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SCHANNED AUG 2 5 2011

Department of the Treasury Internal Revenue Service

## **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.

2010

OMB No. 1545-0052 .

For c	<u>a</u> len	dar year 2010, or tax yea	r beginning		, and ending		
G C	heck	all that apply:	Initial return		ormer public charity	Final return	
_			Amended return	Address chan	ge	Name change	
Nar	ne of	foundation				A Employer identification	number
			ILY FOUNDATI			65-0644401	
Nun	ber a	•	if mail is not delivered to street	<i>,</i>	Room/suite	B Telephone number	
			RING BAY DRI	VE	141	(305)252-2	
City	or to	own, state, and ZIP code				C If exemption application is p	
L		CORAL GABI				D 1. Foreign organizations	s, check here
H C	-		X Section 501(c)(3) ex			Foreign organizations me check here and attach co	imputation
		ction 4947(a)(1) nonexem		Other taxable private founda		E If private foundation sta	
		rket value of all assets at (	· · —	ng method: X Cash :her (specify)	Accrual	under section 507(b)(1)	
(11 		Part II, col (c), line 16) 1 0		mn (d) must be on cash b	hasis )	F If the foundation is in a under section 507(b)(1)	
	rt I	Analysis of Revenue an	nd Expenses	_			(d) Disbursements
	1 . 1	(The total of amounts in colunecessarily equal the amoun	imns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, gran		50080.		<u> </u>	(Cash Dasis Only)
	2	Check X if the foundation		30000.			
	3	Interest on savings and tempor					
	4	Dividends and interest from	om securities	2876.	2876.	2876.	Statement 1
		Gross rents		20,01		20,00	Deadonnelle I
		Net rental income or (loss)			<del></del>		
_	_ `	Net gain or (loss) from sale of	assets not on line 10	193.			
uge	b	Gross sales price for all	14872.				
Revenue	7	Capital gain net income (from			193.		
æ	8	Net short-term capital ga	ın			0.	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	١.	Less Cost of goods sold					
	С	Gross profit or (loss)					
	11	Other income					•
	12	Total. Add lines 1 throug	gh 11	53149.	3069.	2876.	
	13	Compensation of officers, dire		0.	0.	0.	0.
	14	Other employee salaries a	•				
s	15	Pension plans, employee	e benefits				
nse		Legal fees	a	2050			
ě		Accounting fees	Stmt 2	2950.	0.	0.	0.
and Administrative Exper		Other professional fees					
Ě	17	Interest	C++ 2	4.	0.	0.	0.
stra	18	Taxes	Stmt 3	61.	0.	0.	0.
Ë	19	Depreciation and depletion					
퉏	20 21	Occupancy R Travel, conferences, and	ECEIVED				
Ď	22	Printing and publications	inectings Q		<del> </del>		<del> </del>
<u>a</u>	23	100	UG 1 6 2011		<del>_</del>		<del></del>
Ę	24	Total operating and adm	ninietrative				
Operating	27	expenses. Add lines 13	through-23:	3015.	0.	0.	0.
Ö	25	Contributions, gifts; gran		23176.	•		23176.
	ı	Total expenses and dish		25170.			23170.
	- "	Add lines 24 and 25		26191.	0.	0.	23176.
	27	Subtract line 26 from line	e 12:		<u> </u>		231,00
	-	Excess of revenue over exper		26958.			
		Net investment income (		20000	3069.		·
	1	Adjusted net income (if n				2876.	
0235 12-0	01 7-10		Reduction Act Notice, see	the instructions.	·	alı	Form 990-PF (2010)

For	m 99	O-PF (2010) GROSS FAMILY FOUNDATION		65-0	0644401. Page 2
Г	art	il Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
뜨	ai c	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		-4.	
	2	Savings and temporary cash investments	10916.	209.	209.
	3	Accounts receivable >			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons		28.	28.
	7	Other notes and loans receivable			
	'	Less: allowance for doubtful accounts			
Ś	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
		Investments - corporate bonds			
	1 '	Investments - land, buildings, and equipment basis			
	''	Less accumulated depreciation			
	12	Investments - mortgage loans		,,,,,	<del></del>
	13	Investments - other Stmt 4	143764.	181351.	194537.
	1	Land, buildings, and equipment: basis	143704.	101331.	174337.
	'*	Less accumulated deprecation			
	4.5	Other assets (describe			
	13	Other assets (describe			
	16	Total assets (to be completed by all filers)	154678.	181584.	194770.
_	-	Accounts payable and accrued expenses	134070.	101304.	134110.
	l .	· · · · · · · · · · · · · · · · · · ·		<del></del>	
	18	Grants payable			
ijes	19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·		
Ē	1	Loans from officers, directors, trustees, and other disqualified persons			
Liabilíties	1	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
		Table Wat Wide - (add lines 47 Abranah 00)	,	_	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
Ø	l.,	and complete lines 24 through 26 and lines 30 and 31.			
2	24	Unrestricted			
ajai	25	Temporarily restricted			
Fund Balances	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
ρĀ		and complete lines 27 through 31.			
ţ	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ţ	29	Retained earnings, accumulated income, endowment, or other funds	154678.	181584.	
Š	30	Total net assets or fund balances	<u> 154678.</u>	181584.	
_	31	Total liabilities and net assets/fund balances	154678.	181584.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	154678.
2	•	er amount from Part I, line 27a		2	26958.
3		er increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	181636.
5		reases not included in line 2 (itemize) > 2009 FEDERAL I	NCOME TAX	5	52.
6		i net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	181584.
_					Form 990-PF (2010)

Form	1990-PF (2010) GROSS FAMILY FOUNDATION, INC.		65-	06444	01		Page 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	1940(e), c	or 4948	- see in	stru	ctio	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 are copy of letter and copy of letter if necessary-see instructions are copy of lett	ions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1				61.
	of Part 1, line 27b						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, co	l. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	( ) -	2				0.
3	Add lines 1 and 2		3				61.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	-			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				61.
6	Credits/Payments:						<u></u>
-	2010 estimated tax payments and 2009 overpayment credited to 2010 6a						
	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		7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8	<del> </del>			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	ĺ	<b>▶</b> 9				61.
10	and the second of the second o		10				<u> </u>
_	Enter the amount of line 10 to be: Credited to 2011 estimated tax	Refunded					
	art VII-A Statements Regarding Activities	Inciniaca	111				—
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it partici	nate or interv	Jene In			Yes	No
	any political campaign?	pate of litter	, ciic iii	-	1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions	for definition	1)2	-	1b		X
Ü	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any ma		•	-	10		
	distributed by the foundation in connection with the activities.	toriais puoi	3/100 0/				
c	Did the foundation file Form 1120-POL for this year?				1c		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			}	10		-22
u	(1) On the foundation. $\blacktriangleright$ \$ \$ \$		0.				
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		<u> </u>				
6	managers. > \$ 0.	Iouiluation					
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.						
a	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles o	f incorporati	on or				
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	i mooi porati	JII, UI	i.	3		X
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			-	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	1/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	'' <del></del>	5		Х
•	If "Yes," attach the statement required by General Instruction T			<u> </u>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			ľ			
·	By language in the governing instrument, or						
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that con:</li> </ul>	flict with the	state law				
	remain in the governing instrument?		otato iam		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	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 d	esignate)					
•	• • • • • • • • • • • • • • • • • • • •	Stat	ement	. 5	8ь		х
9				-			
-	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	-()/(2) (3)			9		X
10		d addresses		F	10		X
	v ,			Form		-PF (	2010)

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Pa	irt 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		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			_
	August 17, 2008?	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	X
	Website address ► N/A			
14	The books are in care of ► HOWARD GROSS  Telephone no. ► 305	5-252-2	436	
•		▶33158		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	<u> </u>		
	and enter the amount of tax-exempt interest received or accrued during the year	N.	[/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	103	X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of	10	Ь	
	the foreign country			
Pa	irt 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
10	During the year did the foundation (either directly or indirectly):		162	140
14	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X	N.		
		NO		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X			
		I	l i	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	I		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X	NO		
	(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 X	No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)  Yes X	No		
D	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 page 22 of the instructions)?	'A 1b		
	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			
_	before the first day of the tax year beginning in 2010?	1c		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2010?	No		
L	If "Yes," list the years			
D	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	,_		
	statement - see instructions.)  N/	'A 2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1		
_	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
За				
	during the year?	No		
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2010)	'A 3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
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 2010?	4b		<u>X</u>

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)	<u> </u>	<u> </u>
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	ı 4945(e))?	Ye	es 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			es 🗶 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y6	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for			
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	ın Regulatıons			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ined			
expenditure responsibility for the grant?		Ī/Ā □ Y€	s No		
If "Yes," attach the statement required by Regulations section 53 4945		.,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	• •				
a personal benefit contract?	Promisino On	□ va	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?			6b	x
If "Yes" to 6b, file Form 8870.	Gradial Delicit Contract:		<del> </del>	-	+^-
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ v <sub>e</sub>	s X No		
b if "Yes," did the foundation receive any proceeds or have any net income attribu		16		7b	+
Information About Officers Directors Truck		nagare Highly		/ U	
Part VIII Paid Employees, and Contractors	ces, i oundation Ma	mayers, rngm	•		
List all officers, directors, trustees, foundation managers and their	compensation.	<u> </u>			
		(c) Compensation	(d) Contributions to	(e) E	xpense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	accoui	xpense nt, other
- <del> </del>	to position	`enter'-0-)	compensation	allow	/ances
See Statement 6					0
see Statement 6		0.	0.	1	0.
<del></del>				}	
				}	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) E	xpense nt, other
	devoted to position	(C) components	compensation		/ances
NONE					
			<u>.</u>		
Total number of other employees paid over \$50,000		1	<b>•</b>		0
		<del>.</del>			<del>.                                     </del>

Form 990-PF (2010) GROSS FAMILY FOUNDATION, INC.	65-0	644401.	Page.7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors (continued)	nly		-
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 se	ervice	(c) Com	pensation
NONE			
		<u>_</u>	
		<del>-</del>	
			_
	_		
Total number of others receiving over \$50,000 for professional services	·	<b>•</b>	0
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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses	;
1 N/A			
1 M/A			
2			
3			
4	-		
·			
Part IX-B Summary of Program-Related Investments	<del></del>		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount	
1 <u>N/A</u>			
2			
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3	<b>•</b>		0.
Totali, see miss i allough o		Form <b>990-P</b>	F (2010)

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P	art X Minimum Investment Return (All domestic foundations	must complete this part	. Foreign fou	ndations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charita	ible, etc., purposes;			<del></del>
a	Average monthly fair market value of securities			1a	138467.
b	Average of monthly cash balances			1b	5208.
C	Fair market value of all other assets			1c	
d	Total (add lines 1a, b, and c)			1d	143675.
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	143675.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	nt, see instructions)		4	2155.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	•		5	141520.
6	Minimum investment return. Enter 5% of line 5	,		6	7076.
P	Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations check here   X and do not complete this part		foundations ar	nd certain	
1	Minimum investment return from Part X, line 6	A		1	
2a	Tax on investment income for 2010 from Part VI, line 5	2a			<del>,</del>
b	Income tax for 2010. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	
6	Deduction from distributable amount (see instructions)			6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	rt XIII, line 1		7	
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pi	ırposes:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	23176.
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charit	able, 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	İ	4	23176.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net in	•			
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	23176.
	Note: The amount on line 6 will be used in Part V. column (h) in subsequent years	when calculating whether t	ne foundation o	ualifiee for the	

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see	e instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2009	2009	2010
1 Distributable amount for 2010 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only				
b Total for prior years:		-		-
,,				
3 Excess distributions carryover, if any, to 2010:				
<b>a</b> From 2005				
<b>b</b> From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e				
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$				
a Applied to 2009, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2010 distributable amount				
e Remaining amount distributed out of corpus				
Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount				
must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract				
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 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2010. Subtract				<u> </u>
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				
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 2005			•	
not applied on line 5 or line 7				
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2006				
<b>b</b> Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				

NONE

NONE

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

c Any submission deadlines:

Grants and Contributions Paid During t  Recipient	If recipient is an individual,			
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
a Paid during the year	or substantial contributor	. corp.cm		
2 Tab damig into year				
		;		
		İ		
See Statement 7				
Total			<b>▶</b> 3a	23176
b Approved for future payment				
None				
110110				
Total		<u> </u>	<b>▶</b> 3b	(
611 12-07-10			For	m <b>990-PF</b> (201

Form 990-	PF (2010) GRC	SS FAMILY	FOUNDATI	ON, INC	<u>.</u>				65-0	<u>644401.</u>	Page 12
Part X	VI-A Analysis	of Income-Prod	ducing Activi	ties							
Enter gros	s amounts unless otherw	ise indicated.	Unrelate	ed business i	ncome		ded by s	ection 512, 513, c	or 514	(e)	
_	m service revenue:		(a) Business code		b) ount	(C) Exclu- sion code		(d) Amount		Related or ex function inc	
					<u></u>	-					<del></del>
. –				-							
c											
d		···					<u> </u>				
e											
f											
g Fee	s and contracts from gove	ernment agencies			·		ļ				
	ership dues and assessme					-	ļ				
	t on savings and tempora	ıry cash					1		Ì		
ınvestr						+	<u> </u>				0000
-	nds and interest from seci		-	<u> </u>							2876.
	ntal income or (loss) from	real estate:				┼	<del>                                     </del>				
	ot-financed property						<del> </del>				
	debt-financed property	neroonal				<del> </del>	-				
proper	ital income or (loss) from	personai									
	ry nvestment income					+	<del> </del>			·	
	r (loss) from sales of asse	ets other				<del>                                     </del>	1			<del> </del>	··
	ventory	,10 00101									193.
	ome or (loss) from specia	al events		·		<del> </del>					
	profit or (loss) from sales							·-·_		<del>-</del> .	· · ·
11 Other r	•	•			~,						
a											
b											
c			_							. <u>.</u>	
d	<del> </del>										
е						ļ					
	al. Add columns (b), (d),				0.	<u>.l</u>			0.		3069.
	Add line 12, columns (b),								13		3069.
(See work	sheet in line 13 instruction	ns to verify calculations	.)		•						
Part X	VI-B Relation	ship of Activities	s to the Acc	omplishr	nent of E	xemp	t Pur	poses			
Line No ▼		each activity for which i empt purposes (other th				A contri	buted ım	portantly to the	e accompl	ishment of	
4	EARN MONEY	FOR FOUNDA	TION ON	MAJOR	DONORS	S CA	SH (	CONTRIB	UTIO	N	
8	EARN MONEY										
				,							
	<u></u>										
	<del> </del>										
	<del>                                     </del>										
	<del>  </del>										
					<del></del>	<del></del>					
	<del> </del>				<u> </u>						
	<del> </del>		<del></del>			_					
	<del> </del>										

023621 12-07-10

ave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Sign Here Signature of officer or trustee Print/Type-preparer's name Check X If Preparer's signature PTIN self-employed Paid **Preparer** Firm's name ► HILLELENE S. LUSTIG, C.P Firm's EIN ▶ Use Only Firm's address ▶ 8531 SW 139 TERRACE

FL 33158

Form **990-PF** (2010)

305-378-4970

023622 04-26-11 PALMETTO BAY,

Phone no.

Form 990-PF Dividence	de and	Inter	est from	Secur	rities	Statement	
- DIVIGEN							
Source		Gross	Amount		ital Gains ividends	Column (A Amount	7)
SCHWAB INTERNATIONAL			2987.		111.	28	76.
Total to Fm 990-PF, Part I,	ln 4		2987.		111.	28	76.
Form 990-PF	Ac	counti	ng Fees			Statement	2
Description	Expe	a) nses Books	(b) Net Inve		(c) Adjusted Net Incor		
ACCOUNTING-Hillelene S.Lustig,C.P.A. Bookkeeping & 990PF		2950.		0.		0.	0.
To Form 990-PF, Pg 1, ln 16b		2950.		0.		0.	0.
Form 990-PF		Tax	es			Statement	3
Description	Expe	a) nses Books	(b) Net Inve		(c) Adjusted Net Incom		
FLORIDA CORPORATE TAX	_	61.		0.		0.	0.
To Form 990-PF, Pg 1, ln 18		61.		0.		0.	0.
Form 990-PF	Oth	er Inv	estments			Statement	4
Description			luation ethod	Вос	ok Value	Fair Marke Value	t
EATON VANCE CAUSEWAY INTERNATIOL JENSEN PORTFOLIO ARTISAN MID CAP VALUE FUND BUFFALO SMALL CAP FD PERMANENT PORT FU PIMCO ALL ASSET			FMV FMV FMV FMV FMV FMV		34969. 27087. 21977. 7759. 7509. 9768. 7204.	92 124	53. 59. 54. 10.

GROSS FAMILY FOUNDATION, INC.			6	5-064440
VANGUAR DIV APPRECIATION I SHARES DJ SELECTIVE	FMV FMV	1499 5008		18420 49860
Total to Form 990-PF, Part II, li	ine 13	18135	1.	194537
Form 990-PF Explanation Concer	rning Part VII-A,	Line 8b	Stat	ement
Explanation				
FLORIDA DOES NOT REQUIRE THE REF	PORT.			
	st of Officers, D I Foundation Mana		State	ement
		gers	Employee Ben Plan	
Name and Address HOWARD GROSS	l Foundation Mana Title and	gers Compen-	Employee Ben Plan	Expense
Name and Address	Title and Avrg Hrs/Wk	gers Compen-	Employee Ben Plan	Expense
Name and Address HOWARD GROSS 13647 DEERING BAY DR.#141, CORAL GABLES, FL RENEE GROSS	Title and Avrg Hrs/Wk PRES/TREAS	Compen- sation	Employee Ben Plan Contrib	Expense
Name and Address HOWARD GROSS 13647 DEERING BAY DR.#141, CORAL GABLES, FL	Title and Avrg Hrs/Wk PRES/TREAS 0.00	Compen- sation	Employee Ben Plan Contrib	Expense

DIRECTOR

DIRECTOR

0.00

0.00

0.

0.

0.

0.

0.

0.

0.

0.

0.

PETER GROSS

PATRICIA KALIK

145 STEINMETZ

159 MADEIRA CORAL GABLES, FLA

DR.MANCHESTER, N. HAMPSHIRE

Totals included on 990-PF, Page 6, Part VIII

	and Contributions During the Year	Statement 7		
Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount	
BERKSHIRE THEATRE	NONE ANNUAL FUNDRAISING	501C(3)	75.	
TOYS FOR TOTS	NONE ANNUAL FUNDRAISING	501C(3)	500.	
BYPASS OPEN	NONE ANNUAL FUNDRAISING	501c(3)	250.	
CITIZENS OF AVENTURA	NONE ANNUAL FUNDRAISING	501C(3)	170.	
AUTISM SPEAKS	NONE ANNUAL FUNDRAISING	501C(3)	600.	
DY-FY	NONE ANNUAL FUNDRAISING	501C(3)	1500.	
J STREET	NONE ANNUAL FUNDRAISING	501C(3)	21.	
FOOD & ALLERGY	NONE ANNUAL FUNDRAISING	501C(3)	50.	

GROSS FAMILY FOUNDATION, INC.			65-0644401
ST JUDE HOSPITAL	NONE ANNUAL FUNDRAISING	501C(3)	500.
JEWISH FEDERATION	NONE ANNUAL FUNDRAISING	501C(3)	1000.
JEWISH MUSEUM OF FLORIDA	NONE ANNUAL FUNDRAISING	501C(3)	6300.
SUSAN KORMAN CANCER	NONE ANNUAL FUNDRAISING	501C(3)	100.
MIAMI CITY BALLET	NONE ANNUAL FUNDRAISING	501C(3)	2000.
PAPAN COUPON BOOKS	NONE PROVIDING FOOD & SHELTER	501C(3)	210.
BY PASS OPEN	NONE ANNUAL FUNDRAISING	501C(3)	100.
TEMPLE BETH AM	NONE CAMPAIGN 98-99 MEDIA CENTER & OTHER	501C(3)	9800.
Total to Form 990-PF, Part XV, 1	ine 3a		23176.

Part IV	Capital Gains and Los	ses for Tax on Investment Income					
•	(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.				(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a 100 EATON VANCE				D	12/03/07	08/03/10	
b 18.65 JENSEN PORTFOLIO D				D	12/21/08	12/15/10	
	c 101.5430 JENSEN PORTFOLIO D				12/21/08	08/02/10	
		NENT PORTFOLIO		D	08/20/09	10/25/10	
		NENT PORTFOLIO		D	08/20/09	11/08/10	
		ENT PORTFOLIO				11/08/10	
	.56 PIMCO			D	08/20/09	11/10/10	
<u>h Cap</u>	<u>ital Gains 1</u>	Dividends					
_1							
	<del></del> .						
<u>k</u>	<del></del>		7-3-1707				
<u>m</u>	**		***				
<u>n</u>							
0							
(e)	Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)			
a	4477.		5332.			-855.	
b	500.		353.			147.	
С	2500.		1920.			580.	
d	100.		81.			<u> 19.</u>	
e	150.		118.	<del></del>		32.	
<u>f</u>	250.		198.			52.	
g	6784.		6677.			107.	
h	111.			<del></del>		111.	
1					**		
<del></del>							
k							
<u> </u>	W-17.					*	
<u>m</u>						<del></del>	
<u>n</u>							
Comple	ete only for assets showin	g gain in column (h) and owned by t	he foundation on 12/31/69	//\ L oo	ace (from eal (b))	<del></del>	
	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	Gains (excess o	ses (from col. (h)) f col. (h) gam over ot less than "-0-")	col. (k),	
			213. 301. (1), 11 21.1	· · · · · · · · · · · · · · · · · · ·		0.5.5	
<u>a</u> b						-855. 147.	
C				<del></del>		580.	
d						19.	
e						32.	
f				· · · · · · · · · · · · · · · · · · ·		52.	
g					<del></del>	107.	
h					-	111.	
1					V-1.1.1.		
1	-				<del></del>		
k	-				-		
1							
m							
n_					<u>.</u>		
0							
		If1	in Double has 7				
	gain net income or (net cap	- 11 (1000); 011101 0	. 1	2		193.	
	rt-term capital gain or (los also enter in Part I, line 8, i	s) as defined in sections 1222(5) and column (c).	d (6):				
	, enter "-0-" in Part I, line 8		J	3		0.	

(Rev January 2011)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Rev	enue Service	File a sepa	arate appl	ication for each return.			
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)							
				tic 3-month extension on a previously fi		rm 8868	
				a 3-month automatic extension of time t			oration
	<del>-</del> -	-		sion of time. You can electronically file F	-		
				Form 8870, Information Return for Tran		=	
			-	(see instructions) For more details on t			
		lick on e-file for Charities & Nonprofits		(see instructions) For more details on t	i ie eiet	Stronic ming or this i	Onn,
Part I		c 3-Month Extension of Time		hmit original (no copies peeded)			
	•			onth extension - check this box and con	noloto		
Part I onl		er onn 330-1 and requesting arradior	nauc o-mc	THE EXTENSION - CHECK THIS DOX AND CON	ibiere		
	•	ding 1120 C filors), partnerships, PEM	IICe and t	rusts must use Form 7004 to request ar	ovtor	noon of time	L
	ome tax returns.	uing 1120-C lilers), partnerships, HEIVI	ics, and u	rusts must use Form 7004 to request ar	i exter	ision of time	
Type or	Name of exemp	t organization			Emp	loyer identification	number
print	CDOCC EX	MILY EQUINDADIAN IN	,		ے ا	E 0644401	
File by the		MILY FOUNDATION, INC			0	5-0644401	
due date for filing your		and room or suite no. If a P.O. box, s					
return See		ERING BAY DRIVE, NO					<del></del>
instructions		st office, state, and ZIP code. For a fo	oreign add	ress, see instructions			
	I CORAL GA	BLES, FL 33158					
C-11	Determined for the						
Enter the	e Heturn code for tr	e return that this application is for (file	e a separa	te application for each return)			0 4
Annlicat	ion		Return	Application			Return
							1
Is For         Code         Is For           Form 990         01         Form 990-T (corporation)							Code 07
Form 990	·		02	Form 990-T (corporation) Form 1041-A			08
Form 990			03	Form 4720			09
Form 990			03	Form 5227			10
	D-T (sec 401(a) or 4	(DR(a) truet)	05	Form 6069			11
	0-T (trust other than		06	Form 8870			12
1 01111 000	o i (trast other thai	HOWARD GROSS	1 00	1 0111 007 0			12
• The h	ooks are in the care	e of ► 13647 DEERING I	וח עגב	RIVE # 141 CORAL GA	BT.E	C हा २३	3158
	hone No > 305		<i>J</i> 211, 1/3	FAX No. ►	تريري	D,FH J	120
•		not have an office or place of business	e in the Life	·			
		irn, enter the organization's four digit			ic ic fo	r the whole group, o	book this
box 🕨			1	ch a list with the names and EINs of all		• •	
				to file Form 990-T) extension of time uni		ers the extension is	101
1 110	August 15			tion return for the organization named a		The extension	
is f	for the organization	<del></del>	t Organiza	non retain for the organization harned a	DOVE	THE EXTENSION	
	X calendar year						
	tax year begir	<del></del>	an	d ending			
	tax year begin		, aı	d ending			
2 if ti	he tax vear entered	in line 1 is for less than 12 months, c	heck reas	on: Initial return Fina	al retur	'n	
- <u>"                                   </u>	Change in acco	•	noon rous	on malarretam r me	ai ietui		
<u> </u>	Change in acco	unting period					
3a If ti	his application is fo	r Form 990-BL, 990-PF, 990-T, 4720,	or 6069. A	nter the tentative tax, less any	Γ	<del></del> -	
nonrefundable credits See instructions 3a \$						0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					•		
					s	0.	
					<u> </u>		
					3c	s	0.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879						FO for rayment inst	
		duction Act Notice, see Instructions		5 5555, 655 1 5 6400 EO ald 1 0	3013	Form <b>8868</b> (Re	
		,				2 3000 (110	