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Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

Be Check with that apply. Imited return Final return Amended return Address change Manne change [Manne Change] Address change Address change Experiment of Dundhard In the Manne and state and Dundhard In the Manne and Sta	Ford	For calendar year 2008, or tax year beginning DEC 1, 2008, and ending NOV 30, 2009								
THE LESLIE & ROSLYN GOLDSTEIN POUNDATION Difference and store for the continuent in the last of allowers to steam a seriesce) Of type, 1114 SIXTH AVE., 17TH FL. Set Specific Give trown, state, and ZiP code NEW YORK, NY 10036 Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundation Setched 947(8(1) nonewarpt chantable trust Other taseble provide foundatio	G 0	heck	all that apply: In	nitial return	Final return	Amended return		Address change	Name change	
THE LESTIE & ROSLYN GOLDSTEIN FOUNDATION	Use	the I	Name of foundation					A Employer identification	number	
Point Number and street on P O be number of media and delivered to street acrosses) Recordular 21,2-30,2-330.			MIII	E & ROSLYN G	OLDSTEIN FOU	NDATION				
Set Specifie College C	Oth	erwi	se, &GRAF REPE	ETTI & CO. I	.LP			06-1035614		
See Specific Contributions of the Contributions of		•	•	O box number if mail is not d	elivered to street address)	Room/s	suite	B Telephone number		
Instructions (Arry Or Town, Satte, and AP Code NEW YORK, WY 10036 It Check type of organization: (X) Section 501(c)(3) exempt private foundation I Fair market value of all assets at end of year if from Part I, cold, c), into 16 in Market Value of all assets at end of year if from Part I, cold, c), into 16 in Market Value of all assets at end of year if from Part I, cold, c), into 16 in Market Value of all assets at end of year if from Part I, cold, c), into 16 in Market Value of all assets at end of year if from Part I, cold, c), into 16 in Market Value of all assets at end of year if from Part I, cold, c), into 16 in Market Value of all assets at end of year if from Part I, cold, c), into 16 in Market Value of Revenue and the Spesses (The total of removals on columns 80 is, c) are different organization of the Spesses (The total of removals on columns 80 is, c) are different organization of the Spesses (The total of removals organization of columns 80 is, c) are different organization of the Spesses (The total of removals organization of the Spesses (The Spesses organization of the Spesses organization			TTTT# 9 1 V T D	H AVE., 17TH	I FL.			212-302-33	00	
NEW YORK, NY 10036 Check type of pagnazation; Section 59(5)(3) exempt private foundation Section 59(7)(1)(1), Section 59(7)(1), Section				nd ZIP code				C If exemption application is p	ending, check here	
Section 49/7(a)(1) nonexempt charable trust Other trabels private foundation Efforts the following the first part of the first part			NEW YORK,		·					
Far market value of all assess at end of year (from Part II, cot (o), line 15) \$ 34,994,492. (Part II, cot (o), line 15) \$ 34,994,492. (Part II, cot (o), line 15) \$ 1 Analysis of Revenue and Expenses I Contributions, girls, grants, etc., received 2 Coxet № 20 Analysis of Revenue and Expenses I Contributions, girls, grants, etc., received 2 Coxet № 21 Analysis of Revenue and Expenses 1 Contributions, girls, grants, etc., received 2 Coxet № 21 Analysis of Revenue and Expenses 1 Dividends and interest to make a same and temperary 2 coxet № 21 Analysis of Revenue and Expenses 3 Interest on always and temperary 3 Interest on always and temperary 4 Dividends and interest from securities 5 Gross sense 1 Dividends and interest from securities 5 Gross sense proces for all 6 Analysis of Revenue and Expenses 1 S Fartement on the 10 Analysis of Revenue and Expenses 1 S Gross sense proces for all 6 Analysis of Revenue and Expenses 1 Dividends and interest from securities 5 Gross sense proces for all 6 Analysis of Revenue and Expenses 1 S Gross sense proces for all 6 Analysis of Revenue and Expenses 1 S Gross sense proces for all 7 Copped pain and income process process for all 8 N/A 1 Copped pain and income process process for all 9 Income modifications 10 One mendolications 10 One memorial senses 1 T Copped pain and income process process and wages 1 Total And lines 1 through 11 1 S Compensation of officers, directors, business, etc. 1 T Interest 1 Total And lines 1 through 11 1 Tares 2 Total popularity and administrative expenses Add lines 13 through 23 2 Printing and publications 3 Total And process and disposance 4 Dividends and depletion 2 Copped Titule 1 Travel Conferences, and meetings 2 Printing and publications 3 Total And Interest 4 Dividends and depletion 5 Total And Interest Conferences, and meetings 5 Total And Interest Conferences, and meetings 5 Total Analysis of Revenue and Expenses and disposance meetings 5 Total Analysis of Revenue and Expenses 5 Total A	H C	heck	type of organization:	X Section 501(c)(3) e	xempt private foundation			Foreign organizations me check here and attach co	eeting the 85% test, proputation	
Far market value of all assets at end of year Accounting method: IZ Cash		Se	ction 4947(a)(1) nonexem	pt charitable trust	Other taxable private found	lation		F If private foundation sta	tus was terminated	
Part I Any size of Revenue and Expenses Under section 507(b)(1)(B), check her □	1 Fa	ur ma	rket value of all assets at e	end of year J Account	ing method: X Cash	Accrual				
Part II Analysis of Revenue and Expenses (a) Revenue and openies (c) Adjusted net								F If the foundation is in a	60-month termination	
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1 Contributions, aftis, prints, etc., received 2 N/A	Pa	<u>irt l</u>	The total of amounts in colur	mns (b), (c), and (d) may not			nt		(d) Disbursements for charitable purposes	
2 Check ► X I are touchains and interval to State Sta			necessarily equal the amount	ts in column (a))	expenses per dooks	income				
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Page 20 Page		2								
Sa Gross rents Section		3	cash investments	-		1				
D Net rental income or (iosa) A Net gar or (losa) from sale of assets not on line 10 Company of the sale of assets not not line 10 Company of the sale of assets on line 6 Company of the sale of the sa		4	Dividends and interest fro	om securities	155,866	155,8	<u>66.</u>		STATEMENT 1	
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		b	Net rental income or (loss)		-					
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Net short-term capital gain 10 10 10 10 10 10 10 1	è	[•			υ.	1,202		
10a and allowances]	• =	n				<u> </u>	 	
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c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 155,866. 155,866. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 16a Counting fees 17 Interest 18 Taxes 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 expenses Add lines 13 through 23 26 Contributions, girts, grants paid 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 12 Contributions (if negative, enter -0-) 12 Adjusted net income (if negative, enter -0-) 15 OSDEN, UT 155, 866. 155, 866. 155, 866. 0. 0. 0. 0. 0. 0. 0. 0. 0.										
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12 Total Add lines 1 through 11 155,866			, , ,							
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Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A					2,006,000				2,006,000.	
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		26	•	ursements.					0 000	
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		<u> </u>			2,034,890	5,6	46.		2,011,615.	
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C Adjusted net income (if negative, enter -0-)			•		-1,8/9,024		20	 	 	
						130,4	∠∪.			
		C			Act Natice see the instru		-	1 1/ M	Form 990-PF (2008)	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

THE LESLIE & ROSLYN GOLDSTEIN FOUNDATION Form 990-PF (2008) %GRAF REPETTI & CO. LLP 06-1035614 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (c) Fair Market Value (a) Book Value (b) Book Value 161,560 326,914 326,914. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 34,008,459. 31,964,081 31,964,081. 3 Accounts receivable ▶ Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 2,942,093. 3,285,197. STMT 5 2,685,497. b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated degreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated degreciation 18,000. 18,000. 15 Other assets (describe ► ART 18,000. 34,994,492. 37,130,112. 35,594,192. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) 0 0 Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. **Fund Balances** 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright [X]$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 6 27 Capital stock, trust principal, or current funds Net Assets 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0 0 35,594,192 37,473,216. 29 Retained earnings, accumulated income, endowment, or other funds 35,594,192 37,473,216. 30 Total net assets or fund balances 37,473,216. 35,594,192 31 Total liabilities and net assets/fund balances 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	37,473,216.
2	Enter amount from Part I, line 27a	2	-1,879,024.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	35,594,192.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	35,594,192.
_			5 000 DE (0000)

Form **990-PF** (2008)

Form 990-PF (2008) %GR	LESLIE & ROSLYN AF REPETTI & CO. and Losses for Tax on Ir	LLP		JND	ATION	0	<u>6-103</u>	5614	Page 3
(a) List and desc	ribe the kind(s) of property sold (e.g arehouse; or common stock, 200 sha	., real estate,	liicome	(b) H	low acquired - Purchase - Donation		acquired lay, yr.)	(d) Date (mo., da	
1a		<u> </u>		1-5	Donation		_		
b NO	NE								
C									
_d						_			
<u>e</u>				<u> Т</u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		<u> </u>		ain or (loss) s (f) minus (
<u>a</u>									
<u>b</u>									
<u>c</u>				-					
<u>d</u>				\dashv					
Complete only for assets shown	l ng gain in column (h) and owned by	the foundation	on 12/31/60			(I) Co (C)- (h)		
	(j) Adjusted basis		cess of col. (1)			ol. (k), but	Col. (h) gain not less that	n -0-) or	
(i) F.M.V. as of 12/31/69	as of 12/31/69	over	col. (j), if any			Losses	(from col. (n)) 	
_a									
_ b						_			
<u>c</u>									
<u>d</u>			·			-			-
<u>e</u>	L			\rightarrow					
2 Capital gain net income or (net ca	apital loss) { If gain, also enter of the loss of the	r in Part I, line	7		2				
, ,	•		,	ᄼᅡ					
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8	column (c).	nd (6);		}	2				
Part V Qualification U	Inder Section 4940(e) for	Reduced	Tax on Net	t Inv	estment Ir	come			
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment ii	ncome	·.)		-		
If section 4940(d)(2) applies, leave t	·	. ,			,				
Was the foundation liable for the sec			-	rıod?				Yes	X No
If "Yes," the foundation does not qua	<u>lify under section 4940(e). Do not co</u> each column for each year; see instr			100					
	(b)		making any enu					(d)	
Base period years Calendar year (or tax year beginni	Advised avalitions do	tributions	Net value of no	(c) onchar	ıtable-use asse	ts	Distrib (col. (b) div	ution ratio	(c))
2007	ilig iii)	8,912.			,739,03		(coi. (b) div		4901
2006		4,680.			, 735, 03 , 775, 79				38820
2005		5,247.			,955,28				3889
2004		5,280.			,678,63				4303
2003		4,420.			,590,02				4247
2 Total of line 1, column (d)						2		2	1224
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5,	or by the number	r of yea	ars				
the foundation has been in existe	nce if less than 5 years					3		.0	42449
4 Enter the net value of noncharitat	ole-use assets for 2008 from Part X,	line 5				4	3	5,743	,008
5 Multiply line 4 by line 3						5		1,517	, 255
						I -	I		

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1,518,757.

2,011,615.

1,502.

7 Add lines 5 and 6

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

8 Enter qualifying distributions from Part XII, line 4

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.

THE LESLIE & ROSLYN GOLDSTEIN FOUNDATION Form 990-PF (2008) %GRAF REPETTI & CO. 06-1035614 Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) and enter "N/A" on line 1. (attach copy of ruling letter if necessary-see instructions) 1,502. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Add lines 1 and 2 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 502 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2008 estimated tax payments and 2007 overpayment credited to 2008 6a **b** Exempt foreign organizations - tax withheld at source 6b 30,000 c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 30,000. 7 Total credits and payments, Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 28,498. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 10.000 Refunded 11 Enter the amount of line 10 to be: Credited to 2009 estimated tax 18.498 Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b 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. c Did the foundation file Form 1120-POL for this year? 1c X d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 . (2) On foundation managers. ▶ \$ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes." attach a detailed description of the activities 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? If "Yes," attach a conformed copy of the changes Х 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T. 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 X remain in the governing instrument? X 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes." complete Part II, col (c), and Part XV. 8a Enter the states to which the foundation reports or with which it is registered (see instructions)

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X

8b

10

CT

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)

year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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

of each state as required by General Instruction G? If "No," attach explanation

THE LESLIE & ROSLYN GOLDSTEIN FOUNDATION Form 990-PF (2008) %GRAF REPETTI & CO. LLP Page 5 06-1035614 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) 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address N/A 14 The books are in care of ► THE FOUNDATION Telephone no. $\triangleright 212 - 302 - 3300$ Located at ▶ 1114 SIXTH AVE., 17TH FL., NEW YORK, ZIP+4 ▶10036 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year **▶** 15 | N/A Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes 🗶 No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes 🗶 No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) 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 page 20 of the instructions)? N/A 1b Organizations relying on a current notice regarding disaster assistance check here 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 2008? X 1c 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 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008? Yes X No If "Yes," list the years ▶_ 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 N/A statement - see instructions.) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2008 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 2008.) N/A 3b X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a

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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 2008?

THE LESLIE & ROSLYN GOLD	STEIN FOUNDAT						
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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)				
5a During the year did the foundation pay or incur any amount to:							
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		s X No				
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire						
any voter registration drive?			s X No				
(3) Provide a grant to an individual for travel, study, or other similar purposes?							
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section						
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No				
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for					
the prevention of cruelty to children or animals?		Ye	s X No				
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	ın Regulations					
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b			
Organizations relying on a current notice regarding disaster assistance check h	веге			1 1			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ined					
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s 🔲 No				
If "Yes," attach the statement required by Regulations section 53.494.	5-5(d)						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			1 1			
a personal benefit contract?		Ye	s X No				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X			
If you answered "Yes" to 6b, also file Form 8870.							
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	☐ Ye	s X No				
b If yes, did the foundation receive any proceeds or have any net income attribut				7b			
Information About Officers, Directors, Trust		nagers, Highly					
Paid Employees, and Contractors			•				
1 List all officers, directors, trustees, foundation managers and their	compensation.		•				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense			
(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, othe allowances			
(a) Name and address LESLIE GOLDSTEIN	hours per week devoted	(If not paid.	and deterred	(e) Expense account, othe allowances			
	hours per week devoted to position	(If not paid.	and deterred	(e) Expense account, othe allowances			
LESLIE GOLDSTEIN	hours per week devoted to position	(If not paid.	and deterred	allowances			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549	hours per week devoted to position TRUSTEE 0.00	(If not paid, enter -0-)	and deterred compensation	(e) Expense account, othe allowances			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN	hours per week devoted to position TRUSTEE	(If not paid, enter -0-)	and deterred compensation	allowances			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD	hours per week devoted to position TRUSTEE 0.00 TRUSTEE AS NE	(If not paid, enter -0-) O.	and deferred compensation	allowances			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN	hours per week devoted to position TRUSTEE 0.00	(If not paid, enter -0-)	and deterred compensation	allowances			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD	hours per week devoted to position TRUSTEE 0.00 TRUSTEE AS NE	(If not paid, enter -0-) O.	and deferred compensation	allowances			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD	hours per week devoted to position TRUSTEE 0.00 TRUSTEE AS NE	(If not paid, enter -0-) O.	and deferred compensation	allowances			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD	hours per week devoted to position TRUSTEE 0.00 TRUSTEE AS NE	(If not paid, enter -0-) O.	and deferred compensation	allowances			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD	hours per week devoted to position TRUSTEE 0.00 TRUSTEE AS NE	(If not paid, enter -0-) O.	and deferred compensation	allowances			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD	hours per week devoted to position TRUSTEE 0.00 TRUSTEE AS NE	(If not paid, enter -0-) O.	and deferred compensation	allowances			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD	hours per week devoted to position TRUSTEE 0.00 TRUSTEE AS NE 5.00	(If not paid, enter -0-) O. EDED O.	and deferred compensation	allowances			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 2 Compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees)	TRUSTEE 0.00 TRUSTEE AS NE 5.00	(If not paid, enter -0-) 0. EDED 0. enter "NONE."	and deterred compensation O.	allowances O			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549	TRUSTEE 0.00 TRUSTEE AS NE 5.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O. EDED O.	and deterred compensation O . O .	(e) Expense account, other			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	TRUSTEE 0.00 TRUSTEE AS NE 5.00	(If not paid, enter -0-) 0. EDED 0. enter "NONE."	and deterred compensation O .	allowances O			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 2 Compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees (other than those incomplete in the compensation of five highest-paid employees)	TRUSTEE 0.00 TRUSTEE AS NE 5.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 0. EDED 0. enter "NONE."	and deterred compensation O . O .	(e) Expense account, other			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	TRUSTEE 0.00 TRUSTEE AS NE 5.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 0. EDED 0. enter "NONE."	and deterred compensation O . O .	(e) Expense account, other			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	TRUSTEE 0.00 TRUSTEE AS NE 5.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 0. EDED 0. enter "NONE."	and deterred compensation O . O .	(e) Expense account, other			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	TRUSTEE 0.00 TRUSTEE AS NE 5.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 0. EDED 0. enter "NONE."	and deterred compensation O . O .	(e) Expense account, other			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	TRUSTEE 0.00 TRUSTEE AS NE 5.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 0. EDED 0. enter "NONE."	and deterred compensation O . O .	(e) Expense account, other			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	TRUSTEE 0.00 TRUSTEE AS NE 5.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 0. EDED 0. enter "NONE."	and deterred compensation O . O .	(e) Expense account, other			
LESLIE GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 ROSLYN GOLDSTEIN 246 OLD POST ROAD BEDFORD CORNERS, NY 10549 2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	TRUSTEE 0.00 TRUSTEE AS NE 5.00 Cluded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) 0. EDED 0. enter "NONE."	and deterred compensation O . O .	(e) Expense account, other			

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

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Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)		<u></u>
3 Five highest-paid independent contractors for professional services. If none,	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Fotal number of others receiving over \$50,000 for professional services		>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevan number of organizations and other beneficiaries served, conferences convened, research pape	t statistical information such as the	Expenses
N/A	produced, etc.	
N/ A		
2		
3		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax y	ear on lines 1 and 2.	Amount
N/A		
		 -
All other program-related investments. See instructions.		
3		

 \blacktriangleright

0.

Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	2,452,007.
b	Average of monthly cash balances	1b	33,817,311.
C	Fair market value of all other assets	1c	18,000.
	Total (add lines 1a, b, and c)	1d	36,287,318.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2 .	0.
3	Subtract line 2 from line 1d	3	36,287,318.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	544,310.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	35,743,008.
6	Minimum investment return. Enter 5% of line 5	6	1,787,150.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certair	1
1	Minimum investment return from Part X, line 6	1	1,787,150.
2a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	1,502.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,785,648.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,785,648.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,785,648.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,011,615.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	<u>-</u>
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,011,615.
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	5	1,502.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	2,010,113.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	oualifies	for the section

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI, line 7	Соправ	roard prior to 2007	2007	
2 Undistributed income, if any, as of the end of 2007				1,785,648.
a Enter amount for 2007 only			1 020 066	
b Total for prior years:			1,838,066.	
b rotation prior years.		0.		
3 Excess distributions carryover, if any, to 2008:				
a From 2003				
b From 2004				
c From 2005				
d From 2006				
e From 2007				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2008 from	<u>0 </u>			
Part XII, line 4: ► \$2,011,615.	:			
a Applied to 2007, but not more than line 2a			1,838,066.	
b Applied to undistributed income of prior	-		1,030,000.	· · · · · · · · · · · · · · · · · · ·
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		- 0.		
(Election required - see instructions)	0.			
d Applied to 2008 distributable amount	0.			173,549.
e Remaining amount distributed out of corpus	0.			1/3,343.
5 Excess distributions carryover applied to 2008	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				<u>0.</u>
6 Enter the net total of each column as indicated below:	-			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b	· · · · · ·	0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2007. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008. Subtract		•		
lines 4d and 5 from line 1. This amount must				
be distributed in 2009				1,612,099.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			·
8 Excess distributions carryover from 2003				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009.				
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:				
a Excess from 2004				
b Excess from 2005				
c Excess from 2006				
d Excess from 2007				
e Excess from 2008				5 000 PF (0000)

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Part XIV Private Operating F	oundations (see in:	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	or 2008, enter the date of t	the ruling	▶		
b Check box to indicate whether the foun	dation is a private operatir	ng foundation described i	n section	4942(j)(3) or 49	42(<u>j)(5)</u>
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
investment return from Part X for		<u>`</u>			
each year listed					
b 85% of line 2a			-		
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					_
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(1)(3)(B)(1)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
			<u> </u>		
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 Info			if the foundation	n had \$5,000 or mo	re in assets
at any time during	the year-see the i	instructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh		than 2% of the total cont	ributions received by the	e foundation before the clos	e of any tax
year (but only if they have contributed in					
LESLIE GOLDSTEIN					
b List any managers of the foundation when t	10 own 10% or more of th	e stock of a corporation (or an equally large port	ion of the ownership of a pa	rtnershin or
other entity) of which the foundation ha			or an equally large port	ion of the ownership of a pe	a thership of
NONE					
	ion Coot Cift Loon	Cabalarabia eta Da			
2 Information Regarding Contribut Check here ► X if the foundation					anda fari firada 16
the foundation makes gifts, grants, etc.					
	`			ompiete items za, b, c, and	
a The name, address, and telephone num	iber of the person to who	m applications should be	addressed:		
				<u> </u>	 -
b The form in which applications should	submitted and informa	tion and materials they st	nould include:		
c Any submission deadlines:		· - · · · · · · · · · · · · · · · · · ·			
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields,	kınds of institutions, or	other factors:	

THE LESLIE & ROSLYN GOLDSTEIN FOUNDATION

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Part XV Supplementary Information (continued)

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3 Grants and Contributions Paid During the Recipient	If recipient is an individual.			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
5 ,				
SEE STATEMENT 6				
Total b Approved for future payment			<u> </u>	2,006,000
a Approved for fature payment				
NONE				
				L
Total			▶ 3b	(

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Analysis of Income-Producing Activities

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Enter gross amounts upless atherwise indicated	Unrelated	business income	Exclude	ed by section 512, 513, or 514	(0)
Enter gross amounts unless otherwise indicated.	(a)	(b)	(C) Exclu-	(d)	(e) Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
	Code		1 0000		
a b	·	· · · · · · · · · · · · · · · · · · ·	 -		
	·				
C					
d			 		
e	· - 			•	
g Fees and contracts from government agencies	· 	 	 -		
2 Membership dues and assessments		<u> </u>	╁──╁		
3 Interest on savings and temporary cash			++		
investments			1 1		
4 Dividends and interest from securities			14	155,866.	
			1 4	133,800.	
5 Net rental income or (loss) from real estate:			1	-	
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:	1 1				
a	1 1		 		
b	1 1		╁	-	
C			+		.
d	-		 		
e	-			155 066	
12 Subtotal. Add columns (b), (d), and (e)	L	0.	1 1	155,866.	
13 Total Add line 12, columns (b), (d), and (e)				13	155,866.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of Ex	xempt	Purposes	
Line No. Explain below how each activity for which inc	ome is reported in	column (e) of Part XVI-4	Contribi	ited importantly to the accomm	olishment of
the foundation's exempt purposes (other than				not importantly to the docomp	
	<u> </u>				
				 	
		·			
			·		
		·			
					
				·	
		·		 	
1					
823621 01-02-09					Form 990-PF (2008)

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Page 13

Form 990-PF (2008) %GRAF REPETTI & CO. LLP 06-1035614 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the organization directly or indirectly engage in any of the following	ng with any other organization	on described in section 501(c) of	Yes No				
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								
a	Transfers from the reporting foundation to a noncharitable exempt or							
(1) Cash								
	(2) Other assets			1a(1) X 1a(2) X				
b								
	(1) Sales of assets to a noncharitable exempt organization			1b(1) X				
	(2) Purchases of assets from a noncharitable exempt organization			1b(2) X				
	(3) Rental of facilities, equipment, or other assets			1b(3) X				
	(4) Reimbursement arrangements			1b(4) X				
	(5) Loans or loan guarantees			1b(5) X				
	(6) Performance of services or membership or fundraising solicitation	nns		1b(6) X				
c	Sharing of facilities, equipment, mailing lists, other assets, or paid em			1c X				
	If the answer to any of the above is "Yes," complete the following sche		ways show the fair market value of the goods.					
Ī	or services given by the reporting foundation. If the foundation receiv							
	column (d) the value of the goods, other assets, or services received.		,					
a)	Line no (b) Amount involved (c) Name of noncharitable		(d) Description of transfers, transactions, and	sharing arrangements				
	N/A	· · · · · · · · · · · · · · · · · · ·						
		·						
_			<u> </u>					
		· -						
2 2	Is the foundation directly or indirectly affiliated with, or related to, one	or more tax-exempt organi	zations described					
La	in section 501(c) of the Code (other than section 501(c)(3)) or in sec		Γ	Yes X No				
h	If "Yes," complete the following schedule.		_					
	(a) Name of organization	(b) Type of organization	(c) Description of relations	ship				
_	N/A	,,,,		- ' .				
								
T	Under penalties of perjury, I declare that I have examined this return, including according	ompanying schedules and staten	nents, and to the best of my knowledge and belief, it is	s true, correct,				
Ì	and complete Declaration of preparer (other than taxpayer or fiduciary) is based on	all information of which preparer	has any knowledge					
	X X X X X X X X X X X X X X X X X X X							
<u>.</u>	Signature of officer or trustee	Date 7 - 12 - 10	Title Pre 3: Local					
Ĕŀ	Propagar's 0		Date / Check if Prepar	er's identifying number				
5	signature		7/20/D self- employed ► □ P	00548051				
1	7 9 2	LLP	EIN ► 13-403	8080				
	riself-employed). 1114 AVENUE OF THE	AMERICAS	1.5.7.6.7					
	address, and ZIP code NEW YORK, NY 10036		Phone no. 212-	302-3300				
_	11211 101111 10000		1, 10000 100. 212	orm 000-DE (2008)				

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 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 the page 2) 	nis form).	▶ X				
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously	filed Form	m 8868				
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 c Part I only	omplete	▶ □				
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request to file income tax returns	an extens	sion of time				
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic exten noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electri (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic www.irs.gov/efile and click on e-file for Chanties & Nonprofits.	onically if i consolida	(1) you want the additional ted Form 990-T Instead,				
Type or Name of Exempt Organization	Emple	oyer identification number				
print THE LESLIE & ROSLYN GOLDSTEIN FOUNDATION		C 1025C14				
**************************************	1 00	6-1035614				
fling your 1114 SIXTH AVE. 17TH FL.						
return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW YORK, NY 10036						
Check type of return to be filed (file a separate application for each return)						
Form 990						
THE FOUNDATION The books are in the care of ▶ 1114 SIXTH AVE., 17TH FL NEW YORK, NY 10036 Telephone No. ▶ 212-302-3300 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 will cover						
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until						
· · · · · · · · · · · · · · · · · · ·						
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	\$ 30,000.				
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	- Sa	30,000.				
tax payments made. Include any prior year overpayment allowed as a credit	3b	s 30,000.				
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).						
See instructions	3c	\$ 0.				

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

Form **8868** (Rev. 4-2009)

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

FORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECUI	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
INGALLS & SNYDER WACHOVIA	-		155,622. 244.		0.	155,6	22. 44.
TOTAL TO FM 990-PF, PART I, I	LN 4		155,866.		0.	155,8	66.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	(C) EST- ADJUSTED COME NET INCOM			
GRAF REPETTI & CO.	1	1,225.	5	,610.		5,615.	
TO FORM 990-PF, PG 1, LN 16B	1	1,225.	5	,610.		5,6	15.
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC	EST- COME	(C) ADJUSTED NET INCOM		
EXCISE TAX	1	7,629.		0.			0.
TO FORM 990-PF, PG 1, LN 18	1	7,629.		0.		0.	
FORM 990-PF	0'	THER E	XPENSES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
BANK CHARGES		36.		36.	-		0.
TO FORM 990-PF, PG 1, LN 23		36.		36.			0.

FORM 990-PF C	CORPORATE STOCK			STAT	EMENT	5
DESCRIPTION		BOOK V	ALUE		MARKE' ALUE	т
18,000 AMERICAN INTERNATIONAL GRO 25,000 BEAZER HOMES USA 40,000 D.R. HORTON, INC. 15,000 EVEREST RE GROUP LTD 30,000 FOREST CITY ENTERPRISES 59375 PULTE CORP	OUP	25: 77: 47: 12:	2,944. 5,313. 6,938. 0,625. 9,818. 9,559.	1	25,5 107,5 411,2 ,276,6 321,9 542,6	00. 00. 50.
TOTAL TO FORM 990-PF, PART II, LI	INE 10B =	3,28	5,197.	2	,685,4	97.
	AND CONTRIBUTIONS DURING THE YEAR			STAT	EMENT	6
RECIPIENT NAME AND ADDRESS	RECIPIENT RELAT		RECIP STA	IENT TUS	AMOU	NT
ALBERT EINSTEIN COLLEGE OF MEDICINE	NONE GENERAL SUPPORT		PUBIC CHARIT	Ϋ́	10000	00.
AMERICAN CANCER SOCIETY,	NONE GENERAL SUPPORT		PUBIC CHARIT	Υ	10,0	00.
AMERICAN FRIENDS OF JORDAN RIVER VILLAGE FDN	NONE GENERAL SUPPORT		PUBIC CHARIT	Υ	33,0	00.
ASSOCIATION FOR FAMILLY INTERACTIVE MEDIA	NONE GENERAL SUPPORT		PUBIC CHARIT	Ϋ́	60,0	00.
CARNEGIE HALL,	NONE GENERAL SUPPORT		PUBIC CHARIT	Υ	6,5	00.
CHILDRENS STORE FRONT,	NONE GENERAL SUPPORT		PUBIC CHARIT	Υ	1,0	00.

THE	LESLIE	&	ROSLYN	GOLDSTEIN	FOUNDATION

Λ	6 -	- 1	n	3	5	6	1	4
v	·		v	J	J	v	_	-

COOPER UNION,	NONE GENERAL SUPPORT	PUBIC CHARITY	10,000.
EVELYN LAUDER BREAST CANCER FOUNDATION-PINK	NONE	PUBIC CHARITY	260,500.
FLORIDA STORMWATER ASSOCIATION (FSA)	GENERAL SUPPORT	PUBIC CHARITY	5,000.
GIRARDVILLE AMBULENCE SERVICES,	GENERAL SUPPORT	PUBIC	3,000.
Wa Da GGA W	GENERAL SUPPORT	CHARITY	1,000.
HADASSAH,	NONE GENERAL SUPPORT	PUBIC CHARITY	1,800.
HOLE IN THE WALL ASSOCIATION,	NONE GENERAL SUPPORT	PUBIC CHARITY	12,500.
JACOBS LADDER SCHOLARSHIP,	NONE GENERAL SUPPORT	PUBIC CHARITY	2,500.
JEWISH HOME FOR THE ELDERLY,	NONE GENERAL SUPPORT	PUBIC CHARITY	200,000.
JSAFE,	NONE GENERAL SUPPORT	PUBIC CHARITY	150,000.
MICO COLLEGE ALUMNI ASSN OF AMERICA	NONE GENERAL SUPPORT	PUBIC CHARITY	5,000.

THE LESLIE & ROSLYN GOLDSTEIN F			06-1035614
MONTEFIORE MEDICAL CENTER,	NONE	PUBIC	100 000
	GENERAL SUPPORT	CHARITY	100,000.
MT KISCOE VOLUNTEER AMBULANCE	NONE	PUBIC	750.
CORPS	GENERAL SUPPORT	CHARITY	750.
NEW YORK CITY CENTER, INC.,	NONE	PUBIC	2 522
	GENERAL SUPPORT	CHARITY	2,500.
ORGANIZATION FOR INTERNATIONAL	NONE	PUBIC CHARITY	
DEVELOPMENT	GENERAL SUPPORT		3,500
ROUNDABOUT THEATER,	NONE	PUBIC CHARITY	440 500
	GENERAL SUPPORT		112,500.
THE BLUE NILE PASSAGE INC.,	NONE	PUBIC	4 000
	GENERAL SUPPORT	CHARITY	1,000.
UJA FEDERATION,	NONE	PUBIC	c 000
	GENERAL SUPPORT	CHARITY	6,000.
YOUTH BUILD INTERNATIONAL,	NONE	PUBIC	
	GENERAL SUPPORT	CHARITY	20,000.
VARIOUS CHARITIES \$500 OR LESS,	NONE	PUBIC	0.50
	GENERAL SUPPORT	CHARITY	950.
rotal to form 990-pf, part XV, L			2,006,000.