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

OMB No 1545-0052

2009

Department of the Treasury
Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning , 2009, and ending

G Check all that apply: ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation BILLIE AND GEORGE ROSS FOUNDATION INC.		A Employer identification number 41-2065250
	Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number (see the instructions) (212) 715-7249
	10 THIXTON DRIVE		C If exemption application is pending, check here <input type="checkbox"/> D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
	City or town HEWLETT HARBOR	State ZIP code NY 11557	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)		
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 2,262,893.			

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 the 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 (att sch)	300,000.			
2 Ck <input checked="" type="checkbox"/> if the foundn is not req to att Sch B				
3 Interest on savings and temporary cash investments	17,883.	17,883.	17,883.	
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)		L-6a Stmt		
6a Net gain/(loss) from sale of assets not on line 10	-106,341.			
b Gross sales price for all assets on line 6a	143,659.			
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/(loss) (att sch)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	211,542.	17,883.	17,883.	
ADMINISTRATIVE EXPENSES				
13 Compensation of officers, directors, trustees, etc				
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach sch) L-16b Stmt	635.			635.
c Other prof fees (attach sch)				
17 Interest				
18 Taxes (attach schedule) (see instr) EXCISE	800.	800.		
19 Depreciation (attach sch) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) See Line 23 Stmt	400.	150.		250.
24 Total operating and administrative expenses. Add lines 13 through 23	1,835.	950.		885.
25 Contributions, gifts, grants paid	157,400.			157,400.
26 Total expenses and disbursements. Add lines 24 and 25	159,235.	950.		158,285.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	52,307.			
b Net investment income (if negative, enter -0-)		16,933.		
c Adjusted net income (if negative, enter -0-)			17,883.	

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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
A S S E T S	1 Cash – non-interest-bearing	1,197,738.	1,353,165.	1,353,165.
	2 Savings and temporary cash investments	762,848.	909,728.	909,728.
	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 the instructions)			
	7 Other notes and loans receivable (attach sch)			
	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)	250,000.		
	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)				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation (attach schedule)				
15 Other assets (describe <u>See Other Assets Stmt.</u>)				
16 Total assets (to be completed by all filers – see instructions. Also, see page 1, item I)	2,210,586.	2,262,893.	2,262,893.	
L I A B I L I T I E S	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe _____)			
	23 Total liabilities (add lines 17 through 22)			
N E T F U N D A S S E T B A L A N C E S	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	2,210,586.	2,262,893.	
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see the instructions)	2,210,586.	2,262,893.	
31 Total liabilities and net assets/fund balances (see the instructions)	2,210,586.	2,262,893.		

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	2,210,586.
2 Enter amount from Part I, line 27a	2	52,307.
3 Other increases not included in line 2 (itemize) _____	3	
4 Add lines 1, 2, and 3	4	2,262,893.
5 Decreases not included in line 2 (itemize) _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	2,262,893.

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 shares MLC Company)		(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a HSBC AOS S & P FINANCIALS		P	04/21/08	10/26/09
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 143,659.		250,000.	-106,341.
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			-106,341.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss).	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div>		2	-106,341.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> If gain, also enter in Part I, line 8, column (c) (see the instructions). If (loss), enter -0- in Part I, line 8 </div>		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.)

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 the 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 (column (b) divided by column (c))
2008	217,835.	2,320,082.	0.093891
2007	124,879.	1,904,363.	0.065575
2006	145,574.	1,226,105.	0.118729
2005	68,705.	608,237.	0.112958
2004	40,134.	616,873.	0.065060

2 Total of line 1, column (d)	2	0.456213
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	0.091243
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	2,134,115.
5 Multiply line 4 by line 3	5	194,723.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	169.
7 Add lines 5 and 6	7	194,892.
8 Enter qualifying distributions from Part XII, line 4	8	158,285.

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 the instructions)

1 a 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: <u>06/20/03</u> (attach copy of letter if necessary - see instr.)			
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		1	339.
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (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	339.
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	339.
6 Credits/Payments:			
a 2009 estimated tax pmts and 2008 overpayment credited to 2009	6a	805.	
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	805.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	466.	
11 Enter the amount of line 10 to be Credited to 2010 estimated tax	11	466.	Refunded

Part VII-A Statements Regarding Activities

	Yes	No
1 a 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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the 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>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation \$ (2) On foundation managers \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
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>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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>		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) <u>NY - New York</u>		
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>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>	X	
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

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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 acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>NA</u>	13	X	
14	The books are in care of <u>GEORGE ROSS</u> Telephone no <u>(212) 715-7249</u> Located at <u>10 THIXTON DRIVE HEWLETT HARBOR NY</u> ZIP + 4 <u>11557</u>			
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 <u>15</u>			

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
1 a 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 the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1 b	X
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 2009?	1 c	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 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
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 the instructions)	2 b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>		
3 a 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 2009 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 2009)	3 b	
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	X
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 2009?	4 b	X

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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

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ 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)? (see instructions)

☐ Yes ☒ 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?

☐ Yes ☒ 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

Organizations relying on a current notice regarding disaster assistance check here

☐**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?☐ Yes ☐ 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?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

If 'Yes' to 6b, file Form 8870

X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

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 (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
GEORGE H. ROSS 10 THIXTON DR HEWLETT HARBOR NY 11557	DIRECTOR 1.00	0.	0.	0.
BILLIE D. ROSS 10 THIXTON DR HEWLETT HARBOR NY 11557	DIRECTOR 1.00	0.	0.	0.
NANCI ROSS 9118 LUCKY ESTATES DR VIENNA VA 22182	DIRECTOR 0.10	0.	0.	0.
STEPHANIE SUSKIN 18 STONY HOLLOW CHAPPAQUA NY 10514	DIRECTOR 0.10	0.	0.	0.

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				
0				
0				
0				
0				

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

☐

None

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		None

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 TO BE A SOURCE OF FUNDING TO OTHER 501 C 3 EXEMPT ORGANIZATIONS DEMONSTRATING FINANCIAL NEED	158,285.
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	

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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	54,875.
b Average of monthly cash balances	1b	2,111,739.
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1d	2,166,614.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	2,166,614.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	32,499.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,134,115.
6 Minimum investment return. Enter 5% of line 5	6	106,706.

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	
2a Tax on investment income for 2009 from Part VI, line 5	2a	
b Income tax for 2009 (This does not include the tax from Part VI)	2b	
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

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	158,285.
b Program-related investments — total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
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	158,285.
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	158,285.

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 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2009:				
a Enter amount for 2008 only			0.	
b Total for prior years: 20__, 20__, 20__				
3 Excess distributions carryover, if any, to 2009:				
a From 2004	40,148.			
b From 2005	68,804.			
c From 2006	146,041.			
d From 2007	125,584.			
e From 2008	217,835.			
f Total of lines 3a through e	598,412.			
4 Qualifying distributions for 2009 from Part XII, line 4: \$ 158,285.				
a Applied to 2008, 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)				
d Applied to 2009 distributable amount				
e Remaining amount distributed out of corpus	158,285.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	756,697.			
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				
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	40,148.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	716,549.			
10 Analysis of line 9:				
a Excess from 2005	68,804.			
b Excess from 2006	146,041.			
c Excess from 2007	125,584.			
d Excess from 2008	217,835.			
e Excess from 2009	158,285.			

(4) Gross investment income

Form 990-PF (2009)

Part XV Supplementary Information (continued)**3** Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i>				
5 TOWNS COMMUNITY CENTER 207 GROVE AVE CEDARHURST NY 11516	NONE	501C3	CHARITY	100.
ADULT CHILDREN LEARNING DEVELOPMENTAL DISABILITIES 4156 LIBRARY RD, PITTSBURG, PA 15234	NONE	501C3	CHARITY	0.
AMANDA KANOWITZ FOUNDATION 301 E. 63RD ST, NY NY 10065	NONE	501C3	CHARITY	0.
AMERICAN CANCER SOCIETY 1599 CLIFTON RD NE ATLANTA GA 30329	NONE	501C3	CHARITY	0.
CHRISTOPHER REEVE PARALYSIS FOUNDATION 636 MORRIS TPKE SHORT HILLS NJ 07078	NONE	501C3	CHARITY	50.
CRONES COLITIS 3850 GATE RD CASTLE ROCK CO 80104	NONE	501C3	CHARITY	0.
DANA FARBER RESEARCH CENTER 10 BROOKLINE PALCE WEST BROOKLINE MA 02455	NONE	501C3	CHARITY	0.
DISABLED AMERICAN VETS 200 ATLANTIC AVE LYNBROOK NY 11563	NONE	501C3	CHARITY	0.
FARMINGDALE COLLEGE FUND 2350 BROADHOLLOW RD, FARMINGDALE NY 11735	NONE	501C3	CHARITY	0.
See Line 3a statement				157,250.
Total			3a	157,400.
<i>b Approved for future payment</i>				
Total			3b	

**Form 990-PF
Part I, Line 6a****Net Gain or Loss From Sale of Assets****2009**

Name	Employer Identification Number
BILLIE AND GEORGE ROSS FOUNDATION INC.	41-2065250

Asset Information:

Description of Property:	HSBC AOS-CP	
Date Acquired	04/21/08	How Acquired: Purchased
Date Sold	10/26/09	Name of Buyer
Sales Price	143,659.	Cost or other basis (do not reduce by depreciation) 250,000.
Sales Expense:		Valuation Method:
Total Gain (Loss):	-106,341.	Accumulation Depreciation:

Description of Property		
Date Acquired		How Acquired
Date Sold		Name of Buyer
Sales Price		Cost or other basis (do not reduce by depreciation)
Sales Expense		Valuation Method
Total Gain (Loss)		Accumulation Depreciation

Description of Property		
Date Acquired		How Acquired
Date Sold		Name of Buyer
Sales Price		Cost or other basis (do not reduce by depreciation)
Sales Expense		Valuation Method
Total Gain (Loss)		Accumulation Depreciation

Description of Property		
Date Acquired		How Acquired
Date Sold		Name of Buyer
Sales Price		Cost or other basis (do not reduce by depreciation)
Sales Expense		Valuation Method
Total Gain (Loss)		Accumulation Depreciation

Description of Property		
Date Acquired		How Acquired
Date Sold		Name of Buyer
Sales Price		Cost or other basis (do not reduce by depreciation)
Sales Expense		Valuation Method
Total Gain (Loss)		Accumulation Depreciation

Description of Property		
Date Acquired		How Acquired
Date Sold		Name of Buyer
Sales Price		Cost or other basis (do not reduce by depreciation)
Sales Expense		Valuation Method
Total Gain (Loss)		Accumulation Depreciation

Description of Property		
Date Acquired		How Acquired
Date Sold		Name of Buyer
Sales Price		Cost or other basis (do not reduce by depreciation)
Sales Expense		Valuation Method
Total Gain (Loss)		Accumulation Depreciation

Description of Property		
Date Acquired		How Acquired
Date Sold		Name of Buyer
Sales Price		Cost or other basis (do not reduce by depreciation)
Sales Expense		Valuation Method
Total Gain (Loss)		Accumulation Depreciation

Form 990-PF, Page 1, Part I, Line 23

Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Filing fee	250.			250.
Amortization	0.			
Bank service charge	150.	150.		
Total	400.	150.		250.

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
FOOD ALLERGY & ANAPHYLAXIS NETWORK 11781 LEE JACKSON HWY FAIRFAX VA 22033	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
FRIEDBERG JCC 15 NEIL COURT OCEANSIDE NY 11572	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
HEWLETT FIRE DEPT 25 FRANKLIN AVE HEWLETT NY 11557	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 50.
HOSPICE BY THE SEA 312S CEDROS AVE, SOLANA BEACH CA 92075	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
JACK MARTIN FUND 1601 LAKEVIEW DR HEWLETT NY 11557	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 1,200.
LONG BEACH MEDICAL CENTER 455 EAST BAY DR, LONG BEACH NY 11561	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 200.
MEMORIAL SLOAN KETTERING CANCER CTR 1275 YORK AVE NEW YORK NY 10021	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 100.
METROPOLITAN JEWISH GERIATRIC FOUNDATION 1276 50TH ST, SOLOMON PLAZA STE A BROOKLYN NY 11219	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
MICHAEL J. FOX FOUNDATION FOR PARKINSON'S PO BOX 780, NEW YORK NY 10001	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
MIDDLE BAY CHARITABLE FOUNDATION 3600 SKILLMAN AVE OCEANSIDE NY 11572	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 760.
NATIONAL CHILDHOOD CANCER FOUND PO 498 KENSINGTON MD 20895	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
NATIONAL COUNCIL JEWISH WOMEN 53 W. 23RD ST NY NY 10010	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVE NY NY 10017	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
PENINSULA COUNSELING CENTER 124 FRANKLIN PL WOODMERE, NY 11598	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
SHRINERS HOSPITAL FOR CHILDREN 3551 N BROAD ST PHILADELPHIA PA 19140	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
SPECIAL OLYMPICS 1133 19TH ST NW WASHINGTON DC 20036	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
ST. JUDE CHILDREN'S HOSPITAL 62 DANNY THOMAS PL MEMPHIS TN 38105	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
SUNRISE DAY CAMP FOR CANCER VICTIMS 15 NELIL COURT OCEANSIDE NY 11572	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 101,200.
TEMPLE BETH EL 1373 BELLMORE ROAD NORTH BELLMORE NY 11710	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
THE LUSTGARTEN FOUNDATION FOR PANCREATIC 1111 STEWARD AVE BETHPAGE NY 11714	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
UJA 130 EAST 59TH ST NEW YORK, NY 10022	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 5,040.
UNITED CEREBRAL PALSY OF NASSAU CTY 380 WASHINGTON AVE ROOSEVELT NY 11575-1899	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
CALVARY HOSPITAL 1740 EASTCHESTER ROAD BRONX NY 10461	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
CHILDREN'S MEDICAL FUND 3000 MARCUS AVENUE, LL09 NEW HYDE PARK NY 11040	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
DREAMS COME TRUE 6803SOUTHPOINT PARKWAY JACKSONVILLE FL 32216	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 5,770.
HORSE ABILITY 238 ROUND SWAMP ROAD MELVILLE NY 11747	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
HOSPICE OF WESTCHESTER 95 SOUTH BROADWAY- 4TH FLR WHITE PLAINS NY 10601	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
LEUKEMIA RESEARCH FOUNDATION 3520 LAKE AVE., STE. 202 WILMETTE IL 60091	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 50.
NEW ORLEANS HILLEL 912 BROADWAY NEW ORLEANS LA 70118	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
OPERATION SMILE 6435 TIDEWATER DRIVE NORFOLK VA 23509	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
PLANNED PARENTHOOD 434 WEST 33RD STREET NEW YORK NY 10001	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 525.
RONALD MCDONALD HOUSE OF NY 405 EAST 73RD STREET NEW YORK NY 10021	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 210.
SCHNEIDER CHILDREN'S HOSPITAL 269-01 76TH AVENUE NEW HYDE PARK NY 11040	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
THE BROADCASTERS FOUNDATION OF AMERICA 7 LINCOLN AVENUE GREENWICH CT 06830	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
ALYN HOSPITAL 51 E. 42ND STREET, #308 NEW YORK NY 10017	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
HEBREW HOME & HOSPITAL 1 ABRAMS BOULEVARD WEST HARTFORD CT 06117	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
M.S. BIKE TOUR 733 THIRD AVENUE, 3RD FLR NEW YORK NY 10017	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
ALBERT EINSTEIN COLLEGE OF MEDICINE 1500 WATERS PL BRONX NY 10461	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
AMERICAN FRIENDS OF RABIN MEDICAL CENTER 636 BROADWAY, SUITE 218 NEW YORK NY 10012	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
CHILDREN MEDICAL FUND OF NY 3000 MARKUS AVE, #LI09 NEW HIDE PARK NY 11042	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 40,000.
B'NAI TORAH CONGREGATION 18TH STREET BOCA RATON FL 33433	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
BOCA LAGO CANCER RESEARCH 8665 Juego Way BOCA RATON FL 33433	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 300.

Form 990-PF, Page 11, Part XV, line 3a

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
CANCER CARE	NONE	501C3	CHARITY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
275 SEVENTH AVE				0.
NEW YORK NY 10001				
CHRISTOPHE AND DANA REEVE FOUNDATION	NONE	501C3	CHARITY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
636 MORRIS TRKE, SUITE 3A				0.
SHORT HILLS NJ 07078				
HABITAT FOR HUMANITY	NONE	501C3	CHARITY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
121 HABITAT ST				0.
AMERICUS GA 31709				
JDM FUND	NONE	501C3	CHARITY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
1333A NORTH AVE				0.
NEW ROCHELLE NY 10804				
LI BREAST CANCER COALITION	NONE	501C3	CHARITY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
86 E ROCKAWAY RD				0.
HEWLETT NY 11557				
NATIONAL EMPHYSEMA ASSN	NONE	501C3	CHARITY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
2425 RIDGECREST DR SE				0.
ALBUQUERQUE NM 87108				
ST BALDRICK PEDIATRIC CANCER RESEARCH	NONE	501C3	CHARITY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
1443 E WASHINGTON BLVD #650				0.
PASADENA CA 91104				
EASTER SEALS	NONE	501C3	CHARITY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
233 SOUTH WACKER DR, SUITE 2400				25.
CHICAGO IL 60606				
FRIENDSHIP CIRCLE	NONE	501C3	CHARITY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
6892 WEST MAPLE RD				1,000.
WEST BLOOMFIELD, MI 48322				
LYNBROOK POLICE	NONE	501C3	CHARITY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
49 BLAKE AVE				35.
LYNBROOK NY 11563				
POLICE BENEVOLENT ASS	NONE	501C3	CHARITY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
158 MAIN ST				25.
WOODBIDGE NJ 07095				
SUSAN B KOMEN RACE	NONE	501C3	CHARITY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
PO BOX 650309				410.
DALLAS TX 75265				
CAMP VIVA	NONE	501C3	CHARITY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
ONE GATEWAY PLAZA				225.
PORT CHESTER NY 10573				
NICOLE SCHIFMAN FOUNDATION	NONE	501C3	CHARITY	Person or <input type="checkbox"/> Business <input checked="" type="checkbox"/>
2067 DONNA DR				125.
MERRICK NY 11566				

Total

157,250.

Form 990-PF, Page 1, Part I

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MARGARET WIERZBICKI	ACCOUNTING & TAX	635.			635.
Total		<u>635.</u>			<u>635.</u>

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545 1709

Department of the Treasury
Internal Revenue Service

► 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**Part II** 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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
	BILLIE AND GEORGE ROSS FOUNDATION INC.	41-2065250
	Number, street, and room or suite number. If a P.O. box, see instructions	
	10 THIXTON DRIVE	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	HEWLETT HARBOR NY 11557	

Check type of return to be filed (file a separate application for each return)

- | | | |
|-------------------------------------------------|----------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► GEORGE ROSS

Telephone No ► (212) 715-7249 FAX No ► (973) 763-1741

- 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 will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 16, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 20 09 or
 - ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If this tax year 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 \$	210.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$	805.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, 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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)

✓ 5/14/10
Accepted

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**
- 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)	
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization BILLIE AND GEORGE ROSS FOUNDATION INC.
	Employer identification number 41-2065250
	Number, street, and room or suite number. If a P.O. box, see instructions 10 THIXTON DRIVE
	City, town or post office, state, and ZIP code. For a foreign address, see instructions HEWLETT HARBOR NY 11557

Check type of return to be filed (File a separate application for each return)

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

- The books are in care of **GEORGE ROSS**
Telephone No **(212) 715-7249** FAX No **(973) 763-1741**
- If the organization does not have an office or place of business in the United States, check this box ☒ **X**
- 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

- I request an additional 3 month extension of time until **Nov 15**, 20 **10**
- For calendar year **2009**, or other tax year beginning _____, 20____, and ending _____, 20____
- If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension **THIRD PARTY INFORMATION NEEDED TO COMPLETE RETURN IS NOT 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 \$	210.
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 \$	805.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$	0.

Signature and Verification

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 **[Signature]** Title **CM** Date **7-30-10**

BAA

F1FZ0502 03/11/09

Form 8868 (Rev 4-2009)

7009 1680 0000 2500 7012