE CO	22,000	25,180	25.18
BARRICK AUSTRALIA FIN	21,000	23,792	23,79
NOVARTIS CAPITAL CORP	22,000	25,256	25,25
BECTON DICKINSON	20,000	20,801	20,80
TIME WARNER CABLE INC	20,000	20,850	20.85
VERIZON COMMUNICATIONS	23,000	26.228	26 22
MIDAMERICAN ENERGY HLDGS	22,000	26 613	26,61
WAI-MART STORES INC	21,000	29,527	29 52
SCHERING PLOUGH	19,000	26.854	26,85
SHELL INTERNATIONAL FIN	20,000	27,699	27,69
NEWMONT MINING CORP	24,000	28 791	28,79
CISCO SYSTEMS INC	24,000	29,974	29 97
ENERGY TRANSFER PARTNERS	23,000	22,669	
Total Morgan Stanley - 9932	23,000	737 667	22,669 737 66
Total Corporate Bonds			
rotal Corporate Dollas		1 806 480	1 806 486

FORM 990-PF	OTHER ASSETS	STATEMENT 12	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
DIVIDENDS RECEIVABLE	6,771.	2,978.	2,978.
TO FORM 990-PF, PART II, LINE 15	6,771.	2,978.	2,978

FORM 990-PF	OTHER LIABILITIES		STATEMENT	13
DESCRIPTION		BOY AMOUNT	EOY AMOUNT	1
DEFERRED COMPENSATION	_	30,277.	61,4	91.
TOTAL TO FORM 990-PF, PART II,	LINE 22	30,277.	61,4	91.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

14

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JEFFREY B. SCHEER, ESO. 507 PLUM STREET, SUITE 300 SYRACUSE, NY 13204

TELEPHONE NUMBER

(315) 471-8111

FORM AND CONTENT OF APPLICATIONS

FILLED OUT GRANT APPLICATION, DETAILED PROJECT BUDGET INCLUDING CONTINGENCY PLAN IF THE FUNDS ARE NOT RECEIVED, CURRENT BUDGET INCLUDING IN-KIND SERVICES AND VOLUNTEER HOURS, A LIST OF THE CURRENT BOARD OF DIRECTORS INCLUDING BUSINESS ADDRESSES AND OCCUPATIONS, THE MOST RECENT AUDITED FINANCIAL REPORT, AND A COPY OF THE ORGANIZATION'S 501(C)(3) DETERMINATION LETTER.

ANY SUBMISSION DEADLINES

GRANT APPLICATION BY AUGUST 31ST, FOUNDATION'S DECISION BY DECEMBER 31ST.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANT APPLICATIONS MUST BE CONSISTENT WITH THE FOUNDATION'S MISSION STATEMENT AND BE SUBMITTED FOR ONE OF THE FOLLOWING CATEGORIES:

- 1. CAPITAL FUNDING FOR A NEW OR REMODELED FACILITY;
- 2. CAPITAL OF SCHOLARSHIP FUNDING FOR COLLEGES AND UNIVERSITIES;
- 3. CAPITAL FUNDING FOR MEDICAL INSTITUTIONS;
- 4. CAPITAL OR START-UP FUNDING FOR EDUCATIONAL, CULTURAL, ARTISTIC AND OTHER SOCIAL SERVICE INITIATIVES; OR
- 5. CAPITAL, START-UP OR SCHOLARSHIP FUNDING FOR AFTER-SCHOOL, WEEKEND, OR SUMMER PROGRAMS FOR YOUTHS.

FORM 990-PF	OT	STATEMENT 15		
DESCRIPTION	BUS CODE	UNRELATED EXCL BUSINESS INC CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
SAFE HARBOR, INC PRIOR				45.000
YEAR GRANT RECOVERY TULLY HILL FOUNDATION -		-		15,000.
PRIOR YEAR GRANT RECOVERY SYRACUSE SYMPHONY ORCHESTRA - PRIOR YEAR				2,500.
GRANT RECOVERY				7,000.
TOTAL TO FORM 990-PF, PG 12	, LN 11			24,500.

Green Family Foundation, Inc.

TIN: 20-4256553

Attachment to Form 990-PF

Part VII-B

Question 1a (5) and 1b

The Organization has answered yes to both questions.

During 2012 it came to the attention of the Board of Directors that an act of self-dealing had transpired in 2010 and 2011. Corrective action was taken and Form 4720 - Return of Certain Excise Taxes under Chapters 41 and 42 of the Internal Revenue Code has been prepared and is being filed to properly report and pay in the excise tax due on the act of self-dealing under Section 4941(a)(1) and 4941(a)(2).

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2012)

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).		
Do not co	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed For	rm 8868	
	c filing (e-file). You can electronically file Form 8868 if					corporation
	o file Form 990-T), or an additional (not automatic) 3-mo					
	file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in par					
	.irs.gov/efile and click on e-file for Charities & Nonprofits		(see instructions). For more details (on the elec	tronic filing of	this form,
Part I			submit original (no conice no	- d - d\		
	Automatic 3-Month Extension of Time				·	
	tion required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and	complete		. —
Part I only						
	corporations (including 1120-C filers), partnerships, REN ome tax retums	fICs, and t	trusts must use Form 7004 to reques	t an exten	sion of time	
Type or	Name of exempt organization or other filer, see instru	ictions		Employer	r identification	number (EIN) or
print	The state of the s	.000		Employer identification number (EIN) or		
p	GREEN FAMILY FOUNDATION, I	NC.		X	20-425	CEE 2
File by the					20-425	
due date for filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruc	ctions.	Social se	cunty number	(SSN)
return See	9726 53RD DR E			<u></u>		
instructions	City, town or post office, state, and ZIP code. For a form	oreign add	dress, see instructions.			
	BRADENTON, FL 34211-3760					
						
Enter the I	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
	· ·					
Application	on	Return	Application	,		Return
Is For		Code	is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-		02	Form 1041-A		-	08
Form 990-		01	Form 4720	-		
Form 990-		04				09
			Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069		 -	11
Form 990-	T (trust other than above)	<u> 06</u>	Form 8870			12
	DONALD GREEN,					
	oks are in the care of \triangleright 9726 53RD DR.	<u> E – B.</u>		<u>-3760</u>		
Telepho	one No ▶ <u>(941)538-4013</u>		FAX No.			
	rganization does not have an office or place of busines					>
If this is	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is fo	r the whole gro	up, check this
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	f all memb	ers the extens	on is for.
1 I rec	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		
	AUGUST 15, 2012 , to file the exemp	t organiza	ation return for the organization name	ed above	The extension	
ıs fo	or the organization's return for:	•	•			
	X calendar year 2011 or					
.	tax year beginning	an	nd ending			
, -					_	
2 If the	e tax year entered in line 1 is for less than 12 months, o	shock rose	son. Initial return	Final retur	_	
2 ""	¬	JI IOUN ICAS	initial return	rinai retur	11	
_	Change in accounting period					
				, , ,	_ 	
3a If thi	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
noni	refundable credits. See instructions.			3a	\$	4,200.
b If thi	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
estir	mated tax payments made. Include any prior year over	payment a	illowed as a credit.	3b	\$	9,600.
	ance due. Subtract line 3b from line 3a. Include your pa					
	ising EFTPS (Electronic Federal Tax Payment System)	-	· · · · · · · · · · · · · · · · · · ·	3c	s	0.
	f you are going to make an electronic fund withdrawal	-			EO for paymen	
<u>vauivii, i</u>	1 100 are going to make an electronic folio will foliawal	inin ining F	Sim Sood, age i dilli 6400 EO and Fi	<u> </u>	_o ioi paymen	a mistructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)						Page 2	
If you are filing for an Additional	(Not Automatic) 3-Month Ext	ension, c	omplete only Part II and check this	box		► X	
			3-month extension on a previously fi		8868.		
If you are filing for an Automatic	3-Month Extension, complet	e only Pa	rt I (on page 1).				
Part II Additional (Not	Automatic) 3-Month Ex	ctension	of Time. Only file the origin	al (no co	opies r	needed).	
			Enter filer's	dentifvir	a numb	er, see instructions	
Type or Name of exempt organi	zation or other filer, see instruc	ctions				ation number (EIN) or	
print				,			
l				X	X 20-4256553		
a dua to			Social se	ocial security number (SSN)			
				ouncy me			
	e, state, and ZIP code. For a fo	reign add	ress see instructions				
	34211-3760	, o.g., aaa	roos, see manastoria				
Enter the Return code for the return	a that this application is for file	a conara	to application for each return)			0 4	
Enter the netam code for the retain	That this application is for the	asepaia	re application for each return)			<u> </u>	
Application		Return	Application			Return	
ls For		Code	Is For			Code	
Form 990		01	IS FOI			Code	
Form 990-BL		02	Form 1041-A			08	
Form 990-EZ		01	Form 4720			08	
Form 990-PF		04	Form 5227			10	
	n (a+)	05	Form 6069				
Form 990-T (sec. 401(a) or 408(a) tr		06	Form 8870			11	
Form 990-T (trust other than above)				i a con la catala	. d F	12	
STOP: Do not complete Part II II y	DONALD GREEN, T		natic 3-month extension on a prev TR ਜਾਲ	lously me	eu Form	0000.	
• The backs are in the care of •			RADENTON, FL 34211	_3760			
Telephone No. (941)5:			FAX No. ▶	3700			
If the organization does not have		our the Lie				_	
			emption Number (GEN) . I	f thin in fo	r tha wh		
	group, check this box	1	ich a list with the names and EINs o				
4 I request an additional 3-mon			BER 15, 2012	all memi	ers trie	extension is for	
5 For calendar year 2011, o		.TO V LIFE		_			
		haak raas	, and endin	Final i		· · · · · · · · · · · · · · · · · · ·	
	5 is for less than 12 months, c	neck reas	on: L. Initial return L	Finai i	etum		
7 State in detail why you need	•					•	
• •	E IS REQUIRED TO	COM	PILE THE INFORMATI	ON NE	CECC	ARY TO	
	E AND ACCURATE I			ON INE	CESS	ART 10	
TIEB A COMIDEIL	- MAD ACCORDED I	.CDIOIC					
8a If this application is for Form	000 BL 000 BE 000 T 4720	or 6060 .c	enter the tentative tax, less any		Τ		
nonrefundable credits. See in		UI 0005, E	the the teritative tax, less any	00	s	4,200.	
		ontor on	refundable credits and estimated	8a	 3	4,200	
• •		-					
•	any pnor year overpayment all	lowed as	a credit and any amount paid		1	9,600.	
previously with Form 8868.	District Co. Include vision of		4b 4b - 6	8b	\$	5,000	
	, ,	•	th this form, if required, by using		_	0 .	
	Signature and Verificat		st be completed for Part II	8c	\$		
	-/		•	-	of mustices	windon and halins	
under penalties of perjury, I declare tha it is true, correct, and conjuglete, and tha	at Paw examined this form, includ at Pam authorized to prepare this fo	iiig accom orm.	panying schedules and statements, and t	u ine dest (и шукпо	wieuge and Dellet,	
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Signature	Title >			Date		11/1	
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