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Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
enter social security numbers on this form as it may be made public.

	nt of the Treasury evenue Service	▶ Information	about For	m 990-PF and its separate	ınstructions ıs at	www.ir	s.gov/form990pf.	Open to Public Inspection
		or tax year beginning	JUL	1, 2014	, and ending	9	JUN 30, 2015	<u> </u>
Name o	of foundation						A Employer identification	n number
		FAMILY FOUN			····		58-2633915	<u> </u>
	•	HOMESTEAD		address)	Roo	m/suite	B Telephone number 770-509-35	81
	town, state or pr	ovince, country, and ZIP of GA 30062-8		ostal code			C If exemption application is i	pending, check here
	k all that apply	Initial return			ormer public charit	 :y	D 1. Foreign organization	s, check here
		Final return Address chan-	ge	Amended return Name change			Foreign organizations m check here and attach c	eeting the 85% test, omputation
	k type of organiz	ation X Section 5) nonexempt charitable tr		kempt private foundation Other taxable private found	ation		E If private foundation sta under section 507(b)(1	_ 1 1
1 Fair m	arket value of all	assets at end of year J	Account	ng method Cash	X Accrual		F If the foundation is in a	60-month termination
(from ►\$	Part II, col. (c),			ther (specify) mn (d) must be on cash	basis)		under section 507(b)(1)(B), check here
Part	The total of amo	evenue and Expenses ounts in columns (b), (c), and (c) at the amounts in column (a))	i) may not	(a) Revenue and expenses per books	(b) Net investr income	ment	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
1	Contributions,	gifts, grants, etc., received	j				N/A	
2		if the foundation is not required to att						
3	Interest on saving cash investments	gs and temporary		102.		102.		STATEMENT 1
4		interest from securities		765.		765.		STATEMENT 2
58	a Gross rents						•	
t	Net rental income	or (loss)						
υ 6a		from sale of assets not on line	10					
g t	Gross sales price assets on line 6a	for all		<u> </u>				
Revenue 2	Capital gain net ii	ncome (from Part IV, line 2)				0.		
E 8	Net short-term	-capital gain	-			*******		
9	Income modific	cations RECEIVE						
10a	and allowances	(O)						
t	Less Costofgo	Blood NOV 2 0 20	15					<u> </u>
i	Gross profit or	Tioss) NOV & W ZU	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>				
11	Other Income	OCDENI	<u>&</u>	867.		867.		
12		es 1 th a GODEN. I	J !	0.		0.		0.
13	·-	officers, directors, trustees, et	c	· ·		0.		
14		e salaries and wages						
S 16	a Legal fees	employee benefits STM	тz	514.		514.		0.
Sus los	a Legal lees b Accounting fee		1 5	314.		<u> </u>	, ,	+
Š,	C Other profession							<u> </u>
\$ 17	•	onar roos						
E 18	Taxes	STM	г 4	16.		0.		0.
19 ist	Depreciation a							The state of the s
Ē 20	Occupancy						= -	
P 21		nces, and meetings						
22	Printing and pi				,			
ව 23	Other expense:							
·詩 24		g and administrative				•		
Operating and Administrative Expenses 12 5 12 5 24 1 1 1 1 2 2 1 1 2 2 1 1 2 2 2 1 1 2 2 2 2 1 1 2	-	i lines 13 through 23		530.		514.		0.
0 25	Contributions,	gifts, grants paid		3,000.				3,000.
26	Total expense	s and disbursements.						
	Add lines 24 ai	nd 25		3,530.		<u>514.</u>		3,000.
27	Subtract line 2	6 from line 12						
1	Excess of revenue	e over expenses and disburse	ments	<2,663.	>			<u></u>
t	b Net investmen	t Income (if negative, enter -	0-)			353.		
	a Adimeted act is	000000 // 0 \		t	Ł		N/A	Ł

SCANNED DEC 0 2 2015

Form **990-PF**

423511 11-24-14 43,967.

Form 990-PF (2014)

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

(a) List and describ 2-story brick ware	be the kind(s) of property sold (ehouse, or common stock, 200	e g , real estate, shs MLC Co)	_	` P - F	w acquired Purchase Donation		acquired lay, yr)	(d) Date sold (mo , day, yr)
<u></u>				<u> </u>				_
b NON	<u>ie</u>			 				
<u>c</u>	· · · · · · · · · · · · · · · · · · ·		-	 				
<u>d</u>				+				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis				iain or (loss s (f) minus (
a	(or anomasia)	P.50 S						
b								
C								
đ								
<u>e </u>		hu tha faundation	on 10/01/60			//\ O //	N-1 /h)	
Complete only for assets showing							Col (h) gain not less thai	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (1) col (1), if any				(from col (
<u>a</u>	<u> </u>							
<u>b</u>							·	-
d								
е						-		
. Capital gain net income or (net cap	If gain, also e	nter in Part I, line r -0- in Part I, line	7 7	}	2	-		· · · · · · · · · · · · · · · · · · ·
Net short-term capital gain or (loss	•		•					·
If gain, also enter in Part I, line 8, c) and (0)		J				
If (loss), enter -0- in Part I, line 8					3			
Part V Qualification Ur	nder Section 4940(e) 1	for Reduced	Tax on Ne	t Inve	stment Ir	come		
f section 4940(d)(2) applies, leave this Was the foundation liable for the section f "Yes," the foundation does not qualify	on 4942 tax on the distributable y under section 4940(e) Do no	t complete this pa	rt					Yes X No
Enter the appropriate amount in ea		ne instructions de	iore making arry					(d)
Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying	distributions	Net value of n	(c) oncharita	able-use asse	ts		pútión ratio vided by col. (c))
2013	9 111)	3,063.			51,15	1.	(00. (0)	.05988
2012		2,554.			46,44		-	.05499
2011		2,499.			48,59			.05142
2010		2,498.			50,91			.04905
2009		2,998.			53,59	7.		.05593
! Total of line 1, column (d)						2		.27129
Average distribution ratio for the 5- the foundation has been in existent		otal on line 2 by 5,	or by the numbe	r of year	S	3		.05425
Enter the net value of noncharitable	·	t X Jine 5				4		57,951
	e-use assets for 2014 fform f an	(A, IIII 6 J						<u>-</u>
Multiply line 4 by line 3			•			5		3,144
Enter 1% of net investment income	e (1% of Part I, line 27b)					6		4
Add lines 5 and 6						7		3,148
B Enter qualifying distributions from	Part XII, line 4					8		3,000
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part VI,	line 1b, and comp	olete that part usi	ng a 1%	tax rate			

Form 990-PF (2014) GREENSPON FAMILY FOUNDATION	58-263	3915 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) type of service	(c) component
NONE		
	-	
		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati	istical information such as the	_
number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 NONE		
		0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	n lines 1 and 2	Amount
1 NONE		
		0.
2		
		
All other program-related investments. See instructions		
3		
· · · · · · · · · · · · · · · · · · ·		

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	ns, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		11.12
а	Average monthly fair market value of securities	1a	56,234.
	Average of monthly cash balances	1b	56,234. 2,600.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	58,834.
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	58,834.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	883.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	57,951.
6	Minimum investment return. Enter 5% of line 5	6	2,898.
P	art XI Distributable Amount (see Instructions) (Section 4942(I)(3) and (I)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certa	In
1	Minimum investment return from Part X, line 6	1	2,898.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	7.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,891.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,891.
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	2,891.
P	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	3,000.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,000.
	Note. The amount on line 5 will be used in Dart V, column (h) in subsequent years when coloulating whether the foundation		

4940(e) reduction of tax in those years

Form 990-PF (2014) GREENSPON FAI	MILY FOUNDAT	ION	<u> 58–26</u>	33915 Page 9
Part XIII Undistributed Income (see In	structions)			
	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				2,891.
line 7				270511
2 Undistributed income, if any, as of the end of 2014 a Enter amount for 2013 only			0.	
b Total for prior years				
y rotal for prior yours		0.		
3 Excess distributions carryover, if any, to 2014				<u>,</u>
a From 2009				
b From 2010				
c From 2011 25.				
d From 2012 244.				
e From 2013 537.				
f Total of lines 3a through e	806.			
4 Qualifying distributions for 2014 from				
Part XII, line 4 ▶ \$ 3,000 •				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		······································
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.	· · · · · · · · · · · · · · · · · · ·		
d Applied to 2014 distributable amount				2,891.
e Remaining amount distributed out of corpus	109.		4-14-4	
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount	0.			0.
6 Enter the net total of each column as indicated below.		***************************************		
3 Corpus Add lines 3f, 4c, and 4e Subtract line 5	915.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2015		<u></u>		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.		······	
8 Excess distributions carryover from 2009	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.	915.			
Subtract lines 7 and 8 from line 6a	710.			######################################
10 Analysis of line 9	1			
a Excess from 2010 b Excess from 2011 25.				
0.4.4	1			
c Excess from 2012 244. d Excess from 2013 537.				
# FV0000 HOUR FOLD	1	ı	1	

3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	oonan ballon	
a Paid during the year				
AMERICAN FRIENDS OF MAGEN DAVID ADOM	NONE	PUBLIC CHARITY	FURTHERANCE OF	
352 SEVENTH AVENUE, SUITE 400 NEW YORK, NY 10001			CHARITABLE PURPOSES	50
FRIENDS OF THE ISRAEL DEFENSE FORCES	NONE	PUBLIC CHARITY	FURTHERANCE OF	
1430 BROADWAY NEW YORK, NY 10018			CHARITABLE PURPOSES	50
HADASSAH 50 WEST 58TH ST	NONE	PUBLIC CHARITY	FURTHERANCE OF CHARITABLE PURPOSES	
NEW YORK, NY 10019			1	50
JEWISH NATIONAL FUND	NONE	PUBLIC CHARITY	FURTHERANCE OF	
78 RANDALL AVE. ROCKVILLE CENTRE, NY 11570			CHARITABLE PURPOSES	1,00
,				
FOURETTE SYNDROME ASSOCIATION	NONE	PUBLIC CHARITY	FURTHERANCE OF	
4240 BELL BLVD STE 205 BAYSIDE, NY 11361			CHARITABLE PURPOSES	50
Total	<u> </u>		▶ 3a	3,00
b Approved for future payment				
NONE				
				<u> </u>

er gross amounts unless otherwise indicated	Unrelated b	usiness income		by section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
G					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments	 				
Interest on savings and temporary cash					
investments			14	102.	
Dividends and interest from securities			14	765.	
	<u> </u>	 	1 1	703.	11 11
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a <u></u>	_				
b		· · · · · · · · · · · · · · · · · · ·			
c					
d					
e					
Subtotal Add columns (b), (d), and (e)			0.	867.	<u>.</u>
Total. Add line 12, columns (b), (d), and (e)				13	86
e worksheet in line 13 instructions to verify calculations	,)				
art XVI-B Relationship of Activitie	s to the Accom	plishment of	Exempt P	urposes	
Explain below how each activity for which in the foundation's exempt purposes (other till				i importantly to the accomp	olishment of
wie realitation o exempt parposes (editor to	tan by providing failed				
					
					

423621 11-24-14

Form **990-PF** (2014)

Form 990)-PF (2014)	GREEN	SPON FA	MILY FO	UNDATION		58-263	<u> 33915</u>	<u>Pa</u>	age 13
Part)	KVII Inform	ation Re	garding Tr	ransfers To	and Transactions	and Relations	hips With Nonch	aritable	е	
			izations				<u> </u>		Y	
1 Did	the organization dire	ectly or indir	rectly engage in	any of the follow	ving with any other organizati	on described in sect	on 501(c) of		Yes	No
the	Code (other than se	ction 501(c))(3) organization	is) or in section	527, relating to political orga	nizations?				
a Trai	nsfers from the repo	rting founda	ation to a nonch	arıtable exempt	organization of					
(1)	Cash							<u>1a(1)</u>		X
(2)	Other assets							1a(2)	ļ	X
b Oth	er transactions									
(1)	Sales of assets to a	noncharital	ble exempt orga	nızatıon				1b(1)	ļ	X
(2)	Purchases of asset	s from a noi	ncharitable exen	npt organization				1b(2)		X
(3)	Rental of facilities,	equipment,	or other assets					1b(3)		X
(4)	Reimbursement ari	angements						15(4)	1	X
(5)	Loans or loan guar	antees						1b(5)		X
	Performance of ser		-	•				1b(6)		X
	aring of facilities, equ							10	<u></u>	X
					hedule. Column (b) should a				sets,	
					lived less than fair market val	ue in any transaction	or sharing arrangement	, show in		
colu	umn (d) the value of						·			
(a) Line no	o (b) Amount in	ivolved	(c) Nan		ble exempt organization	(d) Description	of transfers, transactions, ar	d sharing a	mangeme	ents
				N/A	·					
					· · · · · · · · · · · · · · · · · · ·					
			ļ							
										
			ļ							
					· ·					
			ļ							
			 							
			 							
										
			l							
					ne or more tax-exempt organ	nizations described			T	No.
	section 501(c) of the			01(c)(3)) or in se	ection 527?			Yes	ഥ	- INO
<u> b lî "\</u>	Yes," complete the fo				(b) Type of organization	T	(c) Description of relation	nehin		
	(4)	Name of org	Jamzation	•	(b) Type of organization	-	(b) bescription of relation			
		N/A			<u> </u>					
										-
							···			
			•							
	Under penalties of per	ury I declare	that I have examin	ed this return, inclu	ding accompanying schedules and	d statements, and to the	best of my knowledge			
Sign	and belief, it is true, of	prect, engicor	mplete Declaration	of preparer (other t	than taxpayer) is based on all infor	mation of which prepare	r has any knowledge	May the IRS eturn with the	he prepa	rer
Here	1 Sont a	(Khil	MOM		11/1/15	Mush	? I ¹	hown below		str)? No
	Signature of office	r or trustee	in feet		Date	Title	L	<u> </u>	·	
	Print/Type p			Prenarer's	s signature (Date	Check If PTI	V		
		-	HELME		/ /	1 ,	self- employed	•		
Paid	III,		HALIPTE	(//////////	ly of Helice, COA	1928/15		00118	3452)
Prepa			MPSON C	REENSPO			Firm's EIN ► 54-			
Use (, - 1110	TIL DOM G	KLLHOPO	***		THIN S CIN P 3 T			
J J C (ess > 40	35 RIDG	E TOP R	D, SUITE 700	-	 			
	I illii s addit			VA 2203	•		Phone no (703) 385-	-888	8
			· TILL TAN		·		Trinone no (100	,,,,,		 _

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990-PF

Current Year Deduction	• 0	0.	.0	
Current Sec 179			0	
Accumulated Depreciation	3,531.	500.	4,031.	
Basis For Depreciation	3,531.	500.	4,031.	
Reduction in Basis			0	
Bus % Excl				
Unadjusted Cost Or Basis	3,531.	500.	4,031.	
Line	43	4. E.		
Life	М09	, ₩09		
Method				
Date Acquired	072601248	072601248		
Description	LEGAL FEES	· -	TOTAL 390-FF FG I	
Asset No	, , , ,	N		·
L				

(D) · Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

428102 05-01-14

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS :	STATEMENT 1
SOURCE		(A REVEI PER BO	NUE		(B) VESTMENT COME	(C) ADJUSTED NET INCOME
AHT ASSOCIATES, LLC ISRAEL BONDS			2. 100.		2. 100.	
TOTAL TO PART I, LI	NE 3		102.			
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	M SECUR	ITIES (STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) (B) EVENUE NET INVES E BOOKS MENT INCO		
VANGUARD MUTUAL FUNDS	765		0.	765.	765	•
TO PART I, LINE 4 765		•	0. 765		765	•
:	 	= ========			=======================================	
FORM 990-PF		LEGAL			-	STATEMENT 3
FORM 990-PF DESCRIPTION		LEGAL (A) EXPENSES PER BOOKS	FEES) VEST-	-	STATEMENT 3 (D) CHARITABLE PURPOSES
	_ U K1)	(A) EXPENSES	FEES (B) VEST-	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION	· -	(A) EXPENSES PER BOOKS	FEES (B	VEST-	(C) ADJUSTED	(D) CHARITABLE PURPOSES
DESCRIPTION LEGAL EXPENSES (THR	· -	(A) EXPENSES PER BOOKS 514.	FEES (B NET IN MENT I	VEST- NCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 0.
DESCRIPTION LEGAL EXPENSES (THR TO FM 990-PF, PG 1,	· -	(A) EXPENSES PER BOOKS 514.	FEES (B NET IN MENT I	S) IVEST- INCOME 514. 514.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 0. 0. STATEMENT 4 (D) CHARITABLE
DESCRIPTION LEGAL EXPENSES (THR TO FM 990-PF, PG 1, FORM 990-PF	· -	(A) EXPENSES PER BOOKS 514. 514. TAX	FEES (B NET IN MENT I	S) IVEST- INCOME 514. 514.	(C) ADJUSTED NET INCOME (C) ADJUSTED	(D) CHARITABLE PURPOSES 0. 0. STATEMENT 4 (D) CHARITABLE

FORM 990-PF (OTHER I	NVESTMENTS		STATEMENT	5
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKE	r
AHT ASSOCIATES, LLC ISRAEL BOND MUTUAL FUNDS	·	COST COST COST	1,101. 10,000. 32,251.	10,0 45,2	
TOTAL TO FORM 990-PF, PART II,	LINE 13		43,352.	55,2	55.
FORM 990-PF DEPRECIATION OF AS	SSETS N	OT HELD FOR	INVESTMENT	STATEMENT	6
DESCRIPTION		OST OR ER BASIS	ACCUMULATED DEPRECIATION	BOOK VALU	E
LEGAL FEES APPLICATION FEE		3,531. 500.	3,531. 500.		0.
TOTAL TO FM 990-PF, PART II, LN	14	4,031.	4,031.		0.
FORM 990-PF PAI	RT XV -	LINE 1A		STATEMENT	

NAME OF MANAGER

IRVING L. GREENSPON ADELE M. GREENSPON