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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0052

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation
GRIES FAMILY FOUNDATION

A Employer identification number
46-0532492

Number and street (or P.O. box number if mail is not delivered to street address)
4830 W KENNEDY BLVD STE NO 880

Room/suite

B Telephone number (see instructions)
(813) 902-9038

City or town, state or province, country, and ZIP or foreign postal code
TAMPA, FL 33609

C If exemption application is pending, check here

G Check all that apply:

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

D 1. Foreign organizations, check here.....

D 2. Foreign organizations meeting the 85% test, check here and attach computation ...

H Check type of organization:
☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E 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 (from Part II, col. (c), line 16) \$ 0

J Accounting method:
☒ Cash ☐ Accrual
☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

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) (see instructions).)

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

Revenue

1 Contributions, gifts, grants, etc., received (attach schedule)
452,000

2 Check ☐ 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
-65,000

b Gross sales price for all assets on line 6a

7 Capital gain net income (from Part IV, line 2) 0

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) (attach schedule)

11 Other income (attach schedule) 25 0

12 Total. Add lines 1 through 11 387,025 0

Operating and Administrative Expenses

13 Compensation of officers, directors, trustees, etc. 0 0 0

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule)

b Accounting fees (attach schedule) 3,200 0 3,200

c Other professional fees (attach schedule) 63 0 63

17 Interest

18 Taxes (attach schedule) (see instructions)

19 Depreciation (attach schedule) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses (attach schedule) 22,589 0 22,589

24 Total operating and administrative expenses.
Add lines 13 through 23 25,852 0 25,852

25 Contributions, gifts, grants paid 435,560 435,560

26 Total expenses and disbursements. Add lines 24 and 25 461,412 0 461,412

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements -74,387

b Net investment income (if negative, enter -0-) 0

c Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2020)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	1,554		
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ 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 (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	65,000	0	0
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	66,554	0	0	
Liabilities	17 Accounts payable and accrued expenses		7,833	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	7,833	
	Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.		
24 Net assets without donor restrictions				
25 Net assets with donor restrictions				
Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.				
26 Capital stock, trust principal, or current funds		0	0	
27 Paid-in or capital surplus, or land, bldg., and equipment fund		0	0	
28 Retained earnings, accumulated income, endowment, or other funds		66,554	-7,833	
29 Total net assets or fund balances (see instructions)		66,554	-7,833	
30 Total liabilities and net assets/fund balances (see instructions) .	66,554	0		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	66,554
2 Enter amount from Part I, line 27a	2	-74,387
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	-7,833
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	-7,833

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.)
1 a PASSTHROUGH K-1 CAPITAL LOSS	P		
b			
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		65,000	-65,000
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) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			-65,000
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	-65,000
	3	
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) (see instructions). If (loss), enter -0- in Part I, line 8		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved	2		
3 Reserved	3		
4 Reserved	4		
5 Reserved	5		
6 Reserved	6		
7 Reserved	7		
8 Reserved ,	8		

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. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved.	1	0
c	All other domestic foundations enter 1.39% 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-)	2	0
3	Add lines 1 and 2.	3	0
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	0
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	0
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10	
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
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?	1a	No
b 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>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="text"/> \$ <u>0</u> (2) On foundation managers. <input type="text"/> \$ <u>0</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="text"/> \$ <u>0</u>		
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>	2	No
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>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
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>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
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>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="text"/> FL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>KELLY BECKER</u> Telephone no. ▶ <u>(813) 902-9038</u>			

Located at ▶ 4830 W KENNEDY BLVD STE 880 TAMPA FL ZIP+4 ▶ 33609


15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		
16	At any time during calendar year 2020, 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?	16	Yes No
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

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


File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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"/> 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"/> 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 <input type="checkbox"/>	1b	
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 2020?	1c	No
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 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
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.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
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"/> No		
b	If "Yes," did it have excess business holdings in 2020 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 2020.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
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 2020?	4b	No

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:		Yes	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<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		5b	No
	Organizations relying on a current notice regarding disaster assistance check here. 	<input type="checkbox"/>		
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? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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.		6b	No
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?		7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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. See instructions				
(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
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
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:		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	1,088
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,088
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	1,088
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	16
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,072
6	Minimum investment return. Enter 5% of line 5.	6	54

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	54
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	
b	Income tax for 2020. (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	54
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	54
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	54

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	461,412
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 charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	461,412
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. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	461,412

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				54
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2020:				
a From 2015.	215,706			
b From 2016.	145,481			
c From 2017.	216,429			
d From 2018.	231,453			
e From 2019.	583,173			
f Total of lines 3a through e.	1,392,242			
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 461,412				
a Applied to 2019, 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 2020 distributable amount.				54
e Remaining amount distributed out of corpus	461,358			
5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,853,600			
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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				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 2015 not applied on line 5 or line 7 (see instructions).	215,706			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a.	1,637,894			
10 Analysis of line 9:				
a Excess from 2016.	145,481			
b Excess from 2017.	216,429			
c Excess from 2018.	231,453			
d Excess from 2019.	583,173			
e Excess from 2020.	461,358			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

ROBERT D GRIES JR

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

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)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	435,560
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
(a) Business code	(b) Amount	(c) Exclusion 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				
		18	-65,000	
9 Net income or (loss) from special events:				
10 Gross profit or (loss) from sales of inventory				
11 Other revenue:				
a <u>BANK CREDIT</u>		01	25	
b _____				
c _____				
d _____				
e _____				
12 Subtotal. Add columns (b), (d), and (e). .				
	0		-64,975	0
13 Total. Add line 12, columns (b), (d), and (e).				
				-64,975

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:				
(1) Cash.		1a(1)		No
(2) Other assets.		1a(2)		No
b Other transactions:				
(1) Sales of assets to a noncharitable exempt organization.		1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)		No
(3) Rental of facilities, equipment, or other assets.		1b(3)		No
(4) Reimbursement arrangements.		1b(4)		No
(5) Loans or loan guarantees.		1b(5)		No
(6) Performance of services or membership or fundraising solicitations.		1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.				

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2021-08-23	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below
 (see instr.) ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00748038
	AMANDA ADAMS				
	Firm's name ▶ CHERRY BEKAERT LLP				Firm's EIN ▶ 56-0574444
	Firm's address ▶ 401 EAST JACKSON ST SUITE 1200 TAMPA, FL 33602				Phone no. (813) 251-1010

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ROBERT D GRIES JR 4830 W KENNEDY BOULEVARD SUITE 880 TAMPA, FL 33609	PRESIDENT/DIRECTOR 1.00	0	0	0
KELLY BECKER 4830 W KENNEDY BOULEVARD SUITE 880 TAMPA, FL 33609				
JAMIE COLE 4830 W KENNEDY BOULEVARD SUITE 880 TAMPA, FL 33609	DIRECTOR 1.00	0	0	0
WILLIAM J SCHIFINO JR 201 N FRANKLIN STREET SUITE 2600 TAMPA, FL 33602				
DOUG ARTHUR 4830 W KENNEDY BOULEVARD SUITE 880 TAMPA, FL 33609	DIRECTOR 1.00	0	0	0
DAVID L KOCH 601 BAYSHORE BOULEVARD SUITE 700 TAMPA, FL 33606				

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
ALEXA WESTMORELAND 10411 BRENTFORD DRIVE TAMPA, FL 33626	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
ALEXIS GYSELINCK 12010 OAKSBURY DR TAMPA, FL 33626	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
ANNAGRACE BRACKIN 1306 W PLYMOUTH ST TAMPA, FL 33603	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
APRIL MOTES222 LAKEWAY LANE APOLLO BEACH, FL 33572	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
AVA WESTON 14211 WATERVILLE CIRCLE TAMPA, FL 33626	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
AYANAH LUGO 2146 RICHWOOD PIKE DR RUSKIN, FL 33570	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
BAILEY LEIST 8815 OSCEOLA ACRES TRAIL ODESSA, FL 33556	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
BOYS & GIRLS CLUB OF TAMPA BAY 6400 E CHELSEA STREET TAMPLA, FL 33610	N/A	PC	GENERAL SUPPORT	6,500
BRANDON BONET 10922 GILLETTE AVENUE TAMPA, FL 33617	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
BRIANNA ALDERMAN4802 CALHOUN RD PLANT CITY, FL 33567	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
BULLARD FAMILY FOUNDATION 5308 VAN DYKE RD LUTZ, FL 33558	N/A	PC	GENERAL SUPPORT	25,000
CARLY PRICE12512 ASHDOWN DR TAMPA, FL 33556	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
CAROLINE LAMOUREUX 1710 HAVEN BEND TAMPA, FL 33613	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
CARSON BIEN 8508 KENTUCKY DERBY DR ODESSA, FL 33556	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
CHARITY POLO CLASSIC 13014 N DALE MABRY HWY 520 TAMPA, FL 33618	N/A	PC	GENERAL SUPPORT	4,500
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
CHILDREN'S HOPE INTERNATIONAL 11780 BORMAN DRIVE ST LOUIS, MO 63146	N/A	PC	GENERAL SUPPORT	2,576
CHLOE CRESPI 6313 JACQUELINE ARBOR DRIVE TEMPLE TERRACE, FL 33617	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
COLBIE COLEMAN 4309 HARBORWATCH LANE LUTZ, FL 33558	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
COLBY SMITH8240 DONALDSON DR TAMPA, FL 33615	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
COVID RELIEF FOUNDATION OF TAMPA BAY 4300 W CYPRESS ST STE 700 TAMPA, FL 33607	N/A	PC	GENERAL SUPPORT	525
CRISIS CENTER OF TAMPA BAY 1 CRISIS CENTER PLAZA TAMPA, FL 33613	N/A	PC	GENERAL SUPPORT	50,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
CRISTIAN RODRIGUEZ 7142 WRENWOOD CIRCLE TAMPA, FL 33617	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
DANIEL BARRON5608 EAGLEGLEN PL LITHIA, FL 33547	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
DEBORAH RODRIGUEZ 10203 GOLDENBROOK TAMPA, FL 33647	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
DERRICK BROOKS CHARITIES INC 3750 GUNN HIGHWAY TAMPA, FL 33618	N/A	PC	GENERAL SUPPORT	10,000
DESTANIE JOHNSON11502 N ROME AVE TAMPA, FL 33612	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
DOMINICK LEE2395 CAMPBELL RD CLEARWATER, FL 33765	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
DON'T EVER GIVE UP INC 14600 WESTON PARKWAY CARY, NC 27513	N/A	PC	DONT EVER GIVE UP RAISES FUNDS AND AWARENESS TO END CANCER BY SUPPORTING CUTTING-EDGE RESEARCH THROUGH THE V FOUNDATION.	25,000
DOWN SYNDROME FOUNDATION OF FLORIDA PO BOX 533462 ORLANDO, FL 32853	N/A	PC	GENERAL SUPPORT	5,000
ELIJAH FLOYD 1808 EAST ELLICOTT STREET TAMPA, FL 33610	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
ELIJAH KETCHUP JR 11054 GOLDEN SILENCE DR RIVERVIEW, FL 33579	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
EMILY PAROW4822 TUSCAN LOON DR TAMPA, FL 33619	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
EMMA JONES12813 SATIN LILY DR RIVERVIEW, FL 33579	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
EMMA SOLIS16308 BRIDGELAWN AVE LITHIA, FL 33547	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
EMMY SHOUSE1003 W MAHONEY ST PLANT CITY, FL 33563	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
ENTERTAINMENT REVUE FOUNDATION 2912 MOSSY TIMBER TRL VALRICO, FL 33596	N/A	PC	GENERAL SUPPORT	21,100
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
FICSPO BOX 63 BELMONT, MA 02478	N/A	PC	GENERAL SUPPORT	100
FLYING KITES6 GILLIES CT NEWPORT, RI 02840	N/A	PC	GENERAL SUPPORT	526
GLAZER CHILDREN'S MUSEUM 110 W GASPARILLA PLAZA TAMPA, FL 33602	N/A	PC	TABLE	2,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
GRACE ALEXANDROW 17225 TIFFANY SHORE DRIVE LUTZ, FL 33549	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
HANNAH MANLEY 3024 FOREST HAMMOCK DR PLANT CITY, FL 33566	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
HUMANE SOCIETY OF TAMPA BAY 4023 N ARMENIA AVE STE 490 TAMPA, FL 33607	N/A	PC	GENERAL SUPPORT	250
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
HUNTER CROSLIN 5516 THONOTOSASSA RD PLANT CITY, FL 33565	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
IMANI NOBLES624 BREEZEWAY CT BRANDON, FL 33511	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
ISABEL PLISKA19922 DOLORES ANN CT LUTZ, FL 33549	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
JACEY FEILER2106 HAYDON COURT BRANDON, FL 33511	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
JACQUELINE FIGUEREDO 907 HILLARY CIRCLE LUTZ, FL 33548	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
JAYDEN BARRERA3904 W ROGERS AVE TAMPA, FL 33611	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
JAYDEN CAPELLA 5916 ALANA LEIGH PLACE LITHIA, FL 33547	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
JDRF INTERNATIONAL 9700 PHILLIPS HWY 106 JACKSONVILLE, FL 32256	N/A	PC	GENERAL SUPPORT	500
JESUS ORTEGA17217 N CHURCH AVE TAMPA, FL 33614	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
JORDAN CLARK 11701 ARBOR MEAD AVE RIVERVIEW, FL 33569	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
JOSEPHINE CLARK 8358 GOLDEN PRAIRIE DRIVE TAMPA, FL 33647	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
JULIA MONKARSH10022 SEYMOUR WAY TAMPA, FL 33626	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
KAREN RODRIGUEZ 4912 N ARRAWANA AVE TAMPA, FL 33614	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
KATHERINE O'NEAL 12015 VERMILLION WAY RIVERVIEW, FL 33569	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
KERRIGAN WHITE 3306 W SAN PEDRO ST TAMPA, FL 33629	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
KINLEIGH DOIRON 3314 AZALEA BLOSSOM DR PLANT CITY, FL 33567	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
KYLENE BYRNE 17020 SHADY PINES DRIVE LUTZ, FL 33548	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
LAUREN LONG6501 BLACKFIN WAY APOLLO BEACH, FL 33572	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
LUKE CADWALLADER 818 CITRUS WOOD LANE VALRICO, FL 33594	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
LUKE HILL12113 GARDEN LAKE CIRCLE ODESSA, FL 33556	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
LYMAN WOMEN'S VOLLEYBALL TRIP 865 S RONALD REAGAN BLVD LONGWOOD, FL 32750	N/A	PC	GENERAL SUPPORT	258
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
MAKENZY MARTIN 6709 GRAND BAHAMA DRIVE TAMPA, FL 33615	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
MARIEN CABRERA6803 W BURKE ST TAMPA, FL 33634	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
MARLOS DRAIN8311 N SEMMES ST TAMPA, FL 33604	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
MATTHEW RODRIGUEZ 9229 MOUNTAIN MAGNOLIA DR RIVERVIEW, FL 33578	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
MAX MARTINO5106 LADY ROSE CT LUTZ, FL 33558	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
MCKENZIE CONNOR 19122 SWEET CLOVER LANE TAMPA, FL 33647	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
MIA BULSO814 ISLEBAY DR APOLLO BEACH, FL 33572	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
MICHELLE JAYARAJ 10863 CORY LAKE DR TAMPA, FL 33647	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
NATALIA FORERO12503 BELCROFT DR RIVERVIEW, FL 33579	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
NICHOLAS SUAREZ 1304 W PLYMOUTH ST TAMPA, FL 33603	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
NOAH PEARLMAN 1-13714 SPRINGER LANE TAMPA, FL 33625	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
NYLIAH CLARK3411 N 13TH ST TAMPA, FL 33605	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560


Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
PANCREATIC CANCER ACTION NETWORK 1500 RPSECRANS AVE STE 200 MANHATTAN BEACH, CA 90266	N/A	PC	GENERAL SUPPORT	200
QUANTUM LEAP FARMS 10401 WOODSTOCK ROAD ODESSA, FL 33556	N/A	PC	GENERAL SUPPORT	525
RAMON TORRES 2641 ORANGE TREE LOOP TAMPA, FL 33618	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
SANDRA ONYEBUEKE 13845 FAIRWAY BUNKER DR TAMPA, FL 33626	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
SOPHIA KOTOPKA 13906 WINDY KNOLL DRIVE RIVERVIEW, FL 33579	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
STARTING RIGHT NOW 6523 STONINGTON DR S TAMPA, FL 33647	N/A	PC	GENERAL SUPPORT	10,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
TARYN HARPOLE4423 W EUCLID AVE TAMPA, FL 33629	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
THE EPHATA FOUNDATION 5101 W LONGFELLOW AVE TAMPA, FL 33629	N/A	PC	GENERAL SUPPORT	1,000
THE WBS FOUNDATION 220 CORAL DRIVE WRIGHTSVILLE BEACH, FL 28480	N/A	PC	GENERAL SUPPORT	500
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
TONY WATSON3503 RIVER GROVE DR TAMPA, FL 33610	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
TRISTEN OWENS717 SEAGATE DR TAMPA, FL 33602	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
USF FOUNDATION 4202 EAST FOWLER AVENUE TAMPA, FL 33620	N/A	PC	USF VOLLEYBALL	200,500
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
VICTORIA APP19113 NATURE PALM LN TAMPA, FL 33647	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
WEI-CHANG CHEN 828 VINO VERDE CIRCLE BRANDON, FL 33511	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
YARITZA VASQUEZ5011 ARMOR RD PLANT CITY, FL 33567	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total ▶ 3a				435,560

Form 990PF Part XV Line 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)				
a <i>Paid during the year</i>				
ZANIA HERNANDEZ 7922 ALLAMANDA AVE TAMPA, FL 33619	NONE	I	HEART OF A CHAMPION SCHOLARSHIP	1,000
Total  3a				435,560

TY 2020 Accounting Fees Schedule**Name:** GRIES FAMILY FOUNDATION**EIN:** 46-0532492

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX RETURN PREPARATION	3,200	0		3,200

TY 2020 Other Expenses Schedule**Name:** GRIES FAMILY FOUNDATION**EIN:** 46-0532492**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANQUET EXPENSE	22,589	0		22,589

TY 2020 Other Income Schedule

Name: GRIES FAMILY FOUNDATION

EIN: 46-0532492

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
BANK CREDIT	25		25

TY 2020 Other Professional Fees Schedule**Name:** GRIES FAMILY FOUNDATION**EIN:** 46-0532492

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL FEES	63	0		63

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047 2020
	Name of the organization GRIES FAMILY FOUNDATION	Employer identification number 46-0532492

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
GRIS FAMILY FOUNDATION

Employer identification number
46-0532492

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	GRM FAMILY LIMITED PARTNERSHIP 4830 W KENNEDY BOULEVARD SUITE 880 TAMPA, FL 33609	\$ 452,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization GRIES FAMILY FOUNDATION	Employer identification number 46-0532492
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Name of organization GRIES FAMILY FOUNDATION	Employer identification number 46-0532492
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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. See instructions.) ▶ \$

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	
	(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	