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Department of the Treasury Internal Revenue Service

SCANNED MAY 2 3 2013

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

Open to Public Inspection

		nendar year 2012 or tax year beginning			, 2012,	and endi	ng		, 20
		of foundation					A	Employer identif	
_		GREEN FAMILY FOUNDATION		 	-			59-721837	
	Numb	per and street (or P O box number if mail is not deliver	ed to street ac	ldress)		Room/suit	e B	•	er (see instructions)
	206	1 CCOMM MILL LAND						(90	04) 281-0600
_		1 SCOTT MILL LANE or town, state, and ZIP code						<u>.</u>	
-	City C	- Code						If exemption applica	etion is
	.TAC	KSONVILLE, FL 32223					ľ	pending, check here	ation is
_		eck all that apply Initial return		Initial catura	of a former n	ممطم مباطن			, []
G	Cite	Final return		Amended ref	of a former p	ublic char	יין איי	Foreign organiza	
		Address change		Name chang				2 Foreign organiza 85% test, check I	
Н	Che	eck type of organization X Section 501						computation .	▶ □□
Ϊ	\neg	Section 4947(a)(1) nonexempt charitable trust			oundation ivate foundat	ion	E	•	n status was terminated
1				ethod X Ca				•	o)(1)(A), check here .
•			Other (spe		2311 /\cc	, dai			in a 60-month termination (1)(1)(B), check here
				d) must be on	cash basis)			under section sorto	(1)(b), creck riese
		Analysis of Revenue and Expenses (The		venue and			l		(d) Disbursements
		total of amounts in columns (b), (c), and (d)	(4).10	nses per	(b) Net inve		(c) A	Adjusted net	for charitable
		may not necessarily equal the amounts in column (a) (see instructions))		ooks	ıncom	e		income	purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule) .		168,000.	-		_		
	2	Check If the foundation is not required to attach Sch B							
	3	Interest on savings and temporary cash investments							· <u> </u>
	4	Dividends and interest from securities		44,648.	4	4,648.			ATCH 1
	5 a	Gross rents							
	b	Net rental income or (loss)							
ne		Net gain or (loss) from sale of assets not on line 10		40,584.					
Revenue	, b	b Gross sales price for all 323, 433 assets on line 6a							
Ze v	7	Capital gain net income (from Part IV, line 2) .			4	0,584.			
_	8	Net short-term capital gain							
	9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·							
		and allowances · · · ·	<u> </u>					-	
		Less Cost of goods sold .						_	
		Gross profit or (loss) (attach schedule)		3,279.		3,279.			
	11	Other income (attach schedule) ATCH, 2		256,511.		8,511.			
_	12	Total. Add lines 1 through 11	 	0		-, 511.			
	13 14	Compensation of officers directly firsteen 40 . Other employee salaries and wages .							
ses	15	Pension plans, employee benefit 15.		-		+			
en	16 a	Pension plans, employee benefits 13						-	
Ĕ	ь	Accounting Tales (attach schedule APCH 3		1,200.					600
Ve.	c	Other professional res area schedule)		· -					
Tati	17	Interest			•	-			
ist	18	Taxes (attach schedule) (see instructions) ATCH 4		1,491.		570.			
Ë	19	Depreciation (attach schedule) and depletion							
Adr	20	Occupancy							
ρ	21	Travel, conferences, and meetings		-					
ā	22	Printing and publications							
ting	15 16 a b c 17 18 19 20 21 22 23 24	Other expenses (attach schedule) ATCH . 5		4,154.		3,844.			310
e La	24	Total operating and administrative expenses.							
ď		Add lines 13 through 23		6,845.		4,414.			910
	25	Contributions, gifts, grants paid		97,000.					97,000
_	26	Total expenses and disbursements Add lines 24 and 25		103,845.		4,414.		C	97,910
	27	Subtract line 26 from line 12			· · · · ·				
		Excess of revenue over expenses and disbursements		152,666.					
Ì	b	Net investment income (if negative, enter -0-)			84	4,097.			
	С	Adjusted net income (if negative, enter -0-).	1						l

F	art I	Balanco Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	En	d of year
	artii	Dalance Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ing	16,286.	18,690	18,690
	2		cash investments	130,169.	132,948	132,948
	3	Accounts receivable			<u> </u>	
		Less allowance for doul	btful accounts ▶			
	4					
		Less allowance for doub	btful accounts ▶			
	5					
	6		officers, directors, trustees, and other			
			tach schedule) (see instructions)			
	7		receivable (attach schedule)		 -	
			btful accounts ▶			
S	8		e		- -	
ssets	9	Prenaid expenses and di	eferred charges			-
As	10 a		e government obligations (attach schedule)			
			stock (attach schedule) ATCH 6	1,501,486.	1,319,130	1,503,046
			bonds (attach schedule) ATCH 7		300,000	
	11	Investments - corporate Investments - land, buildings and equipment basis Less accumulated deprecia (attach schedule)	s, >		300,000	301,133
	12 13 14	Investments - mortgage Investments - other (atta Land, buildings, and equipment basis	loans			
		Less accumulated deprecia (attach schedule)	tition >			
	15	Other assets (describe	ATCH 8		29,839	29,839
	16	Total assets (to be	completed by all filers - see the			
		instructions Also, see pa	age 1, item I)	1,647,941.	1,800,607	1,992,262
	17		ccrued expenses			
	18	a				7
S	19					_
Liabilities	20		rs, trustees, and other disqualified persons		_	=
abil	21		ites payable (attach schedule)			7
Ë	22		; ►)			7
			'			7
	23	Total liabilities (add line	s 17 through 22)	o		o
			low SFAS 117, check here			7
"			24 through 26 and lines 30 and 31.			
ce	24					İ
lan	25				 .	ㅓ
Ва	26				·	-
pu	20					\dashv
Ī			not follow SFAS 117, plete lines 27 through 31. ► X			
٥	27					
Net Assets or Fund Balances	28		cipal, or current funds			-
SS	20		land, bldg , and equipment fund	1,647,941.	1,800,607	.
t A	29		lated income, endowment, or other funds !	1,647,941.	1,800,607	
Š	30 31		1,000,007	-		
	31		net assets/fund balances (see	1,647,941.	1,800,607	,
	out H		nges in Net Assets or Fund E		1,800,007	<u> </u>
_						7
1			alances at beginning of year - Part			1 647 041
2			d on prior year's return)			1,647,941.
		r amount from Part I, I				152,666.
			ed in line 2 (itemize) ►			1 000 000
		lines 1, 2, and 3				1,800,607.
		eases not included in l			5	1 222 22
6_	rotal	net assets or fund ba	llances at end of year (line 4 minus l	ine 5) - Part II, column (b)	line 30 6	1,800,607.

2-story brice 1a SEE PART IV SCHEDU b c d e (e) Gross sales price a b c d e	describe the kind(s) of property sold (esk warehouse, or common stock, 200 sULE (f) Depreciation allowed (or allowable)	- ·	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr) (h) Gain or (lo (e) plus (f) minu	
b c d e (e) Gross sales price a b c d e	(f) Depreciation allowed	1			
c d e (e) Gross sales price a b c d e	(f) Depreciation allowed (or allowable)	1			
d e (e) Gross sales price a b c d e	(f) Depreciation allowed (or allowable)	1			
e (e) Gross sales price a b c d e	(f) Depreciation allowed (or allowable)	1			
(e) Gross sales price a b c d e	(f) Depreciation allowed (or allowable)	1			
a b c d e	(f) Depreciation allowed (or allowable)	1			
b c d				(-) E (1) 111111	ıs (g)
c d e					
d e					
е	,				
Complete only for assets sh					
	nowing gain in column (h) and owned	d by the foundation on 12/31/69	(1)	Gains (Col (h) g	aın mınus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	col	(k), but not less t Losses (from co	
а					
b					
С					
d					
e					-
Capital gain net income or (n	let capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		40,584.
· · · · · · · · · · · · · · · · · · ·	or (loss) as defined in sections 12. I, line 8, column (c) (see instr	(22(5) and (6) ructions) If (loss), enter -0- in			
Part I, line 8	<u></u>	<u> J</u>	3		0
Part V Qualification Un	ider Section 4940(e) for Rec	duced Tax on Net Investment I	ncome		
	e section 4942 tax on the distrib ot qualify under section 4940(e)	outable amount of any year in the b	ase period	qs	Yes X No
	<u> </u>	, see the instructions before making	any entr	196	
(a)			any enu	(d)	
Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	col (c))
2011	76,474.	1,729,824.	ļ		0.044209
2010	68,391.	1,483,462.			0.046102
2009_	24,600.	1,151,264.			0.021368
2008	4,000.	1,090,472.			0.003668
2007	52,600.	963,497.	<u> </u>		0.054593
2 Total of line 1, column (d)			2		0.169940
_	- · · · · · · · · · · · · · · · · · · ·	the total on line 2 by 5, or by the than 5 years	3		0.033988
	naritable-use assets for 2012 from	m Part X, line 5	4	1,	887,944.
Enter the net value of nonch					64,167.
			5	· · · · · · · · · · · · · · · · · · ·	07,10/.
Multiply line 4 by line 3			6		841.
Multiply line 4 by line 3 6 Enter 1% of net investment	income (1% of Part I, line 27b)				

Paŕ	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	struc	tions)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	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		8	341.
`	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2		8	341.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		_	0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		8	341.
6	Credits/Payments			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 856.			
	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		8	356.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			15.
11	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ 15. Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No X
	or intervene in any political campaign?	1a		_^
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			Х
	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	4.		х
	Did the foundation file Form 1120-POL for this year?	1c		
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\bigsim \text{\$\sum_{\text{\tin}\text{\texi\texi{\text{\text{\texi{\text{\text{\text{\texi\texi{\texi\text{\texi{\texi{\te			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
•	foundation managers > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
_	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		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X_
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			
	with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) FL,			
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			v
	addresses	10		Х

Pai	t VII-A	Statements Regarding Activities (continued)			
11		time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
		of section 512(b)(13)? If "Yes," attach schedule (see instructions	11		<u> </u>
12	•	foundation make a distribution to a donor advised fund over which the foundation or a disqualified ad advisory privileges? If "Yes," attach statement (see instructions)	12		х
13	Did the	oundation comply with the public inspection requirements for its annual returns and exemption application?		Х	
14			-055	1	
1-4	Located	s are in care of NANCY HANNA Telephone no 904-288 2961 SCOTT MILL LANE JACKSONVILLE, FL ZIP+4 32223 2947(a)(1) nonexempt charitable trusts flung Form 990-PF in lieu of Form 1041 - Check here			
15	Ocollon	947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	
16		time during calendar year 2012, did the foundation have an interest in or a signature or other authority		Yes	No
		nk, securities, or other financial account in a foreign country?	16	163	X
		instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of	10		
		in country			
Par		Statements Regarding Activities for Which Form 4720 May Be Required			
		m 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 2		e year did the foundation (either directly or indirectly)		163	110
ıa	-	ge in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
		by money from, lend money to, or otherwise extend credit to (or accept it from) a			
		allified person?			
		sh goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
		compensation to, or pay or reimburse the expenses of, a disqualified person?	1		
		ofer any income or assets to a disqualified person (or make any of either available for			
		enefit or use of a disqualified person)?			
		e to pay money or property to a government official? (Exception Check "No" if the			
		dation agreed to make a grant to or to employ the official for a period after			
		nation of government service, if terminating within 90 days)			
b		iswer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
		3 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
		tions relying on a current notice regarding disaster assistance check here			
c		foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
		corrected before the first day of the tax year beginning in 2012?	1c		Х
2		failure to distribute income (section 4942) (does not apply for years the foundation was a private			
		foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the e	nd of tax year 2012, did the foundation have any undistributed income (lines 6d and			
	6e, Part	KIII) for tax year(s) beginning before 2012?			
		ist the years			
b	Are ther	e 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	isted, answer "No" and attach statement - see instructions)	2b		
С	If the pro	visions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶	·			
3 a	Did the f	oundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any tir	ne during the year?			
b		did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or			
	disqualif	ed persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
		ioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-	15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation	n had excess business holdings in 2012)	3b		
4 a		oundation 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			
	charitabl	e purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		X

Fal	ft VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	i ired (contir	nued)				
5 a	During the year did the foundation pay or incur any amou	nt to							
	(1) Carry on propaganda, or otherwise attempt to influer	nce legislation (section	1 4945(e))?	. Yes	X No				
	(2) Influence the outcome of any specific public ele	ction (see section 4	1955), or to carry o	n,					
	directly or indirectly, any voter registration drive?			. Yes	X No				
	(3) Provide a grant to an individual for travel, study, or ot	her sımılar purposes?		. Yes	X No				
	(4) Provide a grant to an organization other than a	charitable, etc., org	anization described	ın					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5	see instructions)		. Yes	X No				
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational								
	purposes, or for the prevention of cruelty to children or animals?								
b	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in								
	Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?								
	Organizations relying on a current notice regarding disaster assistance check here								
С	If the answer is "Yes" to question 5a(4), does the	foundation claim ex	emption from the ta	ax		_			
	because it maintained expenditure responsibility for the gi	rant?		. Yes	No	1			
	If "Yes," attach the statement required by Regulations sec								
6 a	Did the foundation, during the year, receive any fund	ds, directly or indire	ctly, to pay premiun	ıs					
	on a personal benefit contract?	•			X No				
b	Did the foundation, during the year, pay premiums, direct					. 6ь	Х		
	If "Yes" to 6b, file Form 8870								
7 a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes	X No				
b	If "Yes," did the foundation receive any proceeds or have	e any net income attril	butable to the transaction	on?		. 76			
Par	rt VIII Information About Officers, Directors	, Trustees, Foun	dation Managers	Highly Pai	d Employ	ees,			
1	and Contractors List all officers, directors, trustees, foundation n	nanagers and their	r compensation (see	instruction					
•		(b) Title, and average	(c) Compensation	(d) Contribu	tions to	(e) Expens	e account		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee ben and deferred co	efit plans mpensation	other all			
ATC	CH 9		(q		0		
				1					
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on lin			s). If no	one, enter		
2 (a)	Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week	se included on lin	(d) Contribu	itions to benefit	(e) Expens	e account,		
2 (a)	"NONE."	(b) Title, and average		(d) Contribu	tions to benefit eferred		e account,		
2 (a)	"NONE." a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	tions to benefit eferred	(e) Expens	e account,		
2 (a)	"NONE."	(b) Title, and average hours per week		(d) Contribu employee plans and d	tions to benefit eferred	(e) Expens	e account,		
2 (a)	"NONE." a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	tions to benefit eferred	(e) Expens	e account,		
2 (a)	"NONE." a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	tions to benefit eferred	(e) Expens	e account,		
(a)	"NONE." a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	tions to benefit eferred	(e) Expens	e account,		
2 (a)	"NONE." a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	tions to benefit eferred	(e) Expens	e account,		
(a)	"NONE." a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	tions to benefit eferred	(e) Expens	e account,		
(a)	"NONE." a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	tions to benefit eferred	(e) Expens	e account,		
(a)	"NONE." a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	tions to benefit eferred	(e) Expens	e account,		
(a)	"NONE." a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contribu employee plans and d	tions to benefit eferred	(e) Expens	e account,		

Form 990-PF (2012) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE 0 Total number of others receiving over \$50,000 for professional services Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE All other program-related investments. See instructions 3 NONE

Page 8

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundations,	
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	1,488,970.
b	Average of monthly cash balances	1b	187,975.
С	Fair market value of all other assets (see instructions)	1c	239,749.
d	Total (add lines 1a, b, and c)	1d	1,916,694.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	1,916,694.
4	Subtract line 2 from line 1d		
-		4	28,750.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,887,944.
6	Minimum investment return. Enter 5% of line 5	6	94,397.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		31,037.
	foundations and certain foreign organizations check here \blacktriangleright and do not complete this p	part)	
1	Minimum investment return from Part X, line 6		94,397.
		•	
b	Tax of the section of		
-	Add lines to and the	2-	841.
	Distributable amount before adjustments Subtract line 2c from line 1	2c 3	93,556.
3 4			75,550.
	Recoveries of amounts treated as qualifying distributions	5	93,556.
5		6	93,330.
6	Deduction from distributable amount (see instructions)	-6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	_	02 556
_	line 1	7	93,556.
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	97,910.
b		1b	
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	97,910.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		<u> </u>
-	Enter 1% of Part I, line 27b (see instructions)	5	841.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	97,069.
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when cal		
	qualifies for the section 4940(e) reduction of tax in those years	January Wilchie	. The realisation

	n 990-PF (2012)				Page 9
Pa	rt XIII Undistributed Income (see instru	ictions)			
1	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
	line 7				93,556.
2	Undistributed income, if any, as of the end of 2012				
а	Enter amount for 2011 only			82,061.	_
b	Total for pnor years 20 10 ,20 09 ,20 08				
3	Excess distributions carryover, if any, to 2012				
а	From 2007				
b	From 2008				
c	From 2009				
d	From 2010				
	From 2011				
f	Total of lines 3a through e				
4	Qualifying distributions for 2012 from Part XII,				
	line 4 ▶ \$97,910.				
а	Applied to 2011, but not more than line 2a	· · · · · · · · · · · · · · · · · · ·		82,061.	
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
ď	Applied to 2012 distributable amount	==			15,849.
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2012 (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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract line 4b from line 2b				
С	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				
е	Undistributed income for 2011 Subtract line				
	4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2012 Subtract lines				
•	4d and 5 from line 1 This amount must be				77,707.
_	distributed in 2013				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)				
9					•
3	Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9				
а	Excess from 2008				
b	Excess from 2009		İ		
С	Excess from 2010				
d	Excess from 2011				
е	Excess from 2012				

JSA 2E1490 1 000

Form 990-PF (2012)				Page 11
Part XV Supplementary Information (continued)			
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or Appi	roved for I	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Alliount
a Paid during the year				
ATCH 10				
		ĺ		
		1		
		}	1	
Total		<u> </u>	▶ 3a	97,000
b Approved for future payment	<u> </u>	<u></u>	Ja	3,7000
b ripproved for fatare payment				
		1		
Total			▶ 3b	
				222.25

Unrelated business income

Excluded by section 512, 513, or 514

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

(e)

1 Program	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_						
_						
d				 		
е				1		
f _						
g Fees	and contracts from government agencies					
2 Membe	ership dues and assessments					
	on savings and temporary cash investments					
	ds and interest from securities			14	44,648.	
	ital income or (loss) from real estate			 		
	ot-financed property			-		
	debt-financed property			 	· -	
	nvestment income			01	3,279.	
	(loss) from sales of assets other than inventory			18	40,584.	
	ome or (loss) from special events				, , , , , ,	
	profit or (loss) from sales of inventory.		,		,	
	evenue a					
d						
е					20.511	
					88,511.	
2 Subtota 3 Total. A See works Part XV		ulations) to the Ac	complishment of Ex	empt Purp	oses	
12 Subtota 13 Total. A See works	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calc	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
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12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
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12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	uted importantly to th
12 Subtota 13 Total. A See works Part XV Line No.	cheet in line 13 instructions to verify calculated Relationship of Activities Explain below how each activity	ulations) to the Ac	complishment of Ex	empt Purp n column (e	oses	

Form 99	<u>`</u>		THE GREE							59-721			ge 1 :
Part	XVII	Information R Exempt Orga		ansfers	з То а	nd Tran	sactio	ons an	nd Relation	ships With Non	chari	itable	.
, II	n sect	e organization direction 501(c) of the Co					_					Yes	No
	-	zations?										ļ	
		ers from the reportir	-				-						
		sh									1a(1)	<u> </u>	X
(2) Oth	ner assets									1a(2)		X
		transactions											
(Sal 	les of assets to a no	ncharitable exe	mpt orga	ınızatıoı	n					1b(1)		X
(2) Pui	rchases of assets fro	om a noncharita	able exen	npt org	anization .					1b(2)		Х
(:	Re	ntal of facilities, equ	ipment, or other	rassets .							1b(3)	<u> </u>	Х
(-	4) Re	ımbursement arrang	ements								1b(4)	<u> </u>	Х
(:	5) Loa	ans or loan guarante	es								1b(5)	<u> </u>	Х
		rformance of service									1b(6)	<u> </u>	Х
c S	Sharin	g of facilities, equipr	nent, mailing lis	sts, other	assets	s, or paid e	mploye	es			1c		X
		answer to any of th											
		of the goods, other											
	alue i	n any transaction o	r sharing arran	gement,	show	ın column	(d) the	e value	of the goods	s, other assets, or s	ervice	s rec	eivec
(a) Line	no	(b) Amount involved	(c) Name of r	noncharital	ble exem	pt organizatio	ın İ	(d) Des	scription of trans	fers, transactions, and sha	nng arra	angeme	nts
		N/A						N/A					
													
				-					•				
	Γ									_			
												•	
		···							•				
				•									
d	escrib	foundation directly ped in section 501(c)) of the Code (o						-	t organizations		es X	No
<u> </u>	165	" complete the follo (a) Name of organization		<u></u>	/b) Typ	e of organiza	ntion			(c) Description of relation	chin		
N/A		(a) Name of Organization			(0) 199	e or organiza				(c) Description of relation	мр		
													
						<u> </u>							
	T.,,,,,												
Sign	correc	penalties of penury, I declar t, and complete Declaration o	are that I have exami	ineo this ret taxpayer) is b	ased on al	iding accompa Il information o	nying sche fwhich pr	equies and eparer has	any knowledge	to the best of my knowled	je and t	oeliet, il	is tru
_				1	. <	19/1		T		May the IR:	S discus	s this	retum
Here	<u> </u>	July ,		<u> </u>	9				1 1stee		reparer		below
	Sign	nature of officer of frustee			Date	•	7	Tit le		(see instruction	15)? X	Yes]N
		Print/Type preparer's	name	Dron	arer's s	ignature			Date		PTÍN		
Paid		l ''		Lieb	00	la-			5/8/1			0274	1 /
Prepa	arer	JAMIE DO	STATE COMP	JANIV S	<u> </u>	- -			1-1-11-	self-employed	9030 P002		: 4

Form 990-PF (2012)

904-652-2230

Firm's EIN ▶ 20-3903040

Phone no

32256

Firm's name HEINZ & COMPANY, LLP.

Use Only Firm's address > 7545 CENTURION PARKWAY, SUITE 206 JACKSONVILLE,

FL

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization		Employer identification number					
THE GREEN FAMILY FOUN	DATION	59-7218371					
Organization type (check one)		03 /210011					
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private fou	indation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundat	aon					
	501(c)(3) taxable private foundation						
General Rule	(8), or (10) organization can check boxes for both the General Rule and a S						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or e contributor Complete Parts I and II	or more (in money or					
Special Rules							
under sections 509(a)	o) organization filing Form 990 or 990-EZ that met the 33 1/3 % support to (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 00 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form	e year, a contribution of					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III							
during the year, contri not total to more than year for an exclusively applies to this organiza	(i), (8), or (10) organization filing Form 990 or 990-EZ that received from a butions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the \$1,000 If this box is checked, enter here the total contributions that were religious, charitable, etc., purpose. Do not complete any of the parts unless ation because it received nonexclusively religious, charitable, etc., contributions.	ese contributions did be received during the sist sthe General Rule butions of \$5,000 or					
Caution. An organization that is 990-EZ, or 990-PF), but it must a	not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2 of its Form 990, or check the box on line H to certify that it does not meet the filing requirements of Schedule B (Form	chedule B (Form 990, of its Form 990-EZ or on					

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) (2012)

Name of organization THE GREEN FAMILY FOUNDATION

Employer identification number 59-7218371

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	ALAN & PAMELA GREEN 2961 SCOTT MILL LANE JACKSONVILLE, FL 32223	\$168,000.	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 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)	

Employer identification number

59-7218371

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is nee	eded
(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
		\$	
	<u> </u>	<u> </u>	<u> </u>

Employer identification number

59-7218371

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry				
•	For organizations completing Part III, econtributions of \$1,000 or less for the	enter the total of <i>exci</i>	lusively religious, c	haritable, etc ,	
	Use duplicate copies of Part III if addition	onal space is neede	d		
(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, a	nd ZIP + 4	Relatio	nship 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				
	Transferee's name, address, and ZIP + 4 Relatio				
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship 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				
	Transferee's name, address, and ZIP + 4 Related		nship of transferor to transferee		
	Transferee 5 name, address, an	THE PART OF THE PA	Kelatio	nomp of transferor to bandieroe	
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
Part !					
		(e) Transf	er or gιπ		
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee	
		-			

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PE,

NET INVESTMENT INCOME	44,573. 75.	44,648.
REVENUE AND EXPENSES PER BOOKS	44,573.	44,648.
		TOTAL
DESCRIPTION	DIVIDEND INCOME - U.S. TRUST INTEREST INCOME - U.S. TRUST	

ATTACHMENT 1 PAGE 20

FORM 990PF,

- OTHER INCOME

PART I

DESCRIPTION
U.S. TRUST - OTHER INCOME

REVENUE AND EXPENSES PER BOOKS

NET INVESTMENT INCOME 3,279.

3,279.

ATTACHMENT 2 PAGE 21

ATTACHMENT 3 PAGE 22

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FORM 990PF, PART I - ACCOUNTING FEES

		REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET	CHARITABLE
DESCRIPTION		PER BOOKS	INCOME	INCOME	PURPOSES
ACCOUNTING FEES		1,200.			.009
	TOTALS	1,200.			.009

THE GREEN FAMILY FOUNDATION

AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

570.

1,491.

TOTALS

FOREIGN TAX PAID EXCISE TAX

DESCRIPTION

ATTACHMENT 4 PAGE 23

	TOTS
	FOR
FEES	- TOYS
DESCRIPTION INVESTMENT	CHARITABLE

REVENUE	AND	EXPENSES	PER BOOKS	3,844.	310.

NET

INVESTMENT	INCOME 3,844.	
ES S	3,844. 310.	

TOTALS

CHARITABLE PURPOSES	
------------------------	--

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310.

59-7218371

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

CORPORATE STOCKS

ENDING BOOK VALUE

ENDING FMV

1,319,130.

1,503,046.

TOTALS

1,319,130.

1,503,046.

70947I 765G 5/7/2013 12:56:20 PM

59-721837i

DESCRIPTION

ENDING BOOK VALUE

ENDING FMV

307,739.

CORPORATE BONDS

TOTALS

300,000.

300,000.

307,739.

70947I 765G 5/7/2013 12:56:20 PM

- OTHER ASSETS FORM 990PF, PART II

DESCRIPTION

DIVIDENDS RECEIVABLE

BOOK VALUE ENDING

ENDING FMV

29,839.

29,839.

TOTALS

29,839.

29,839.

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ALAN J. GREEN 2961 SCOTT MILL LANE JACKSONVILLE, FL 32223	TRUSTEE 1.00	0	0	0
PAMELA L. GREEN 2961 SCOTT MILL LANE JACKSONVILLE, FL 32223	TRUSTEE 1.00	0	0	0
NANCY L. HANNA 2961 SCOTT MILL LANE JACKSONVILLE, FL 32223	TRUSTEE 1.00	0	0	0
	GRAND TOTALS	0	0	0

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
ST. JOHNS RIVERKEEPER 2800 UNIVERSITY BLVD. N JACKSONVILLE, FL 32211	N/A 501(C)(3)	GENERAL FUND	5,000.
HOPE HAVEN CHILDREN'S CLINIC 4600 BEACH BOULEVARD JACKSONVILLE, FL 32207	501(C)(3)	GENERAL FUND	5,000.
JACKSONVILLE HUMANE SOCIETY 8464 BEACH BLVD JACKSONVILLE, FL 32216	501(C)(3)	GENERAL FUND	5,000.
HUBBARD HOUSE 8012 LEM TURNER ROAD JACKSONVILLE, FL 32208	501(C)(3)	GENERAL FUND	7,500.
CHILDREN'S HOME SOCIETY OF FLORIDA 1485 S SEMORAN BLVD., SUITE 1448 WINTER PARK, FL 32792	501(C)(3)	GENERAL FUND	2,500.
SALVATION ARMY OF NE FLORIDA 328 N. OCEAN STREET JACKSONVILLE, FL 32202	501(C)(3)	GENERAL FUND	2,500.

59-7218371

ATTACHMENT 10 (CONT'D)

	I
YEAR	
THE	
DURING	
PAID	
CONTRIBUTIONS	
AND	
GRANIS	
1	ı
×	ı
PART	
990PF.	
FORM	

SUBSTANTIAL CONTRIBUTOR AND STATUS OF RECIPIENT AMOUNT	GENERAL FUND 2,500.	GENERAL FUND	GENERAL FUND 5,000.	GENERAL SUPPORT 2,500.	GENERAL SUPPORT 5,000.	GENERAL SUPPORT
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	N/A 501(C) (3)	501(C)(3)	N/A 501(C)(3)	N/A 501(C)(3)	N/A 501(C)(3)	N/A 501(C)(3)
RECIPIENT NAME AND ADDRESS	SAFE PET RESCUE P.O. BOX 840215 ST. AUGUSTINE, FL 32080	SECOND HARVEST NORTHEAST FLORIDA 1502 JESSIE STREET JACKSONVILLE, FL 32206	CHILDREN'S CHRISTMAS PARTY OF JACKSONVILLE P.O. BOX 5338 JACKSONVILLE, FL 32247-5338	AMERICAN RED CROSS NORTHEAST FLORIDA 751 RIVERSIDE AVE JACKSONVILLE, FL 32204	AOPA FOUNDATION INC 421 AVIATION WAY FREDERICK, MD 21701	ASHEVILLE HUMANE SOCIETY N/A 14 FOREVER FRIEND LN 501

12:56:20 PM

ATTACHMENT 10 (CONT'D) .

FORM 990RE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	PURPOSE OF GRANT OR CONTRIBUTION	GENERAL SUPPORT 1,000.	GENERAL SUPPORT 5,000.	GENERAL SUPPORT 5,000.	GENERAL SUPPORT 5,000.
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT	N/A 501(C)(3)	N/A 501(C)(3)	N/A 501(C)(3)	N/A 501(C)(3)
	RECIPIENT NAME AND ADDRESS	MANNA FOOD BANK 627 SWANNANOA RIVER RD ASHEVILLE, NC 28805	NO MORE HOMELESS PETS 6817 NORMOOD AVE JACKSONVILLE, FL 32208	RONALD MCDONALD HOUSE 824 CHILDRENDS WAY JACKSONVILLE, FL 32207	SULZBACHER CENTER 611 E ADAMS ST JACKSONVILLE, FL 32202

TOTAL CONTRIBUTIONS PAID 97,000.

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

Employer identification number

	THE GREEN FAMILY FOUNDATION				59-72183	71	
Not	e: Form 5227 filers need to complete only Pa					-	
Pa	rt I Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less			
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
						-	
					_	_	
			× ·		_		
-							
h	Enter the short term gain or (less) if any f	rom Sahadula D	1 line 1h	<u> </u>		41	36.
b	Enter the short-term gain or (loss), if any, f					1b	36.
2	Short-term capital gain or (loss) from Form	is 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partners					3	
4	Short-term capital loss carryover Enter Carryover Worksheet					4	[()
5	wet short-term gain or (loss). Combine	imes la unioug	jn 4 in colum	n (i) Enter here and	a on line 13,		7
Pa	rt Long-Term Capital Gains and Lo	sses - Assets	Held More T		<u> ▶</u>	5	36.
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)		(d) Sales price	(e) Cost or other (see instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a						_	
					<u> </u>		
b	Enter the long-term gain or (loss), if any, from	om Schedule D-	1, line 6b			6b	19,667.
7	Long-term capital gain or (loss) from Form	s 2439, 4684, 6	5252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partnersh	nips, S corporati	ons, and other	estates or trusts		8	
9	Capital gain distributions					9	20,881.
10						10	
11	Gain from Form 4797, Part I Long-term capital loss carryover Enter t	ne amount, ir	any, from lin	e 14 of the 2011	Capital Loss		, .
12	Carryover Worksheet Net long-term gain or (loss). Combine lin	nes 6a through	 11 ın columı		on line 14a,	11	
	column (3) on the back			· · · · · · · · · · · · · · · · · · ·	<u> ▶</u>	12	40,548.
rori	Paperwork Reduction Act Notice, see the Instru	ctions for Form 10	J41.		Sci	redul	e D (Form 1041) 2012

	důle D (Form 1041) 2012	_					Page 2
Pai	Summary of Parts I and II Caution: Read the instructions before completing this	nart		neficiaries' e instr)	(2) Es		(3) Total
13	Net short-term gain or (loss)	13	(00.	,			36.
14	Net long-term gain or (loss):	<u> </u>					
а	Total for year	14a					40,548.
b		14b					
С	28% rate gain	14c					
	Total net gain or (loss). Combine lines 13 and 14a	15					40,584.
gains nece		(or Foi et loss	rm 990-T, s, complete	Part I, line 4 e Part IV and	a) If lines If the Capi t	14a ar tal Los	nd 15, column (2), are ne s Carryover Worksheet, as
Pai	t IV Capital Loss Limitation						
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F The loss on line 15, column (3) or b \$3,000					4.0	,
Note	: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041	 page 1			-T. line 34	16). is a	loss, complete the Capita
LOSS	Carryover Worksheet in the instructions to figure your capital loss carryover						
	Tax Computation Using Maximum Capital Gains Rate						
	n 1041 filers. Complete this part only if both lines 14a and 15 in cole is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor			ıns, or an aı	mount is e	entere	d in Part I or Part II and
	tion: Skip this part and complete the Schedule D Tax Worksheet in the i						
• E	ther line 14b, col (2) or line 14c, col (2) is more than zero, or						
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero						
Forn	n 990-T trusts. Complete this part only if both lines 14a and 15 a	re ga	ns, or qu	alified divid	ends are	includ	led in income in Part I
or r	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part her line 14b, col. (2) or line 14c, col. (2) is more than zero.	and c	ompiete i	ine Schedu	e D lax V	Norks	heet in the instructions
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	41	47			1 1	-
18	Enter the smaller of line 14a or 15 in column (2)	'4) .	17			1 1	l
	but not less than zero						l
19	Enter the estate's or trust's qualified dividends		-				l
	from Form 1041, line 2b(2) (or enter the qualified						l
	dividends included in income in Part I of Form 990-T) 19						
20	Add lines 18 and 19						
21	If the estate or trust is filing Form 4952, enter the						
	amount from line 4g, otherwise, enter -0 ▶ 21						
22	Subtract line 21 from line 20 If zero or less, enter -0-		22			- 1	
23	Subtract line 22 from line 17 If zero or less, enter -0		23			-	
21	Enter the smaller of the amount on line 17 or \$2,400		24				
25	Is the amount on line 23 equal to or more than the amount on line 24		24			1	
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box						
	No. Enter the amount from line 23		25				
26	Subtract line 25 from line 24		26			1	
27	Are the amounts on lines 22 and 26 the same?						
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or tin	e 22	27	-			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		. 28]	
20	Cubinat has 20 from him 27						
29 30	Subtract line 28 from line 27		-			ا ۱۰۰	
30 31	Multiply line 29 by 15% (15)	Sob		Estatos an		30	
J I	(see the Schedule Ginstructions in the instructions for Form 1041)					24	
	(222 m.c Conocado Cinocadoliono in the modulations for Form 1041)	• • •				31	
32	Add lines 30 and 31					32	
33	Figure the tax on the amount on line 17 Use the 2012 Tax Rate	Sch	dule for	Estates and	d Trusts	<u> </u>	
	(see the Schedule G instructions in the instructions for Form 1041)					33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 h	nere a	nd on Fo	rm 1041, S	chedule		
	G, line 1a (or Form 990-T, line 36)	<u></u> .	· · · · ·		<i></i>	34	
						Sche	dule D (Form 1041) 2012

JSA 2F1220 2 000

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

OMB No 1545-0092

2012

Department of the Treasury Internal Revenue Service

Attach to Schedule D to list additional transactions for lines 1a and 6a. Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

Employer identification number

THE GREEN FAMILY FOUNDATION 59-7218371 Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less (b) Date acquired (mo , day, yr) (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (e) Cost or other basis (f) Gain or (loss) Subtract (e) from (d) (c) Date sold (d) Sales price (see instructions) (mo, day, yr) 1a U.S. TRUST 6535 ST - SEE STMT ATCHD **VARIOUS VARIOUS** 9,838. 9,802. 36.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2012

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . . .

36.

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

Employer identification number

Part Long-Term Capital Gains an	(b) Date		T -		(0.0
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a U.S. TRUST 6535 LT - SEE STMT ATCHD	VARIOUS	VARIOUS	100,162.	89,703.	10,459
U.S. TRUST 8399 LT - SEE STMT ATCHD	VARIOUS	VARIOUS	192,552.	183,344.	9,208
				•	
11 10 17 17 17 17 17 17					
N. P. Garage					
					· · · · · · · · · · · · · · · · · · ·
794.5—15—4.8—16—14—1					
					· · · · · · · · · · · · · · · · · · ·
					- 1-2
					
	,				
6b Total. Combine the amounts in column	(f) Enter here an	d on Schodulo D li	no 6h		19,667
vo i otai. Combine the amounts in Column		a on ocheude D. III	IU UU		

Bank of America Private Wealth Management

IM A P GREEN FAM FOUNDATION TR

Proceeds From Broker Transactions

We have adjusted tax costs for amortization of premium paid for the acquisition of municipal bonds through date of sale and for non-taxable dividends. An asterisk symbol (*) next to the tax cost indicates that the tax cost has been adjusted for the current year's return of capital. However, we have not made adjustments to the cost basis of all partnerships. If applicable, we have shown IRC Section 988 translation gains and losses separately within the sales sections. Please note these gains or losses are not entitled to capital gains treatment. Rather, under IRC Section 988, they are either ordinary income or loss.

Long term transactions

This category includes sales of assets held more than 12 months.

Description	Symbol	Cusip	Quantity sold	Date of acquisition	Sale date	Sales price less commissions	Cost or other basis	Net gain or loss
COLUMBIA FDS SER TR I SELECT L	UMLG X	19765Y688	17194	09/24/09	03/27/12	\$25,000 00	\$16,351 45	\$8,648 55
SECTOR SPDR TR SHS BEN	XLF	81369Y605	415	80/81/20	03/27/12	\$6,595.30	\$8,630.92	\$-2,035.62
PIMCO COMMODITY REALRETURN ST PCRI X	1 PCRI X	722005667	2917.15	10/19/10	03/27/12	\$19,807.47	\$25,000.00	\$-5,192.53
ISHARES TR MSCI EAFE INDEX FD	EFA	464287465	150	05/28/08	03/27/12	\$8,283.60	\$11,427.74	\$-3,144.14
ISHARES TR MSCI EAFE INDEX FD	EFA	464287465	130	80/90/90	03/27/12	\$7,179 11	\$9,697 68	\$-2,518 57
ISHARES TR MSCI EAFE INDEX FD	EFA	464287465	20	03/02/08	03/27/12	\$2,761.20	\$3,580.38	\$-819.18
ISHARES TR MSCI EAFE INDEX FD	EFA	464287465	35	01/30/08	03/27/12	\$1,932.84	\$2,498.21	\$-565 37
ISHARES TR RUSSELL MIDCAP INDE	IWR	464287499	95	80/90/90	03/27/12	\$10,586 12	\$9,752 46	\$833 66
ISHARES TR RUSSELL MIDCAP INDE IWR	IWR	464287499	40	05/28/08	03/27/12	\$4,457.32	\$4,094.30	\$363.02
ISHARES TR RUSSELL 1000 VALUE	IWD	464287598	275	01/30/08	03/27/12	\$19,381 84	\$20,951 56	\$-1,569.72
ISHARES TR RUSSELL 1000 VALUE	IWD	464287598	85	05/28/08	03/27/12	\$5,990 75	\$6,420 69	\$-429 94
ISHARES TR RUSSELL 1000 GROWTH IWF	IWF	464287614	165	80/90/90	03/27/12	\$10,963 66	\$9,663.64	\$1,300.02
ISHARES TR RUSSELL 1000 GROWTH	IWF	464287614	215	05/28/08	03/27/12	\$14,285.97	\$12,591 45	\$1,694.52
ISHARES TR RUSSELL 2000 INDEX	IWM	464287655	180	01/10/11	03/27/12	\$15,151 22	\$14,246 10	\$905 12
POWERSHARES QQQ TR UNIT SER 1	000	73935A104	325	05/10/06	03/27/12	\$22,182 47	\$9,828.00	\$12,354 47
SPDR SER TR KBW BK ETF	KBE	78464A797	280	01/18/08	03/27/12	\$6,746.47	\$8,628.90	\$-1,882.43
SECTOR SPDR TR SHS BEN INT-ENE	XLE	81369Y506	105	02/10/09	03/27/12	\$7,580 33	\$4,980 15	\$2,600.18
PIMCO COMMODITY REALRETURN ST PCRI X	1 PCRI X	722005667	539.96	01/11/11	03/27/12	\$3,666.31	\$5,000.00	\$-1,333 69
Total long term gain/loss from sales:						\$192,551 98	\$183,343 63	\$9,208 35

Bank of America Private Wealth Management

CUST A P GREEN FAMILY FDN

Proceeds From Broker Transactions

We have adjusted tax costs for amortization of premium paid for the acquisition of municipal bonds through date of sale and for non-taxable dividends. An asterisk symbol (*) next to the tax cost indicates that the tax cost has been adjusted for the current year's return of capital. However, we have not made adjustments to the cost basis of all partnerships. If applicable, we have shown IRC Section 988 translation gains and losses separately within the sales sections. Please note these gains or losses are not entitled to capital gains treatment. Rather, under IRC Section 988, they are either ordinary income or loss.

Short term transactions

This category includes sales of assets held 12 months or less.

				Date of		Sales price less	Cost or	
Description	Symbol	Cusip	Quantity sold	acquisition	Sale date	commissions	other basis	Net gain or loss
INTREPID CAP FUND	ICMV X	461195604	183,46	183.46 03/30/11	03/27/12	\$2,098.81	\$2,150.20	\$-5139
INTREPID CAP FUND	ICMV X	461195604	346.08	346.08 09/27/11	03/27/12	\$3,959.13	\$3,789.39	\$169 74
INTREPID CAP FUND	ICMV X	461195604	330.4	330.4 06/30/11	03/27/12	\$3,779 76	\$3,862 41	\$-82.65
Total short term gain/loss from sales:						\$9.837 70	\$9.802.00	07.25.20

Long term transactions

This category includes sales of assets held more than 12 months.

				Date of		Sales price less	Cost or	
Description	Symbol	Cusip	Quantity sold	acquisition	Sale date	commissions	other basis	Net gain or loss
INTREPID CAP FUND	ICMV X	461195604	251.68	12/29/10	03/27/12	\$2,879 25	\$2,871.68	\$7.57
INTREPID CAP FUND	ICMV X	461195604	1700.74	12/29/10	03/27/12	\$19,456.43	\$19,405.23	\$51.20
INTREPID CAP FUND	ICMV X	461195604	298.86	12/29/10	03/27/12	\$3,418 96	\$3,409 96	00 6\$
INTREPID CAP FUND	ICMV X	461195604	4752.21	60/10/80	03/27/12	\$54,365.31	\$45,470.58	\$8,894.73
INTREPID CAP FUND	ICMV X	461195604	245 56	06/28/10	03/27/12	\$2,809 18	\$2,634 66	\$174 52
INTREPID CAP FUND	ICMV X	461195604	1304.98	02/25/10	03/27/12	\$14,928 99	\$13,675 02	\$1,253.97
INTREPID CAP FUND	ICMV X	461195604	201.41	09/29/10	03/27/12	\$2,304 18	\$2,235 62	\$68 56
Total long term gain/loss from sales:						\$100,162 30	\$89,702 75	\$10,459.55

THE GREEN FAMILY FOUNDATION

FORM 990-PF - PART IV

Kind of P	roperty		Desc	ription		or P	Date acquired	Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over	12	Gain or	
xpenses of sale	allowable	basis	12/31/69	12/31/69	adı basıs	\dagger	(loss)	
		TOTAL CAPITA	AL GAIN DIS	TRIBUTIONS			20,881.	
		U.S. TRUST (CHD	P	VARIOUS	VARIOUS
9,838.		9,802.	re. Seconii	165			36.	
		U.S. TRUST			CHD	P	VARIOUS	VARIOUS
100,162.		PROPERTY TY: 89,703.	PE: SECURIT	TES			10,459.	
		U.S. TRUST 8			CHD	P	VARIOUS	VARIOUS
192,552.		PROPERTY TY: 183,344.	PE: SECURIT	'IES			9,208.	
OTAL GAIN(I	oss)		• • • • • • • • • • • • • • • • • • • •				40,584.	
						:		
						ľ		 - -