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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

2011

For calendar year 2011 or tax year beginning **DEC 15, 2011**, and ending **DEC 31, 2011**

Name of foundation

A Employer identification number

**THE CRUZ FAMILY FOUNDATION, INC****45-4089937**

Number and street (or P O box number if mail is not delivered to street address)

Room/suite

B Telephone number

**212-493-8000****C/O BROWN BROTHERS HARRIMAN TRUST CO, N**

City or town, state, and ZIP code

C If exemption application is pending, check here ► **140 BROADWAY, 5TH FL., NEW YORK, NY 10005**

G Check all that apply

 Initial return  Initial return of a former public charity Final return  Amended return Address change  Name change► ► H Check type of organization  Section 501(c)(3) exempt private foundationD 1. Foreign organizations, check here ► 2. Foreign organizations meeting the 85% test, check here and attach computation ►  Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundationE If private foundation status was terminated under section 507(b)(1)(A), check here ► 

I Fair market value of all assets at end of year

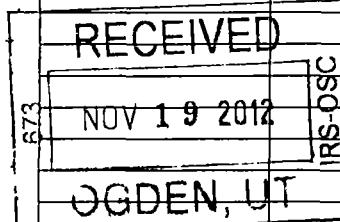
J Accounting method  Cash  AccrualF If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► 

(from Part II, col. (c), line 16)

► \$ **717,244** (Part I, column (d) must be on cash basis)**Part I Analysis of Revenue and Expenses**

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	<b>719,501.</b>		<b>N/A</b>	
2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)		<b>0.</b>		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income				
12 Total Add lines 1 through 11	<b>719,501.</b>	<b>0.</b>		
13 Compensation of officers, directors, trustees etc	<b>0.</b>	<b>0.</b>		<b>0.</b>
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees				
b Accounting fees				
c Other professional fees				
17 Interest				
18 Taxes				
19 Depreciation and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses				
24 Total operating and administrative expenses Add lines 13 through 23	<b>0.</b>	<b>0.</b>		<b>0.</b>
25 Contributions, gifts, grants paid	<b>0.</b>			<b>0.</b>
26 Total expenses and disbursements. Add lines 24 and 25	<b>0.</b>	<b>0.</b>		<b>0.</b>
27 Subtract line 26 from line 12	<b>719,501.</b>			
a Excess of revenue over expenses and disbursements				
b Net investment income (if negative, enter -0-)		<b>0.</b>		
c Adjusted net income (if negative, enter -0-)			<b>N/A</b>	



Assets	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash - non-interest-bearing			200,000.	200,000.
	2 Savings and temporary cash investments				
	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				
	7 Other notes and loans receivable ►				
	Less allowance for doubtful accounts ►				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments - U S and state government obligations				
	b Investments - corporate stock	STMT 2	0.	177,242.	517,244.
	c Investments - corporate bonds				
	11 Investments land buildings and equipment basis ►				
	Less accumulated depreciation ►				
	12 Investments - mortgage loans				
	13 Investments - other				
	14 Land buildings and equipment basis ►				
	Less accumulated depreciation ►				
	15 Other assets (describe ► )				
	16 Total assets (to be completed by all filers)		0.	377,242.	717,244.
Liabilities	17 Accounts payable and accrued expenses				
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers directors trustees and other disqualified persons				
	21 Mortgages and other notes payable				
	22 Other liabilities (describe ► )				
	23 Total liabilities (add lines 17 through 22)		0.	0.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ► <input type="checkbox"/>				
	and complete lines 24 through 26 and lines 30 and 31				
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117 check here ► <input checked="" type="checkbox"/>				
	and complete lines 27 through 31				
	27 Capital stock trust principal or current funds		0.	0.	
	28 Paid-in or capital surplus or land bldg and equipment fund		0.	0.	
	29 Retained earnings accumulated income endowment or other funds		0.	377,242.	
	30 Total net assets or fund balances		0.	377,242.	
	31 Total liabilities and net assets/fund balances		0.	377,242.	

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II column (a) line 30 (must agree with end-of-year figure reported on prior year's return)	1	0.
2 Enter amount from Part I line 27a	2	719,501.
3 Other increases not included in line 2 (itemize) ►	3	0.
4 Add lines 1 2 and 3	4	719,501.
5 Decreases not included in line 2 (itemize) ►	5	342,259.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	377,242.

## Part IV Capital Gains and Losses 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.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo day yr)	(d) Date sold (mo day yr)
1a					
b	NONE				
c					
d					
e					
(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					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k) but not less than -0-) or Losses (from col (h))		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j) if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	{ If gain also enter in Part I line 7 If (loss) enter -0- in Part I line 7 }		2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain also enter in Part I line 8 column (c) If (loss), enter -0- in Part I, line 8			3		

## Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

N/A

If section 4940(d)(2) applies leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes  No

If Yes, the foundation does not qualify under section 4940(e). Do not complete this part

1 Enter the appropriate amount in each column for each year see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2010			
2009			
2008			
2007			
2006			

2 Total of line 1 column (d)

2

3 Average distribution ratio for the 5 year base period - divide the total on line 2 by 5 or by the number of years the foundation has been in existence if less than 5 years

3

4 Enter the net value of noncharitable-use assets for 2011 from Part X line 5

4

5 Multiply line 4 by line 3

5

6 Enter 1% of net investment income (1% of Part I line 27b)

6

7 Add lines 5 and 6

7

8 Enter qualifying distributions from Part XII line 4

8

If line 8 is equal to or greater than line 7 check the box in Part VI line 1b and complete that part using a 1% tax rate  
See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter N/A* on line 1	0.
1	Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V check here ► <input type="checkbox"/> and enter 1% of Part I line 27b	
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12 col (b)	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	0.
3	Add lines 1 and 2	0.
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-	0.
6	Credits/Payments	
a	2011 estimated tax payments and 2010 overpayment credited to 2011	
b	Exempt foreign organizations - tax withheld at source	
c	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	0.
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	
9	Tax due If the total of lines 5 and 8 is more than line 7 enter amount owed	0.
10	Overpayment If line 7 is more than the total of lines 5 and 8 enter the amount overpaid	
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ► <input type="checkbox"/> Refunded ► <input type="checkbox"/>	11

**Part VII-A Statements Regarding Activities**

1a	During the tax year did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? <i>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</i>	<input checked="" type="checkbox"/>
1c	Did the foundation file Form 1120 POL for this year?	<input checked="" type="checkbox"/>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► \$ _____ 0. (2) On foundation managers ► \$ _____ 0.	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____ 0.	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If Yes, attach a detailed description of the activities</i>	<input checked="" type="checkbox"/>
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? <i>If Yes, attach a conformed copy of the changes</i>	<input checked="" type="checkbox"/>
4a	Did the foundation have unrelated business gross income of \$1 000 or more during the year? b If Yes, has it filed a tax return on Form 990 T for this year?	N/A
5	Was there a liquidation, termination, dissolution or substantial contraction during the year? <i>If Yes, attach the statement required by General Instruction T</i>	<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>
7	Did the foundation have at least \$5 000 in assets at any time during the year? <i>If 'Yes' complete Part II, col (c) and Part XV</i>	<input checked="" type="checkbox"/>
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ► _____ <b>FL</b>	
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	SEE STATEMENT 3
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(l)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes, complete Part XIV	<input checked="" type="checkbox"/>
10	Did any persons become substantial contributors during the tax year? If Yes, attach a schedule listing their names and addresses	STMT 4

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year did the foundation directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If Yes attach schedule (see instructions)	11	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If Yes attach statement (see instructions)	12	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X
Website address ► N/A			
14	The books are in care of ► BROWN BROTHERS HARRIMAN TR CO NA Located at ► 140 BROADWAY, 5TH FLOOR, NEW YORK	Telephone no ► 212-493-8000	ZIP+4 ► 10005
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	► 15	N/A
16	At any time during calendar year 2011 did the foundation have an interest in or a signature or other authority over a bank securities or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If Yes enter the name of the foreign country ►	16	Yes No X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies	Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X No
(2)	Borrow money from lend money to or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X No
(3)	Furnish goods services or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X No
(4)	Pay compensation to or pay or reimburse the expenses of a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 )	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X No
b	If any answer is Yes to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	
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 2011?	1c	X
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 2011 did the foundation have any undistributed income (lines 6d and 6e Part XIII) for tax year(s) beginning before 2011? If Yes list the years ►	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X No
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed answer No and attach statement - see instructions )	N/A	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a list the years here ►	2b	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X No
b	If Yes did it have excess business holdings in 2011 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 2011)	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b	
b	Did the foundation make any investment in a prior year (but after December 31 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4a	X
		4b	X

## Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(1) Carry on propaganda or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955) or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable etc. organization described in section 509(a)(1) (2) or (3) or section 4940(d)(2)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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	N/A ► <input type="checkbox"/>	5b	
c If the answer is Yes to question 5a(4) does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d)			
6a Did the foundation during the year receive any funds, directly or indirectly to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Did the foundation during the year, pay premiums directly or indirectly on a personal benefit contract? If "Yes" to 6b, file Form 8870	<input type="checkbox"/> Yes <input type="checkbox"/> No	6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

## Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

## 1 List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter 0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account other allowances
EDWARD CRUZ 165 RYAN STREET - THE CRUZ BUILDING SOUTH PLAINFIELD, NJ 07080	PRESIDENT 0.00	0.	0.	0.
SHARON CRUZ 165 RYAN STREET - THE CRUZ BUILDING SOUTH PLAINFIELD, NJ 07080	SECRETARY/TREASURER 0.00	0.	0.	0.
ROBIN CRUZ MCCLEARN 165 RYAN STREET - THE CRUZ BUILDING SOUTH PLAINFIELD, NJ 07080	VICE PRESIDENT 0.00	0.	0.	0.

## 2 Compensation of five highest-paid employees (other than those included on line 1) If none, enter "NONE"

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account other allowances
NONE				

Total number of other employees paid over \$50,000

► 0

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**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services If none, enter "NONE"**

(a) Name and address of each person paid more than \$50 000	(b) Type of service	(c) Compensation
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 statistical information such as the number of organizations and other beneficiaries served conferences convened research papers produced etc

Expenses

1	N/A	
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 on lines 1 and 2

Amount

1	N/A	
2		
3	All other program-related investments See instructions	

**Total Add lines 1 through 3**


0.

**Part X Minimum Investment Return** (All domestic foundations must complete this part Foreign foundations see instructions)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable etc purposes	1a	517,244.
a Average monthly fair market value of securities	1b	200,000.
b Average of monthly cash balances	1c	
c Fair market value of all other assets	1d	717,244.
d Total (add lines 1a b and c)		
e 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	717,244.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount see instructions)	4	10,759.
5 Net value of noncharitable use assets Subtract line 4 from line 3 Enter here and on Part V, line 4	5	706,485.
6 Minimum investment return Enter 5% of line 5 <b>ADJUSTED FOR SHORT TAX PERIOD</b>	6	1,645.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ►  and do not complete this part)

1 Minimum investment return from Part X line 6	1	1,645.
2a Tax on investment income for 2011 from Part VI, line 5	2a	
b Income tax for 2011 (This does not include the tax from Part VI )	2b	
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	1,645.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	1,645.
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	1,645.

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable etc purposes	1a	0.
a Expenses contributions gifts etc - total from Part I column (d) line 26	1b	0.
b Program related investments - total from Part IX-B	2	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable etc purposes	3a	
3 Amounts set aside for specific charitable projects that satisfy the	3b	
a Suitability test (prior IRS approval required)	4	0.
b Cash distribution test (attach the required schedule)	5	0.
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V line 8 and Part XIII line 4	6	0.
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		
6 Adjusted qualifying distributions Subtract line 5 from line 4		

Note The amount on line 6 will be used in Part V column (b) in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI line 7				1,645.
2 Undistributed income if any as of the end of 2011			0.	
a Enter amount for 2010 only				
b Total for prior years		0.		
3 Excess distributions carryover if any to 2011				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from Part XII line 4 ► \$ 0.			0.	
a Applied to 2010 but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2011 distributable amount	0.			0.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d) the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below	0.			
a Corpus Add lines 3f 4c and 4e Subtract line 5				
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 2010 Subtract line 4a from line 2a Taxable amount - see instr				0.
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				1,645.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012 Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				



## Part XV | Supplementary Information (continued)

## 3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
<b>a Paid during the year</b>				
NONE				
<b>Total</b>			► 3a	0
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>			► 3b	0

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

**Enter gross amounts unless otherwise indicated**

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513 or 514		(e) Related or exempt function income
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue						
a						
b						
c						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate						
a Debt financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a						
b						
c						
d						
e						
12 Subtotal Add columns (b), (d) and (e)			0.		0.	0.
13 Total Add line 12 columns (b), (d) and (e)						

**13 Total Add line 12 columns (b) (d) and (e)**  
**(See worksheet in line 13 instructions to verify calculations )**

## **Relationship of Activities to the Accomplishment of Exempt Purposes**



**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

**2011****Name of the organization****Employer identification number****THE CRUZ FAMILY FOUNDATION, INC****45-4089937****Organization type (check one)****Filers of****Section**

Form 990 or 990 EZ

 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990 PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation**Check if your organization is covered by the General Rule or a Special Rule**

Note Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

**General Rule**

For an organization filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990 Part VIII line 1h, or (ii) Form 990 EZ, line 1. Complete Parts I and II.

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 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc. purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ \_\_\_\_\_

**Caution** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990 EZ, or 990 PF) but it must answer "No" on Part IV line 2 of its Form 990, or check the box on line H of its Form 990 EZ or on Part I, line 2 of its Form 990 PF to certify that it does not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF Schedule B (Form 990, 990 EZ, or 990 PF) (2011)

Name of organization

Employer identification number

THE CRUZ FAMILY FOUNDATION, INC

45-4089937

**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	EDWARD & SHARON CRUZ 165 RYAN STREET - THE CRUZ BUILDING SOUTH PLAINFIELD, NJ 07080	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	EDWARD & SHARON CRUZ 165 RYAN STREET - THE CRUZ BUILDING SOUTH PLAINFIELD, NJ 07080	\$ 300,848.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
3	EDWARD & SHARON CRUZ 165 RYAN STREET - THE CRUZ BUILDING SOUTH PLAINFIELD, NJ 07080	\$ 93,600.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
4	EDWARD & SHARON CRUZ 165 RYAN STREET - THE CRUZ BUILDING SOUTH PLAINFIELD, NJ 07080	\$ 3,171.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
5	EDWARD & SHARON CRUZ 165 RYAN STREET - THE CRUZ BUILDING SOUTH PLAINFIELD, NJ 07080	\$ 121,882.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

THE CRUZ FAMILY FOUNDATION, INC

Employer identification number

45-4089937

**Part II Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	24,262 SHARES OF NEW YORK COMMUNITY BANCORP INC.	\$ 300,848.	12/23/11
3	12,000 SHARES OF SOMERSET HILLS BANCORP	\$ 93,600.	12/23/11
4	1,338 SHARES OF SUN BANCORP INC.	\$ 3,171.	12/23/11
5	1,656 SHARES OF THE TORONTO-DOMINION BANK	\$ 121,882.	12/23/11
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization

Employer identification number

**THE CRUZ FAMILY FOUNDATION, INC**

45-4089937

**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, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ► \$ \_\_\_\_\_*

Use duplicate copies of Part III if additional space is needed.

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON CONTRIBUTED SECURITIES	342,259.
TOTAL TO FORM 990-PF, PART III, LINE 5	342,259.

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FORM 990-PF	CORPORATE STOCK	STATEMENT	2
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
24,262 SHARES NEW YORK COMMUNITY	58,066.	300,121.
12,000 SHARES SOMERSET HILLS BANCORP	70,352.	90,000.
1,338 SHARES SUN BANCORP INC NJ	6,824.	3,238.
1,656 SHARES TORONTO DOMINION BANK	42,000.	123,885.
TOTAL TO FORM 990-PF, PART II, LINE 10B	177,242.	517,244.

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FORM 990-PF	EXPLANATION CONCERNING PART VII-A, LINE 8B	STATEMENT	3
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EXPLANATION

THIS FOUNDATION HAS NO STATE REPORTING REQUIREMENTS

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS  
PART VII-A, LINE 10

STATEMENT 4

## NAME OF CONTRIBUTOR

## ADDRESS

EDWARD CRUZ

165 RYAN STREET - THE CRUZ BUILDING  
SOUTH PLAINFIELD, NJ 07080

SHARON CRUZ

165 RYAN STREET - THE CRUZ BUILDING  
SOUTH PLAINFIELD, NJ 07080

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application 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)

**Do not complete Part II unless** you have already been granted an automatic 3 month extension on a previously filed Form 8868

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3 month automatic extension of time to file (6 months for a corporation required to file Form 990 T) or an additional (not automatic) 3 month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I Automatic 3-Month Extension of Time Only submit original (no copies needed)**

A corporation required to file Form 990 T and requesting an automatic 6 month extension check this box and complete

Part I only  ► **All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns**

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization or other filer see instructions  <b>THE CRUZ FAMILY FOUNDATION, INC</b>	Employer identification number (EIN) or  <b><input checked="" type="checkbox"/> 45-4089937</b>
	Number street, and room or suite no If a P O box see instructions  <b>C/O BROWN BROTHERS HARRIMAN TRUST CO, N.A.</b>	Social security number (SSN)  <b><input type="checkbox"/></b>
	City town or post office, state and ZIP code For a foreign address, see instructions  <b>140 BROADWAY, 5TH FL., NEW YORK, NY 100</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 4**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990 T (corporation)	07
Form 990 BL	02	Form 1041 A	08
Form 990 EZ	01	Form 4720	09
Form 990 PF	04	Form 5227	10
Form 990 T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990 T (trust other than above)	06	Form 8870	12

**BROWN BROTHERS HARRIMAN TR CO NA**

- The books are in the care of  **140 BROADWAY, 5TH FLOOR - NEW YORK 10005**  
Telephone No  **212-493-8000** FAX No  **212-493-8003**

- If the organization does not have an office or place of business in the United States, check this box  ►
- If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group check this box  ►  If it is for part of the group, check this box  ►  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3 month (6 months for a corporation required to file Form 990 T) extension of time until **AUGUST 15, 2012** to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year \_\_\_\_\_ or  tax year beginning **DEC 15, 2011** and ending **DEC 31, 2011**

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990 BL 990 PF 990 T 4720 or 6069 enter the tentative tax less any 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 estimated tax payments made Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due Subtract line 3b from line 3a Include your payment with this form if required by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0.

**Caution** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879 EO for payment instructions

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

Form 8868 (Rev 1 2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►

Note Only complete Part II if you have already been granted an automatic 3 month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time** Only file the original (no copies needed)

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer see instructions <b>THE CRUZ FAMILY FOUNDATION, INC</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> 45-4089937
File by the due date for filing your return See instructions	Number street and room or suite no if a P O box see instructions <b>C/O BROWN BROTHERS HARRIMAN TRUST CO, N.A.</b>	Social security number (SSN) <input type="checkbox"/>
	City town or post office state and ZIP code For a foreign address see instructions <b>140 BROADWAY, 5TH FL., NEW YORK, NY 100</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 4**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990 BL	02	Form 1041 A	08
Form 990 EZ	01	Form 4720	09
Form 990 PF	04	Form 5227	10
Form 990 T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990 T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

BROWN BROTHERS HARRIMAN TR CO NA

- The books are in the care of ► **140 BROADWAY, 5TH FLOOR - NEW YORK 10005**

Telephone No ► **212-493-8000** FAX No ► **212-493-8003**

- If the organization does not have an office or place of business in the United States check this box ►

- If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until **NOVEMBER 15, 2012**

5 For calendar year \_\_\_\_\_ or other tax year beginning **DEC 15, 2011** and ending **DEC 31, 2011**

6 If the tax year entered in line 5 is for less than 12 months check reason  Initial return  Final return

Change in accounting period

7 State in detail why you need the extension

**INFORMATION FOR FILING A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE.**

8a If this application is for Form 990 BL 990 PF 990 T 4720, or 6069 enter the tentative tax less any nonrefundable credits See instructions	8a	\$ 0.
b If this application is for Form 990 PF 990 T 4720 or 6069 enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$ 0.
c Balance due Subtract line 8b from line 8a Include your payment with this form if required by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ 0.

**Signature and Verification must be completed for Part II only**

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature ► Eric A. C. A. Title ► E. A. Date ► 8/9/12

Form 8868 (Rev. 1 2012)