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**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2011 calendar year, or tax year beginning** 05-01, 2011, and ending 04-30, 2012

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization **WILLIE ROSS FOUNDATION, INC.**  
 Doing Business As  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**5127 BAZA AVE**  
 City or town, state or country, and ZIP + 4  
**WOODLAND HILLS, CA 91364**

**D** Employer identification number  
**95-3735110**

**E** Telephone number  
**818 888-9941**

**F** Name and address of principal officer

**G** Gross receipts \$

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation

**M** State of legal domicile

**Part I Summary**

Activities & Governance			
1	Briefly describe the organization's mission or most significant activities.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	56
6	Total number of volunteers (estimate if necessary)	6	4
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	48,704.00	1,825,871.00
9	Program service revenue (Part VIII, line 2g)	1,698,967.00	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,408.00	21,470.00
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,760,079.00	1,847,341.00
Expenses		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,289,439.00	1,331,939.00
16a	Professional fundraising fees (Part IX, column (A), line 11e)	200.00	
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	469,077.00	584,709.00
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,758,716.00	1,916,648.00
19	Revenue less expenses. Subtract line 18 from line 12	1,363.00	-69,307.00
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	415,839.00	343,725.00
21	Total liabilities (Part X, line 26)	273,058.00	270,251.00
22	Net assets or fund balances. Subtract line 21 from line 20	142,781.00	73,474.00

**Part II Signature Block**

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 officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *Barbara R. Ross* Date: 12-14-12  
 Type or print name and title: **BARBARA R. ROSS, PRESIDENT**

**Paid Preparer Use Only**  
 Print/Type preparer's name: ALLEN DEILAMI Preparer's signature: *A. Deilami* Date: 12-13-12  
 Firm's name: DEILAMI AND ASSOCIATES INC. Firm's EIN: 65 1270158  
 Firm's address: 10220 CULVER BLVD SUITE 201 CULVER CITY CA 90232 Phone no: 310 558-0701

Check  if self-employed PTIN: PO1469237

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED JAN 15 2013

*P 20*

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission:  
**THIS FOUNDATION HAS IMPROVED THE QUALITY OF LIFE FOR DEAF & DEVELOPMENTALLY DISABLED ADULTS.  
FOUNDATION HAS ORIGINALLY STARTED WITH ONE LOCATION AND PRESENTLY HAS THREE LOCATIONS.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 1,442,662.00 including grants of \$ ) (Revenue \$ 1,278,557.00 )

**DAY PROGRAM:**

**RESIDENTIAL PROGRAM TO ENHANCE THE QUALITY OF LIFE FOR NON-VERBAL DEAF & DEVELOPMENTALLY DISABLED ADULTS BY INCOURAGING INDIVIDUALS TO BE INDEPENDENT AND BY TEACHING THEM HOW TO COMMUNICATE AND MAKE CHOICES AND BE SAFE IN COMMUNITY.**

**4b** (Code: ) (Expenses \$ 473,986.00 including grants of \$ ) (Revenue \$ 568,784.00 )

**RESIDENTIAL HOMES ( BOARD & CARE), FOR DEAF AND DEVELOPMENTALLY DISABLED ADULTS**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** 1,916,648.00

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>		✓
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>		✓
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	✓	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .</i>		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .</i>		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>		✓
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		✓

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 . . . . .</i>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		✓
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	✓	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	56	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		✓
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		✓
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		✓
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		✓
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?		✓
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	✓
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		<input checked="" type="checkbox"/>
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		<input checked="" type="checkbox"/>
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .		<input checked="" type="checkbox"/>
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		<input checked="" type="checkbox"/>
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		<input checked="" type="checkbox"/>
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	b Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		<input checked="" type="checkbox"/>

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **CALIFORNIA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **LAWRENCE BURTON, 5127 BAZA AVE, WOODLAND HILLS, CA. 91364 (818) 888-9941**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA ROSS, PRESIDENT	3	✓					0.00	0.00	0.00	
(2) MICHAEL ROSS, VICE PRESIDENT	4	✓					0.00	0.00	0.00	
(3) GREG PIESCHALA	4	✓					0.00	0.00	0.00	
(4) ANN SNOWHOOK	4	✓					0.00	0.00	0.00	
(5) ETHEL NYIRADI	4	✓					0.00	0.00	0.00	
(6) TIM GRAY	4	✓					0.00	0.00	0.00	
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		✓
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>NONE</b>		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	1,784,459.00				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	41,413.00				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		1,825,872.00				
<b>Program Service Revenue</b>	<b>2a</b>	Business Code						
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶						
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶					
<b>4</b>		Income from investment of tax-exempt bond proceeds ▶						
<b>5</b>		Royalties . . . . . ▶						
<b>6a</b>		Gross rents . . . . .	(i) Real	(ii) Personal				
		Less: rental expenses . . . . .						
<b>c</b>		Rental income or (loss) . . . . .						
<b>d</b>		Net rental income or (loss) . . . . . ▶						
<b>7a</b>		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses . . . . .						
<b>c</b>		Gain or (loss) . . . . .						
<b>d</b>		Net gain or (loss) . . . . . ▶						
<b>8a</b>		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>						
<b>b</b>		Less: direct expenses . . . . . <b>b</b>						
<b>c</b>		Net income or (loss) from fundraising events . ▶						
<b>9a</b>		Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>						
	Less: direct expenses . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from gaming activities . . ▶							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>							
	Less: cost of goods sold . . . . . <b>b</b>							
<b>c</b>	Net income or (loss) from sales of inventory . . ▶							
Miscellaneous Revenue			Business Code					
<b>11a</b>	DEBT FORGIVENESS			7,009.00	7,009.00			
<b>b</b>	INSUR DIV 3373. BANK REBATE 100			3,473.00	3,473.00			
<b>c</b>	HOESE CAMP/CARE			10,988.00	10,988.00			
<b>d</b>	All other revenue . . . . .							
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶			21,470.00				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶			1,847,341.00	1,847,341.00			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	87,075.00	87,075.00		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,125,319.00	1,125,319.00		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	119,545.00	119,545.00		
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	7,500.00		7,500.00	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other				
<b>12</b> Advertising and promotion	330.00		330.00	
<b>13</b> Office expenses	6,769.00		6,769.00	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	3,652.00		3,652.00	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	10,100.00		10,100.00	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	45,092.00		45,022.00	
<b>23</b> Insurance	136,132.00		136,132.00	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SEE STATEMENT ATTACHED	375,134.00	50,241.00	324,893.00	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,916,648.00	1,382,180.00	534,468.00	
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	54,418.00	<b>1</b>	15,199.00
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	8,250.00	<b>9</b>	8,250.00
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	693,085.00		
	<b>b</b> Less: accumulated depreciation . . . . .	428,156.00	300,394.00	<b>10c</b> style="text-align: right;">264,929.00
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	52,777.00	<b>15</b>	55,347.00
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	415,839.00	<b>16</b>	343,725.00	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	6,170.00	<b>17</b>	5,983.00
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	94,259.00	<b>22</b>	122,699.00
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	172,629.00	<b>25</b>	141,569.00
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	273,058.00	<b>26</b>	270,251.00
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33 Total net assets or fund balances</b> . . . . .	142,781.00	<b>33</b>	73,474.00
<b>34 Total liabilities and net assets/fund balances</b> . . . . .	415,839.00	<b>34</b>	343,725.00	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	<b>1,847,341.00</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	<b>1,916,648.00</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>-69,307.00</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	<b>142,781.00</b>
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	<b>73,474.00</b>

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<input checked="" type="checkbox"/>	
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		<input checked="" type="checkbox"/>
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		<input checked="" type="checkbox"/>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**WILLIE ROSS FOUNDATION, INC.**

Employer identification number

**95-2735110**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	2,124,786.00	1,920,270.00	1,737,949.00	1,760,079.00	1,825,871.00	9,368,955.00
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	2,124,786.00	1,920,270.00	1,737,949.00	1,760,079.00	1,825,871.00	9,368,955.00
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 . . . . .	2,124,786.00	1,920,270.00	1,737,949.00	1,760,079.00	1,825,871.00	9,368,955.00
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .					21,470.00	21,470.00
11 <b>Total support.</b> Add lines 7 through 10						9,390,425.00
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	0.00
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	100 %
15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	100 %
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						N/A

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						N/A

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

OTHER INCOME REPORTED IN PART II LINE 10 IS AS FOLLOWS:

BANK REBATE 100.00

INSURANCE DIVIDEND 3,373.00

HORSE CAMPICARE 10,988.00

DEBT FORGIVENESS 7,009.00

TOTAL \$21,470.00

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

**WILLIE ROSS FOUNDATION, INC.**

Employer identification number

**95-3735110**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate contributions to (during year) . . . . .	<b>N/A</b>	
<b>3</b> Aggregate grants from (during year) . . . . .		
<b>4</b> Aggregate value at end of year . . . . .		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b> N/A
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

**9** In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_ N/A

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

**a** Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_ N/A

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance . . . . .             | N/A    |
| <b>d</b> Additions during the year . . . . .     |        |
| <b>e</b> Distributions during the year . . . . . |        |
| <b>f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	N/A				
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ ..... %
  - b** Permanent endowment ▶ ..... %
  - c** Temporarily restricted endowment ▶ ..... %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations . . . . .  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	80,406.00			80,406.00
<b>b</b> Buildings . . . . .	241,322.00		133,962.00	107,360.00
<b>c</b> Leasehold improvements . . . . .	62,268.00		10,763.00	51,505.00
<b>d</b> Equipment . . . . .	153,635.00		146,136.00	7,499.00
<b>e</b> Other . . . . .	155,454.00		137,295.00	18,159.00
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				264,929.00

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) N/A		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) N/A		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	52,777.00
(2) UNDEPOSITED FUNDS	2,570.00
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	55,347.00

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CLIENTS TRUST ACCOUNT	11,668.00
(3) FORD CREDIT	41,726.00
(4) CITI MORTGAGE LOAN	52,977.00
(5) CLMG MORTGAGE LOAN	35,198.00
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	141,569.00

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,847,341.00
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,916,648.00
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-69,307.00
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-69,307.00

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	N/A
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	N/A
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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NONE

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**Part XIV** Supplemental Information *(continued)*

NONE

Area with horizontal dashed lines for supplemental information.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open To Public Inspection**

Name of the organization

**WILLIE ROSS FOUNDATION, INC**

Employer identification number

**95-3735110**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)	N/A			
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) TIM GRAY, TO PAY BILL		✓	46,000.00	51,350.00		✓	✓			✓
(2) MICHAEL ROSS, TO PAY BILL		✓	6,327.00	20,349.00		✓	✓			✓
(3) BARBARA ROSS, TO PAY BILL		✓	21,554.00	16,500.00		✓	✓			✓
(4) GREGORY PIESCHALA, TO PAY BILL		✓	15,000.00	15,000.00		✓	✓			✓
(5) NANCY SIDENBERG		✓	19,500.00	19,500.00						
(6)										
(7)										
(8)										
(9)										
(10)										
<b>Total</b>				▶ \$	122,699.00					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2) N/A		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2) N/A					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

NONE.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**2010**

**Open to Public  
Inspection**

▶ Attach to Form 990 or 990-EZ.

Name of the organization

**WILLIE ROSS FOUNDATION, INC.**

Employer identification number

**95-3735110**

PAGE 6 PART VI #2 :

BARBARA ROSS, PRESIDENT IS MOTHER OF MICHAEL ROSS, WHO IS A BOARD MEMBER.

PAGE 6 PART VI #11 :

A COPY OF THIS RETURN WILL BE DELIVERED TO EACH BOARD MEMBER FOR THE REVIEW.

PAGE 6 PART VI #15a AND 15b :

BOARD OF DIRECTORS HAVE MONTHLY MEETINGS. THEY REVIEW DETAILS OPERATION OF THE FOUNDATION AND DECISIONS

**Part IX- Line 24a**

	<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>(D)</b>
	Total Expenses	Program Service Expenses	Management and General Expenses	Fundraising Expense
<u>1</u> Telephone/ Communication	8,168.00		8,168.00	
<u>2</u> Automobile Expense	70,740.00		70,740.00	
<u>3</u> Bank Charges & Misc.	2,840.00		2,840.00	
<u>4</u> License & Registration	3,394.00		3,394.00	
<u>5</u> Computer Service	611.00		611.00	
<u>6</u> Dues & Subscription	152.00		152.00	
<u>7</u> Equipment Rental	9,659.00		9,659.00	
<u>8</u> Groceries	30,486.00	30,486.00	-	
<u>9</u> Household Supplies	7,035.00		7,035.00	
<u>10</u> Maintenance & Repairs	7,804.00		7,804.00	
<u>11</u> Outside Services	7,480.00		7,480.00	
<u>12</u> Postage & Delivery	191.00		191.00	
<u>13</u> Program Expense	9,746.00	9,746.00		
<u>14</u> Rent	142,465.00		142,465.00	
<u>15</u> Security Expense	4,010.00		4,010.00	
<u>16</u> Storage	796.00		796.00	
<u>17</u> Property Tax	1,300.00		1,300.00	
<u>18</u> Utilities	22,820.00		22,820.00	
<u>19</u> Education	8,310.00		8,310.00	
<u>20</u> Pest Control	1,256.00		1,256.00	
<u>21</u> Cable T.V.	1,967.00		1,967.00	
<u>22</u> Awards/ Gifts	2,193.00	2,193.00		
<u>23</u> Client Expenses	7,816.00	7,816.00		
<u>24</u> Employee Benefit Exp.	3,062.00		3,062.00	
<u>25</u> Payroll Processing Fee	20,228.00		20,228.00	
<u>26</u> Adminstrative Expense	605.00		605.00	
<b>TOTAL</b>	<b>375,134.00</b>	<b>50,241.00</b>	<b>324,893.00</b>	-

**Willie Ross Foundation  
Day Program**

**Depreciation Worksheet**

**April 30, 2012**

Description Of Property	Date Place In Service	Cost or Other Basis	Business/ Investment Use%	Section 179 Deduction	Depreciation Prior Year	Basis for Depreciation	Method/ Convention	Recovery Period	Rate or Table %	Depreciation Deduction
Powerpoint Projector	08/21/03	1,731 99			1,731 99					
Copy and Fax Machine	12/04/03	1,200 13			1,200 13					
Computer	12/07/03	692 76			692 76					
Monitor	12/12/03	541 24			541 24					
Computer	12/29/03	540 78			540 78					
B B Grill	04/26/04	460 39			460 39					
Computer	05/13/04	1,453 11			1,453 11					
Small Refrigerator	08/03/04	127 58			127 58					
Digital Camera and Mini DVD	08/09/04	422 14			422 14					
4 Folding Chairs	12/28/04	353 93			353 93					
Furniture	01/06/05	350 00			334 38		HY	7	4 46%	15 62
4 Folding Chairs	01/27/05	481 22			459 98		HY	7	4 46%	21 24
Furniture	04/05/05	1,317 28			1,258 26		HY	7	4 46%	59 02
Camera System	05/10/05	1,888 03			1,635 21		HY	7	4 46%	252 82
2 Microwaves	05/20/05	204 54			177 18		HY	7	4 46%	27 36
10-12 Radio Speakers	05/24/05	1,290 52			1,117 84		HY	7	4 46%	172 68
Water Fountain	07/21/05	242 47			210 01		HY	7	4 46%	32 46
Digital Camera	07/25/05	509 11			470 99		HY	7	4 46%	38 12
2 Desks	08/25/05	2,706 14			2,706 14					
Office Furniture	02/20/06	443 47			443 47					
2 Water Fountains	03/21/06	576 94			483 93		HY	7	8 93%	51 52
2 TVs	04/19/05	941 75			815 78		HY	7	Bal	125 97
Radios on vans	02/28/06	3,671 33			3,179 69		HY	7	8 93%	327 85
tel system	02/28/06	4,806 58		4,806 58						
Adj	05/01/06	(4,806 58)		(4,806 58)						
Camcorder	06/20/06	1,883 49		1,883 49						
Apple computer	10/16/06	2,334 28		2,334 28						
Laser Mouse	01/13/07	225 13		225 13						
File cabinet	01/14/07	623 42		623 42						
Copy machine	01/14/07	500 26		500 26						
Misc-Reimburse-T Boydston	01/18/07	1,000 00		1,000 00						
Office Equipment	01/19/07	362 10		362 10						
2Patio heaters	01/29/07	629 84		629 84						
Fax Machine	01/29/07	1,186 95		1,186 95						
Oakwood table	01/31/07	800 37		800 37						
Reimburse to Tim-Furniture	01/31/07	900 00		900 00						
2 Large Wnttinf staples	02/05/07	824 80		824 80						

Description Of Property	Date Place In Service	Cost or Other Basis	Business/ Investment Use%	Section 179 Deduction	Depreciation Prior Year	Basis for Depreciation	Method/ Convention	Recovery Period	Rate or Table %	Depreciation- Deduction
Refrigerator	02/13/07	587 09		587 09						
Large Scanner	02/13/07	632 80		632 80						
Office furniture	03/02/07	502 27		502 27						
Lapidary Equipment	03/06/07	2,189 88		2,189 88						
Office Equipment	03/06/07	1,000 00		1,000 00						
Large Speaker MAC	03/17/07	377 79		377 79						
Saw Machine	03/27/07	605 53		605 53						
DJ Distributor	04/10/07	460 00		460 00						
Adj				292 26						
Office Furniture & Equipment	05/16/07	1,785 50			1,476 97		HY	5	11 52%	205 69
Office Furniture & Equipment	05/16/07	1,478 52			1,223 03		HY	5	11 52%	170 33
Office Furniture & Equipment	05/17/07	1,766 70			1,461 41		HY	5	11 52%	203 52
Office Furniture & Equipment	05/23/07	900 00			744 48		HY	5	11 52%	103 68
Office Furniture & Equipment	06/25/07	900 00			744 48		HY	5	11 52%	103 68
Office Furniture & Equipment	07/05/07	409 19			338 48		HY	5	11 52%	47 14
Office Furniture & Equipment	07/17/07	400 00			330 88		HY	5	11 52%	46 08
Office Furniture & Equipment	07/17/07	741 46			613 33		HY	5	11 52%	85 42
Office Furniture & Equipment	08/15/07	259 70			214 83		HY	5	11 52%	29 92
Office Furniture & Equipment	08/21/07	200 00			165 44		HY	5	11 52%	23 04
Office Furniture & Equipment	08/31/07	550 00			554 96		HY	5	11 52%	63 36
Office Furniture & Equipment	09/02/07	286 19			236 74		HY	5	11 52%	32 97
Office Furniture & Equipment	09/24/07	100 00			82 72		HY	5	11 52%	11 52
Office Furniture & Equipment	10/25/07	100 00			82 72		HY	5	11 52%	11 52
Office Furniture & Equipment	11/09/07	2,883 62			2,385 32		HY	5	11 52%	332 19
Office Furniture & Equipment	11/10/07	357 20			295 48		HY	5	11 52%	41 15
Office Furniture & Equipment	11/26/07	584 77			483 72		HY	5	11 52%	67 37
Office Furniture & Equipment	11/26/07	100 00			82 72		HY	5	11 52%	11 52
Office Furniture & Equipment	12/27/07	200 00			165 44		HY	5	11 52%	23 04
Office Furniture & Equipment	01/15/08	203 00			167 93		HY	5	11 52%	23 39
Office Furniture & Equipment	01/22/08	110 49			91 38		HY	5	11 52%	12 73
Office Furniture & Equipment	01/24/08	114 00			94 30		HY	5	11 52%	13 13
Office Furniture & Equipment	02/22/08	3,390 53			2,804 63		HY	5	11 52%	390 59
Office Furniture & Equipment	02/25/08	134 00			110 85		HY	5	11 52%	15 44
Office Furniture & Equipment	03/27/08	157 00			129 87		HY	5	11 52%	18 09
Office Furniture & Equipment	04/29/08	164 00			135 66		HY	5	11 52%	18 89
Office Furniture & Equipment	10/28/08	429 61			241 35		HY	7	12 49%	53 66
Sears/15" TV	07/09/10	115 00			16 43		HY	7	24 49%	28 16
Sofa	07/11/11	211 26					HY	7	14 29%	30 19
Folding Chairs	08/22/11	1,097 77					HY	7	14 29%	156 87
Sofa	10/19/11	60 00					HY	7	14 29%	8 57
Chair	11/17/11	150 00					HY	5	20%	30 00
Shredder										

Description Of Property	Date Place in Service	Cost or Other Basis	Business/ Investment Use%	Section 179 Deduction	Depreciation Prior Year	Basis for Depreciation	Method/ Convention	Recovery Period	Rate or Table %	Depreciation Deduction
Folding Chairs	11/19/11	1,277.11					HY	7	14.29%	182.50
Refrigrator (Medical Storage)	11/21/11	76.08					HY	5	20%	15.22
Chairs	12/02/11	124.51					HY	7	14.29%	17.79
Houseware Electronics	12/05/11	125.06					HY	5	20%	25.01
Radio	01/06/12	64.85					HY	5	20%	12.97
Telephone Equipment	03/29/12	282.02					HY	5	20%	56.40
Software	04/30/12	349.95					HY	5	20%	70.00
<b>Total F.F.E</b>		<b>62,411.94</b>		<b>17,918.26</b>	<b>36,292.46</b>					<b>3,917.39</b>
<b>Auto/ Van</b>										
2005 Ford Club Wagon	02/23/05	33,414.52			29585.17		HY	5	Bal	3,849.35
Ford Van 4459	06/23/10	13,223.15			2644.63		HY	5	32%	4,231.41
Ford Van 4459	06/23/10	13,223.15			2644.63		HY	5	32%	4,231.41
Ford Van 4357	06/23/10	13,684.34			2736.87		HY	5	32%	4,378.99
Ford Van 1027	07/15/10	13,961.22			2792.24		HY	5	32%	4,467.59
Ford Van 0948	07/21/10	13,747.62			2749.52		HY	5	32%	4,399.24
Ford Van 4113	09/23/10	13,959.30			2791.86		HY	5	32%	4,466.98
<b>Total Auto/ Van</b>		<b>115,213.30</b>		<b>45924.92</b>						<b>30,024.96</b>
<b>Leasehold Improvements</b>										
Dry Wall Restoration	10/23/04	10,864.00			2560.18		SL	39	2.564%	278.55
Walls for Class Rooms	01/05/05	3,049.11			667.84		SL	39	2.564%	78.18
Lumber for Track Room	08/29/05	2,199.97			382.80		SL	39	2.564%	56.41
Building Senory Room	12/31/05	8,600.00			1,392.18		SL	39	2.564%	220.50
Additional Room/Wall	04/27/05	6,150.00			1144.67		SL	39	2.564%	157.69
Additional Room/Wall	06/26/06	1,000.00			160.36		SL	39	2.564%	25.64
Additional Room/Wall	07/28/06	500.00			80.18		SL	39	2.564%	12.82
Additional Room/Wall	12/26/2006	500.00			80.18		SL	39	2.564%	12.82
BATHROOM DESIGN	02/14/07	2,000.00			320.72		SL	39	2.564%	51.28
Additional Room/Wall	2/26/2007	1,000.00			160.36		SL	39	2.564%	25.64
Additional Room/Wall	2/23/2007	900.00			151.60		SL	39	2.564%	23.08
Additional Room/Wall	03/23/07	550.00			88.17		SL	39	2.564%	14.10
Additional Room/Wall	04/23/07	900.00			144.32		SL	39	2.564%	23.08
Additional Room/Wall	04/23/07	538.94			86.41		SL	39	2.564%	13.82
Leasehold Improvements	06/13/07	1,441.40			106.31		SL	39	2.564%	36.96
Leasehold Improvements	06/19/07	2,000.00			147.50		SL	39	2.564%	51.28
Leasehold Improvements	06/20/07	3,000.00			221.25		SL	39	2.564%	76.92
Leasehold Improvements	07/07/07	2,473.00			177.10		SL	39	2.564%	63.41
Leasehold Improvements	09/14/07	1,300.00			87.53		SL	39	2.564%	33.33
Leasehold Improvements	09/24/07	241.91			16.28		SL	39	2.564%	6.20

Description Of Property	Date Place in Service	Cost or Other Basis	Business/ Investment Use%	Section 179 Deduction	Depreciation Prior Year	Basis for Depreciation	Method/ Convention	Recovery Period	Rate or Table %	Depreciation 'Deduction
Leasehold Improvements	10/25/07	100 00			6 51		SL	39	2 564%	2 56
Leasehold Improvements	11/26/07	100 00			6 30		SL	39	2 564%	2 56
Leasehold Improvements	12/27/07	100 00			6 08		SL	39	2 564%	2 56
Leasehold Improvements	01/29/08	101 00			5 94		SL	39	2 564%	2 59
Leasehold Improvements	02/25/08	220 00			12 46		SL	39	2 564%	5 64
Leasehold Improvements	02/28/08	3,600 00			215 19		SL	39	2 564%	97 43
Leasehold Improvements	03/27/08	211 00			11 50		SL	39	2 564%	5 41
Leasehold Improvements	04/29/08	197 00			10 31		SL	39	2 564%	5 05
Leasehold Improvements	12/22/08	3,037 50			159 01		SL	39	2 564%	77 88
Leasehold Improvements	03/20/09	680 00			48 70		SL	39	2 564%	17 44
Leasehold Improvements	10/26/11	199 40					SL	39	0 535%	1 07
Leasehold Improvements	11/21/11	313 51					SL	39	0 321%	1 01
Leasehold Improvements	04/30/12	2,500 00					SL	39	1 819%	45 48
<b>Total L.H.I</b>		<b>60,767.74</b>			<b>8657.94</b>					<b>1528.38</b>

Depreciation Worksheet

April 30, 2012

Description Of Property	Date Place In Service	Cost or Other Basis	Business/ Investment Use%	Section 179 Deduction	Depreciation Prior Year	Basis for Depreciation	Method/ Convention	Recovery Period	Rate or Table %	Depreciation Deduction
House (Land \$80,406.12)	May-96	231,663.95			122,492.79		Macrs	27.5	3.636%	8,423.30
Construction	May-96	1,907.95			1,014.08		Macrs	27.5	3.636%	69.37
SPA	April-03	5,750.00			1,680.88		Macrs	27.5	3.637%	209.13
Building Plumbing	5/26/10	2,000.00					Macrs	27.5	3.636%	72.72
<b>Total House</b>		<b>241,321.90</b>			<b>125,187.75</b>					<b>8,774.52</b>
Furniture, Fixt and Equipment	Prior Years	35,546.55			35,546.55					
TV	January-00	1,587.23			1,587.23					
Office Equipment	March-00	2,421.73			2,421.73					
Computer	Apr-00	1,491.11			626.00					
Returned Computer		(1,453.80)			(626.00)					
General Ledger 2000		21,783.04			21,783.04					
Awning	03/19/03	1,000.00			1,000.00					
Awning	04/01/03	1,020.00			1,020.00					
Awning	05/01/03	3,000.00			3,000.00					
6 Sets Of Bed	08/14/03	2,381.41			2,381.41					
Freezer	01/25/04	356.97			356.97					
Banner	02/13/04	2,061.00			2,061.00					
Air Purifier	02/14/04	495.00			495.00					
Computer	05/25/04	627.80			627.80					
Washer	05/23/05	462.61			462.61					
Refrigerator	06/22/05	1,229.23			1,229.23					
DVR	07/01/05	3,050.00			3,050.00					
Furniture	07/13/05	105.40			91.29		HY	7	8.93%	9.41
Dryer	07/27/05	628.82			628.82					
Carpet for stairs	08/01/05	721.37			721.37					
Vacuum	02/09/05	84.93			73.55		HY	7	8.93%	7.58
Sears	06/19/06	200.00		200.00						
Vacuum	11/22/06	166.36		166.36						
Vacuum	01/12/07	97.41		97.41						
Dishwasher	03/13/07	500.00		500.00						
Sears	04/18/07	250.00		250.00						

Depreciation Worksheet

April 30, 2012

Description Of Property	Date Place in Service	Cost or Other Basis	Business/ Investment Use%	Section 179 Deduction	Depreciation Prior Year	Basis for Depreciation	Method/ Convention	Recovery Period	Rate or Table %	Depreciation Deduction
Sears	06/13/07	673.78			439.29		HY	7	8.92%	60.10
MAC	10/31/07	216.49			179.07		HY	5	11.52%	24.94
Sears	11/27/07	200.00			154.02		HY	5	11.52%	23.04
Sears	03/27/08	220.00			151.26		HY	7	8.93%	19.65
Sears	04/29/08	100.00			115.28		HY	7	8.93%	8.93
Venzon Wireless (cell phones)	01/26/09	239.53			161.42		HY	5	11.52%	27.59
Dryer Machine	12/13/11	781.41					HY	5	20%	156.28
Furniture	12/30/11	2,013.75					HY	7	14.29%	287.76
<b>Total F.F.E.</b>		<b>84,259.13</b>		<b>1,213.77</b>	<b>79,737.94</b>					<b>625.29</b>
Auto\Van	05/18/00	21,774.70			21,744.70					
<b>Leasehold Improvements:</b>										
Leasehold Improvements	01/05/09	1,500.00			522.08			27.5	3.636%	54.54
<b>Total L.H.I.</b>		<b>1,500.00</b>			<b>522.08</b>					<b>54.54</b>



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

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>WILLIE ROSS FOUNDATION</b>	Employer identification number (EIN) or <input type="checkbox"/> <b>953735110</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5127 BAZA AVE</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WOODLAND HILLS, CA. 91364</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

• The books are in the care of ▶ DEILAMI AND ASSOCIATES INC

Telephone No. ▶ 310 558-0701 FAX No. ▶ 310 558-1562

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until DECEMBER, 15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning MAY 1, 20 11, and ending APRIL 30, 20 12.

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

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

**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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

<b>Type or print</b>  File by the due date for filing your return. See instructions	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or <input type="checkbox"/>
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN) <input type="checkbox"/>
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

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

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

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

- The books are in the care of   
 Telephone No.  FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until , 20 .
- For calendar year , or other tax year beginning , 20 , and ending , 20 .
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension

<b>8a</b> 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.	<b>8a</b>	\$ <input type="text"/>
<b>b</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.	<b>8b</b>	\$ <input type="text"/>
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <input type="text"/>

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

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

Signature  Title  Date