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**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation****2012**Department of the Treasury
Internal Revenue Service

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

For calendar year 2012, or tax year beginning , 2012, and ending

Name of foundation BILLIE AND GEORGE ROSS FOUNDATION INC.		A Employer identification number 41-2065250
Number and street (or P O box number if mail is not delivered to street address) 10 THIXTON DRIVE		B Telephone number (see the instructions) (212) 715-7249
City or town HEWLETT HARBOR		C If exemption application is pending, check here <input type="checkbox"/>
State ZIP code NY 11557		D 1 Foreign organizations, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial Return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 2,185,679.	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
REVENUE	1 Contributions, gifts, grants, etc. received (att sch)	448,125.			
	2 Ck <input type="checkbox"/> if the foundn is not req to att Sch B				
	3 Interest on savings and temporary cash investments	10,888.	10,888.		
	4 Dividends and interest from securities	1,096.	1,096.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain/(loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit/(loss) (att sch)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	460,109.	11,984.			
ADMINISTRATIVE AND OPERATING EXPENSES	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach sch) L-16b Stmt	685.			685.
	c Other prof fees (attach sch)				
	17 Interest				
	18 Taxes (attach schedule)(see instrs)				
	19 Depreciation (attach sch) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	2,891.			2,891.
	22 Printing and publications				
	23 Other expenses (attach schedule) See Line 23 Stmt	400.	150.		250.
	24 Total operating and administrative expenses. Add lines 13 through 23	3,976.	150.		3,826.
25 Contributions, gifts, grants paid	281,976.			281,976.	
26 Total expenses and disbursements. Add lines 24 and 25	285,952.	150.		285,802.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	174,157.				
b Net investment income (if negative, enter -0-)		11,834.			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1	Cash — non-interest-bearing		1,099,914.	1,273,125.	1,273,125.
	2	Savings and temporary cash investments		911,608.	912,554.	912,554.
	3	Accounts receivable				
		Less allowance for doubtful accounts				
	4	Pledges receivable				
		Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach sch)				
		Less allowance for doubtful accounts				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments — U.S. and state government obligations (attach schedule)				
	b	Investments — corporate stock (attach schedule)				
	c	Investments — corporate bonds (attach schedule)				
	11	Investments — land, buildings, and equipment basis				
	Less accumulated depreciation (attach schedule)					
12	Investments — mortgage loans					
13	Investments — other (attach schedule)					
14	Land, buildings, and equipment basis					
	Less accumulated depreciation (attach schedule)					
15	Other assets (describe)					
16	Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)			2,011,522.	2,185,679.	2,185,679.
LIABILITIES	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, & other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe)				
	23	Total liabilities (add lines 17 through 22)				
NET ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			X		
	27	Capital stock, trust principal, or current funds		2,011,522.	2,185,679.	
	28	Paid-in or capital surplus, or land, building, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances (see instructions)		2,011,522.	2,185,679.	
31	Total liabilities and net assets/fund balances (see instructions)		2,011,522.	2,185,679.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,011,522.
2	Enter amount from Part I, line 27a	2	174,157.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	2,185,679.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	2,185,679.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) — [If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7]	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

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

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

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

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

☐ Yes☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2011	436,339.	2,030,137.	0.214931
2010	472,734.	2,153,936.	0.219474
2009	158,285.	2,134,115.	0.074169
2008	217,835.	2,320,082.	0.093891
2007	124,879.	1,904,363.	0.065575

2 Total of line 1, column (d)	2	0.668040
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.133608
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	2,067,122.
5 Multiply line 4 by line 3	5	276,184.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	118.
7 Add lines 5 and 6	7	276,302.
8 Enter qualifying distributions from Part XII, line 4	8	285,802.

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

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

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1 Date of ruling or determination letter <u>06/20/03</u> (attach copy of letter if necessary — see instrs)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	118.
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	118.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	118.
6 Credits/Payments			
a 2012 estimated tax pmts and 2011 overpayment credited to 2012	6 a	313.	
b Exempt foreign organizations — tax withheld at source	6 b		
c Tax paid with application for extension of time to file (Form 8868)	6 c	0.	
d Backup withholding erroneously withheld	6 d		
7 Total credits and payments. Add lines 6a through 6d	7	313.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	195.	
11 Enter the amount of line 10 to be Credited to 2013 estimated tax <u>195.</u> Refunded	11		

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <u>\$</u> (2) On foundation managers <u>\$</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <u>\$</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T.</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>NY — New York</u>		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>	X	
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>	X	

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Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>NA</u>	13	X	
14	The books are in care of <u>GEORGE ROSS</u> Telephone no. <u>(212) 715-7249</u> Located at <u>10 THIXTON DRIVE HEWLETT HARBOR NY</u> ZIP + 4 <u>11557</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>			
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If 'Yes,' enter the name of the foreign country			X

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

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

	Yes	No
1 a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here		1 b X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?		1 c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? If 'Yes,' list the years <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see instructions)		2 b
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>		
3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012)		3 b
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4 a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?		4 b X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5 a** During the year did the foundation pay or incur any amount to:

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5 b

Organizations relying on a current notice regarding disaster assistance check here

☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

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

6 b

If 'Yes' to 6b, file Form 8870

X

7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No

7 b

b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
GEORGE H. ROSS 10 THIXTON DR HEWLETT HARBOR NY 11557	DIRECTOR 1.00	0.	0.	0.
BILLIE D. ROSS 10 THIXTON DR HEWLETT HARBOR NY 11557	DIRECTOR 1.00	0.	0.	0.
NANCI ROSS 9118 LUCKY ESTATES DR VIENNA VA 22182	DIRECTOR 0.10	0.	0.	0.
STEPHANIE SUSKIN 18 STONY HOLLOW CHAPPAQUA NY 10514	DIRECTOR 0.10	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter 'NONE.'

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

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

None

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		None

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 TO BE A SOURCE OF FUNDING TO OTHER 501 C 3 EXEMPT ORGANIZATIONS DEMONSTRATING FINANCIAL NEED	285,802.
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	

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

1. Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	1 a	912,081.
b Average of monthly cash balances	1 b	1,186,520.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	2,098,601.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1 e	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	2,098,601.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	31,479.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,067,122.
6 Minimum investment return. Enter 5% of line 5	6	103,356.

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

1 Minimum investment return from Part X, line 6	1	
2 a Tax on investment income for 2012 from Part VI, line 5	2 a	
b Income tax for 2012. (This does not include the tax from Part VI.)	2 b	
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	285,802.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	285,802.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	118.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	285,684.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2012:				
a Enter amount for 2011 only			0.	
b Total for prior years 20 __, 20 __, 20 __				
3 Excess distributions carryover, if any, to 2012:				
a From 2007 125,584.				
b From 2008 217,835.				
c From 2009 158,285.				
d From 2010 472,940.				
e From 2011 436,486.				
f Total of lines 3a through e	1,411,130.			
4 Qualifying distributions for 2012 from Part XII, line 4 \$ 285,802.				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2012 distributable amount				
e Remaining amount distributed out of corpus	285,802.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,696,932.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	125,584.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	1,571,348.			
10 Analysis of line 9				
a Excess from 2008 217,835.				
b Excess from 2009 158,285.				
c Excess from 2010 472,940.				
d Excess from 2011 436,486.				
e Excess from 2012 285,802.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling**b** Check box to indicate whether the foundation is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)**2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2012	(b) 2011	(c) 2010	(d) 2009	
0.	14,870.	0.	17,883.	32,753.
0.	12,640.	0.	15,201.	27,841.

b 85% of line 2a**c** Qualifying distributions from Part XII, line 4 for each year listed

285,802.	436,486.	472,940.	158,285.	1,353,513.
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d Amounts included in line 2c not used directly for active conduct of exempt activities**e** Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c

285,802.	436,486.	472,940.	158,285.	1,353,513.
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3 Complete 3a, b, or c for the alternative test relied upon**a** 'Assets' alternative test – enter**(1)** Value of all assets**(2)** Value of assets qualifying under section 4942(j)(3)(B)(i)**b** 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed**c** 'Support' alternative test – enter**(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)**(2)** Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)**(3)** Largest amount of support from an exempt organization**(4)** Gross investment income**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)**1 Information Regarding Foundation Managers:****a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

GEORGE AND BILLIE ROSS

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

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.**a** The name, address, and telephone number or e-mail of the person to whom applications should be addressed**b** The form in which applications should be submitted and information and materials they should include**c** Any submission deadlines**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
5 TOWNS COMMUNITY CENTER 207 GROVE AVE CEDARHURST NY 11516	NONE	501C3	CHARITY	0.
ADULT CHILDREN LEARNING DEVELOPMENTAL DISABILITIES 4156 LIBRARY RD, PITTSBURG, PA 15234	NONE	501C3	CHARITY	0.
AMANDA KANOWITZ FOUNDATION 301 E. 63RD ST, NY NY 10065	NONE	501C3	CHARITY	0.
AMERICAN CANCER SOCIETY 1599 CLIFTON RD NE ATLANTA GA 30329	NONE	501C3	CHARITY	0.
FRIEDBERG JCC 15 NEIL COURT OCEANSIDE NY 11572	NONE	501C3	CHARITY	0.
HEWLETT FIRE DEPT 25 FRANKLIN AVE HEWLETT NY 11557	NONE	501C3	CHARITY	50.
HOSPICE BY THE SEA 312S CEDROS AVE, SOLANA BEACH CA 92075	NONE	501C3	CHARITY	0.
JACK MARTIN FUND 1601 LAKEVIEW DR HEWLETT NY 11557	NONE	501C3	CHARITY	950.
LONG BEACH MEDICAL CENTER 455 EAST BAY DR, LONG BEACH NY 11561	NONE	501C3	CHARITY	200.
See Line 3a statement				
Total				280,776.
b Approved for future payment				
Total				281,976.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1	Program service revenue					
a						
b						
c						
d						
e						
f						
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	10,888.	
4	Dividends and interest from securities			14	1,096.	
5	Net rental income or (loss) from real estate:					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue					
a						
b						
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)				11,984.	
13	Total. Add line 12, columns (b), (d), and (e)				13	11,984.

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545 0047

2012

Name of the organization

BILLIE AND GEORGE ROSS FOUNDATION INC.

Employer identification number

41-2065250

Organization type (check one)

Filers of:

Form 990 or 990-EZ

Section:

☐ 501(c)(____) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

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

General Rule

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

Special Rules

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ _____

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

BILLIE AND GEORGE ROSS FOUNDATION INC.

41-2065250

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHAWN MAHER 2067 LAKE SHORE BLVD TORONTO, CA	\$ 19,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

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

Line 23 Stmt

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

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

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
MEMORIAL SLOAN KETTERING CANCER CTR 1275 YORK AVE NEW YORK NY 10021	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 25.
MIDDLE BAY CHARITABLE FOUNDATION 3600 SKILLMAN AVE OCEANSIDE NY 11572	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 780.
NATIONAL CHILDHOOD CANCER FOUND PO 498 KENSINGTON MD 20895	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
SHRINERS HOSPITAL FOR CHILDREN 3551 N BROAD ST PHILADELPHIA PA 19140	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
SPECIAL OLYMPICS 1133 19TH ST NW WASHINGTON DC 20036	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
ST. JUDE CHILDREN'S HOSPITAL 62 DANNY THOMAS PL MEMPHIS TN 38105	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 120,006.
SUNRISE DAY CAMP FOR CANCER VICTIMS 15 NELIL COURT OCEANSIDE NY 11572	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 3,700.
TEMPLE BETH EL 1373 BELLMORE ROAD NORTH BELLMORE NY 11710	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
THE LUSTGARTEN FOUNDATION FOR PANCREATIC 1111 STEWARD AVE BETHPAGE NY 11714	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
UJA 130 EAST 59TH ST NEW YORK NY 10022	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
CHILDREN'S MEDICAL FUND 3000 MARCUS AVENUE, LL09 NEW HYDE PARK NY 11040	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.

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

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
DREAMS COME TRUE	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
6803 SOUTHPOINT PARKWAY				
JACKSONVILLE FL 32216				
HOSPICE OF WESTCHESTER	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
95 SOUTH BROADWAY- 4TH FLR				
WHITE PLAINS NY 10601				
LEUKEMIA RESEARCH FOUNDATION	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
3520 LAKE AVE., STE. 202				
WILMETTE IL 60091				
OPERATION SMILE	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
6435 TIDEWATER DRIVE				
NORFOLK VA 23509				
PLANNED PARENTHOOD	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 100.
434 WEST 33RD STREET				
NEW YORK NY 10001				
SCHNEIDER CHILDREN'S HOSPITAL	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
269-01 76TH AVENUE				
NEW HYDE PARK NY 11040				
ALYN HOSPITAL	NONE	501C3	CHARITY	Person or Business <input type="checkbox"/> 0.
51 E. 42ND STREET, #308				
NEW YORK NY 10017				
HEBREW HOME & HOSPITAL	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
1 ABRAMS BOULEVARD				
WEST HARTFORD CT 06117				
M.S. BIKE TOUR	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
733 THIRD AVENUE, 3RD FLR				
NEW YORK NY 10017				
CHILDREN MEDICAL FUND OF NY	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
3000 MARKUS AVE, #LI09				
NEW HIDE PARK NY 11042				
B'NAI TORAH CONGREGATION	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
18TH STREET				
BOCA RATON FL 33433				
BOCA LAGO CANCER RESEARCH	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 200.
8665 Juego Way				
BOCA RATON FL 33433				
CANCER CARE	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
275 SEVENTH AVE				
NEW YORK NY 10001				
HABITAT FOR HUMANITY	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
121 HABITAT ST				
AMERICUS GA 31709				
JDM FUND	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 100.
1333A NORTH AVE				
NEW ROCHELLE NY 10804				

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

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
LI BREAST CANCER COALITION 86 E ROCKAWAY RD HEWLETT NY 11557	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
NATIONAL EMPHYSEMA ASSN 2425 RIDGECREST DR SE ALBUQUERQUE NM 87108	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
ST BALDRICK PEDIATRIC CANCER RESEARCH 1443 E WASHINGTON BLVD #650 PASADENA CA 91104	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
EASTER SEALS 233 SOUTH WACKER DR, SUITE 2400 CHICAGO IL 60606	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 35.
FRIENDSHIP CIRCLE 6892 WEST MAPLE RD WEST BLOOMFIELD, MI 48322	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
LYNBROOK POLICE 49 BLAKE AVE LYNBROOK NY 11563	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 25.
POLICE BENEVOLENT ASS 158 MAIN ST WOODBIDGE NJ 07095	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
CAMP VIVA ONE GATEWAY PLAZA PORT CHESTER NY 10573	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
NICOLE SCHIFMAN FOUNDATION 2067 DONNA DR MERRICK NY 11566	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
ANGELA'S HOUSE PO BOX 5052 HAUPPAUGE NY 11788	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
FRIEDBERG JCC 15 NEIL COURT OCEANSIDE NY 11572	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
ACLD 807 SOUTH OYSTER BAY ROAD BETHPAGE NY 11714	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 100.
FAMILY SOCIETY CAMP 1165 LINCOLN AVENUE, SUITE 300 SAN JOSE CA 95125	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
COHEN CHILDREN'S MEDICAL 125 COMMUNITY DRIVE GREAT NECK NY 11021	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
MEADOWBROOK CARE 320 WEST MERRICK ROAD FREEPORT NY 11520	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.

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

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
MIDDLE BAY CHARITABLE 3600 SKILLMAN AVENUE OCEANSIDE NY 11572	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
ANDREW GLOVER YOUTH 100 CENTRE STREET, ROOM 1541 NEW YORK NY 10013	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
PLAY FOR PINK 60 EAST 56TH STREET 8TH FL NEW YORK NY 10022	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 100.
SOUTH NASSAU COMMUNITY ONE HEALTHY WAY OCEANSIDE NY 11572	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
STARLIGHT CHILDREN'S FOUNDATION 2049 CENTURY PARK EAST SUITE 4320 LOS ANGELES CA 90067	NONE	501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
PBTC FOUNDATION 1434 TREETOP LANE AMBLER PA 19002		501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
NASSAU COUNTY POLICE 734 FRANKLIN AVE #189 GARDEN CITY NY 11530		501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
JEWISH FAMILY SERVICE 3201 SOUT TAMARAC DRIVE DENVER CO 80231		501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
COMPANIONS IN COURAGE PO BOX 768 HUNTINGTON NY 11743		501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 100,000.
COHEN CHILDREN'S MEDICAL FUND OF NEW YORK 3000 MARCUS AVE SUITE LL09 NEW HYDE PARK NY 11040		501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
CANOVAN FOUNDATION 450 WEST END AVE #6A NEW YORK NY 10024		501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
BROOKLYN LAW SCHOOL 250 JORALEMON STREET BROOKLYN NY 11201		501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
BOYS AND GIRLS CLUB 1275 PEACHTREE STREET NE ATLANTA GA 30309-3506		501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 5,000.
MARCH OF DIMES 1275 MAMARONECK AVE WHITE PLAINS NY 10605		501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 0.
BOYS TOWN 14100 CRAWFORD ST BOYS TOWN NE 68010		501C3	CHARITY	Person or Business <input checked="" type="checkbox"/> 35.

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

Continued

Line 3a statement

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Founda- tion status of re- cipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year				
DANA FARBER RESEARCH CENTER 450 BROOKLINE AVE BOSTON MA 02215		501C3	CHARITY	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 260.
GOD'S LOVE WE DELIVER 166 AVENUE OF THE AMERICAS NEW YORK NY 10013		501C3	CHARITY	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 50,000.
JEWISH MUSEUM 1109 5TH AVE NEW YORK NY 10128		501C3	CHARITY	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 75.
LEUKEMIA AND LYMPHOMA SOCIETY 1311 MAMARONECK AVE WHITE PLAINS NY 10605		501C3	CHARITY	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 50.
MUSCULAR DYSTROPHY ASSOCIATION 3300 E SUNRISE AVE TUCSON AZ 85718		501C3	CHARITY	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 100.
MUSEUM OF MODERN ART 11 WEST 53RD ST NEW YORK NY 10019		501C3	CHARITY	Person or Business <input type="checkbox"/> <input checked="" type="checkbox"/> 85.

Total

280,776.

Form 990-PF, Page 1, Part I

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MARGARET WIERZBICKI	ACCOUNTING & TAX	685.			

Total

685.