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# Return of Private Foundation

## or Section 4947(a)(1) Nonexempt Charitable Trust

### Treated as a Private Foundation

2009

Department of the Treasury  
Internal Revenue Service

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

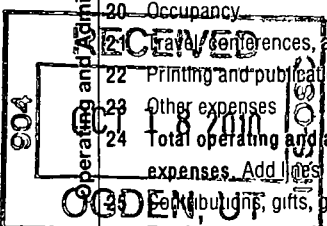
For calendar year 2009, or tax year beginning , and ending

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

Use the IRS label otherwise, print or type. See Specific Instructions	Name of foundation <b>YVONNE &amp; LESLIE POLLACK FAMILY FOUNDATION INC.</b>		A Employer identification number <b>13-3985619</b>
	Number and street (or P.O. box number if mail is not delivered to street address) Room/suite <b>8 LONG MEADOW ROAD</b>		B Telephone number <b>(914) 234-7096</b>
	City or town, state, and ZIP code <b>BEDFORD, NY 10506</b>		C If exemption application is pending, check here <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		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ <b>5,445,684.</b> (Part I, column (d) must be on cash basis)		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	
		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

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))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received				N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		33,962.	33,962.		
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		0.			
b Gross sales price for all assets on line 6a 9.					
7 Capital gain net income (from Part IV, line 2)			0.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11		33,962.	33,962.		
13 Compensation of officers, directors, trustees, etc.		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees Stmt 1		3,300.	1,650.		1,650.
c Other professional fees					
17 Interest					
18 Taxes Stmt 2		2,320.	0.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses Stmt 3		250.	0.		250.
24 Total operating and administrative expenses. Add lines 13 through 23		5,870.	1,650.		1,900.
25 Contributions, gifts, grants paid		292,104.			292,104.
26 Total expenses and disbursements. Add lines 24 and 25		297,974.	1,650.		294,004.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		-264,012.			
b Net investment income (if negative, enter -0-)			32,312.		
c Adjusted net income (if negative, enter -0-)				N/A	

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**YVONNE & LESLIE POLLACK FAMILY  
FOUNDATION INC.**

13-3985619

Page 2

<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing	57,847.	23,768.	23,768.
	2 Savings and temporary cash investments	3,352,669.	3,138,069.	3,138,069.
	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			
	b Investments - corporate stock Stmt 4	1,559,448.	1,679,670.	2,283,847.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶ Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
<b>Liabilities</b>	14 Land, buildings, and equipment: basis ▶ Less accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 <b>Total assets</b> (to be completed by all filers)	4,969,964.	4,841,507.	5,445,684.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
<b>Net Assets or Fund Balances</b>	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 <b>Total liabilities</b> (add lines 17 through 22)	0.	0.	
<b>Net Assets or Fund Balances</b>	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	4,969,964.	4,841,507.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
<b>Net Assets or Fund Balances</b>	30 <b>Total net assets or fund balances</b>	4,969,964.	4,841,507.	
	31 <b>Total liabilities and net assets/fund balances</b>	4,969,964.	4,841,507.	

**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	4,969,964.
2 Enter amount from Part I, line 27a	2	-264,012.
3 Other increases not included in line 2 (itemize) ▶ <u>BOOK/TAX DIFFERENCE</u>	3	135,555.
4 Add lines 1, 2, and 3	4	4,841,507.
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	4,841,507.

Form 990-PF (2009)

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a CASH IN LIEU</b>		<b>P</b>		
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

(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)
<b>a</b> 9.		9.	0.
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			0.
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> 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	0.
<b>3</b> 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). If (loss), enter -0- in Part I, line 8		3	N/A

**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 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 (col. (b) divided by col. (c))
2008	274,815.	5,429,130.	.050619
2007	303,609.	6,094,285.	.049819
2006	306,357.	5,830,335.	.052545
2005	188,099.	5,868,890.	.032050
2004	313,905.	5,610,734.	.055947

<b>2</b> Total of line 1, column (d)	2	.240980
<b>3</b> 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	.048196
<b>4</b> Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	5,130,693.
<b>5</b> Multiply line 4 by line 3	5	247,279.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	323.
<b>7</b> Add lines 5 and 6	7	247,602.
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	294,004.

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)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	323.
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		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		3	323.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	323.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c	2,500.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	2,500.	
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9		
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	2,177.	
11 Enter the amount of line 10 to be: <b>Credited to 2010 estimated tax</b> <input checked="" type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	0.	

**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?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file <b>Form 1120-POL</b> 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 <input checked="" type="checkbox"/> \$ <u>0.</u> (2) On foundation managers. <input checked="" type="checkbox"/> \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>		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
4a 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 <b>Form 990-T</b> 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, col. (c), and Part XV</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> <u>None</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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

N/A

**YVONNE & LESLIE POLLACK FAMILY  
FOUNDATION INC.**

13-3985619

Page 5

**Part VII-A Statements Regarding Activities** (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ► N/A

14 The books are in care of ► LESLIE POLLACK Telephone no. ► 914-234-7096  
 Located at ► 8 LONG MEADOW ROAD, BEDFORD, NY ZIP+4 ► 10506-1120

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**

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

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	<u>N/A</u>	1b
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?		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 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years ► _____ , _____ , _____		
b Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement - see instructions.)	<u>N/A</u>	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 during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	<u>N/A</u>	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b

Form 990-PF (2009)

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

5a During the year did the foundation pay or incur any amount to:

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

☐ 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)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

▶ ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

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

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

6b

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

X

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 5		0.	0.	0.

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

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

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

0

Form 990-PF (2009)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

<b>Total</b> number of others receiving over \$50,000 for professional services	0
---------------------------------------------------------------------------------	---

## Expenses

Amount

All other program-related investments. See instructions.

<b>Total.</b> Add lines 1 through 3	<b>0.</b>
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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	1,922,648.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	3,286,177.
<b>c</b>	Fair market value of all other assets	<b>1c</b>	
<b>d</b>	Total (add lines 1a, b, and c)	<b>1d</b>	5,208,825.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	5,208,825.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	78,132.
<b>5</b>	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	5,130,693.
<b>6</b>	Minimum investment return. Enter 5% of line 5	<b>6</b>	256,535.

**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.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	256,535.
<b>2a</b>	Tax on investment income for 2009 from Part VI, line 5	<b>2a</b>	323.
<b>b</b>	Income tax for 2009. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	323.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	256,212.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4	<b>5</b>	256,212.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	0.
<b>7</b>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	256,212.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	294,004.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	294,004.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	<b>5</b>	323.
<b>6</b>	Adjusted qualifying distributions. Subtract line 5 from line 4	<b>6</b>	293,681.

**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.

Form 990-PF (2009)

**YVONNE & LESLIE POLLACK FAMILY  
FOUNDATION INC.**
**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				256,212.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004	34,433.			
b From 2005				
c From 2006	18,050.			
d From 2007	6,870.			
e From 2008	7,824.			
f Total of lines 3a through e	67,177.			
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$	294,004.			
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				256,212.
e Remaining amount distributed out of corpus	37,792.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	104,969.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	34,433.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	70,536.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006	18,050.			
c Excess from 2007	6,870.			
d Excess from 2008	7,824.			
e Excess from 2009	37,792.			

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

**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 2009, 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)

	Tax year		Prior 3 years		(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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 the 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).)

None

- 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.

None

**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 of the person to whom applications should be addressed:

**LESLIE & YVONNE POLLACK, 914-234-7096  
8 LONG MEADOW ROAD, BEDFORD, NY 10506**

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

**NO REQUIRED FORM**

- c** Any submission deadlines:

**NO SUBMISSION DEADLINE**

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

**CONTRIBUTIONS ARE GIVEN ONLY TO 501(C)(3) ORGANIZATIONS THAT ARE REGARDED AS QUALIFYING DISTRIBUTIONS AND ARE NOT TAXABLE EXPENDITURES**

### 3 Grants and Contributions Paid During the Year or Approved for Future Payment

923811 02-02-10

## Part XVI-A

1 Program service revenue:

12 Subtotal. Add columns (b), (d), and (e)

**13 Total** Add line 12, columns (b), (d), and (e)

(See worksheet in line 13 instructions to verify calculations.)

## Part XVI-B

Line No.



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

**2009**

Name of the organization

YVONNE & LESLIE POLLACK FAMILY  
FOUNDATION INC.

Employer identification number

13-3985619

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 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, aggregate 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 aggregate 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 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

## Name of organization

YVONNE & LESLIE POLLACK FAMILY  
FOUNDATION INC.

## Employer identification number

13-3985619

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LESLIE & YVONNE POLLACK 8 LONG MEADOW ROAD BEDFORD, NY 10506	\$ _____	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)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)



Form 990-PF	Accounting Fees			Statement 1
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
	3,300.	1,650.		1,650.
To Form 990-PF, Pg 1, ln 16b	3,300.	1,650.		1,650.

Form 990-PF	Taxes			Statement 2
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
EXCISE TAX	2,320.	0.		0.
To Form 990-PF, Pg 1, ln 18	2,320.	0.		0.

Form 990-PF	Other Expenses			Statement 3
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
FILING FEES	250.	0.		250.
To Form 990-PF, Pg 1, ln 23	250.	0.		250.

Form 990-PF	Corporate Stock		Statement 4
Description	Book Value	Fair Market Value	
	1,679,670.	2,283,847.	
Total to Form 990-PF, Part II, line 10b	1,679,670.	2,283,847.	

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Form 990-PF      Part VIII - List of Officers, Directors      Statement      5  
Trustees and Foundation Managers

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Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib Account
LESLIE POLLACK 8 LONG MEADOW ROAD BEDFORD, NY 10506	PRESIDENT/DIRECTOR 0.00	0.	0.      0.
YVONNE POLLACK 8 LONG MEADOW ROAD BEDFORD, NY 10506	SECRETARY/DIRECTOR 0.00	0.	0.      0.
JONATHAN POLLACK 630 COLONIAL AVENUE PELHAM, NY 10803	DIRECTOR 0.00	0.	0.      0.
FREDERICA POLLACK FORD 325 NORTH END AVENUE NEW YORK, NY 10282	DIRECTOR 0.00	0.	0.      0.
JENNIFER POLLACK REINER 330 PINE BROOK ROAD NEW YORK, NY 10506	DIRECTOR 0.00	0.	0.      0.
Totals included on 990-PF, Page 6, Part VIII		0.	0.      0.

Form 990-PF	Grants and Contributions Paid During the Year	Statement 6
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Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount
AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE 633 THIRD AVENUE NEW YORK, NY 10017	UNRESTRICTED GIFT		1,000.
ARTS WESTCHESTER 31 MAMERONECK AVENUE WHITE PLAINS , NY 10601	UNRESTRICTED GIFT		5,500.
KATONAH MUSEUM OF ART 134 JAY STREET KATONAH, NY 10536	UNRESTRICTED GIFT		68,114.
WESTCHESTER COMMUNITY COLLEGE FOUNDATION 75 GRASSLANDS ROAD VALHALLA, NY 10595	UNRESTRICTED GIFT		10,000.
CARAMOOR CENTER FOR MUSIC P.O. BOX 816 KATONAH, NY 10536	UNRESTRICTED GIFT		7,000.
BOYS & GIRLS CLUB OF N WESTCHESTER 361 MAIN STREET MOUNT KISCO, NY 10549	UNRESTRICTED GIFT		3,000.
THE CHILDREN'S STOREFRONT 70 EAST 12TH STREET NEW YORK, NY	UNRESTRICTED GIFT		200.
MAIN UNO BAPTIST CHURCH P.O. BOX 1023 MADISON , VA 22727	UNRESTRICTED GIFT		200.

## YVONNE &amp; LESLIE POLLACK FAMILY FOUNDATIO

13-3985619

CHELSEA PIERS SCHOLARSHIP FUND CHELSEA PIERS PIER 52 NEW YORK, NY 10011	UNRESTRICTED GIFT	1,300.
SOLE RYDE'S FUND FJC FOUNDATION 520 EIGHT AVENUE NEW YORK, NY 10018	UNRESTRICTED GIFT	1,500.
EL CENTRO HISPANO 345 LEXINGTON AVENUE WHITE PLAINS, NY 10606	UNRESTRICTED GIFT	1,450.
COMMUNITY CENTER OF NORTHERN WESTCHESTER 84 BEDFORD RD KATONAH, NY 10536	UNRESTRICTED GIFT	1,000.
USA ACTION EDUCATION FUND	UNRESTRICTED GIFT	2,500.
CHANNEL THIRTEEN NEW YORK, NY	UNRESTRICTED GIFT	500.
OSSINING CHILDREN'S CENTER 90-92S HIGHLAND AVENUE OSSINING, NY 10562	UNRESTRICTED GIFT	2,200.
NEUBERGER MUSEUM OF ART 735 ANDERSON HILL RD PURCHASE, NY 10577	UNRESTRICTED GIFT	2,000.
THE LINEAGE PROJECT P.O. BOX466818375 NEW YORK, NY 10163	UNRESTRICTED GIFT	100.
JACOB BURNS FILM CENTER 405 MANVILLE ROAD PLEASANTVILLE, NY 10570	UNRESTRICTED GIFT	9,170.

VNA HOSPICE FOUNDATION 1110 35TH LANE VERO BEACH, FL 32960	UNRESTRICTED GIFT	150.
AMERICAN FRIENDS OF ISRAEL MUSEUM 500 FIFTH AVENUE NEW YORK, NY 10110	UNRESTRICTED GIFT	3,000.
UJA FEDERATION OF NEW YORK 130 E 59TH AVENUE NEW YORK, NY 10022	UNRESTRICTED GIFT	50,000.
THE JEWISH MUSEUM 1100 FIFTH AVENUE NEW YORK, NY 10128	UNRESTRICTED GIFT	11,220.
THE CHILDREN'S VILLAGE ECHO HILLS DOBBS FERRY, NY 10522	UNRESTRICTED GIFT	5,000.
BEDFORD HISTORICAL SOCIETY 38 VILLAGE GREEN BEDFORD, NY 10506	UNRESTRICTED GIFT	300.
HERO INC. 2975 WESTCHESTER AVE PURCHASE, NY 10577	UNRESTRICTED GIFT	1,200.
HOLOCAUST & HUMAN RIGHTS ED CENTER 2900 PURCHASE STREET PURCHASE, NY 10577	UNRESTRICTED GIFT	1,500.
FOODBANK FOR WESTCHESTER 358 SAWMILL RIVER ROAD MILLWOOD, NY 10546	UNRESTRICTED GIFT	600.
MEMORIAL SLOAN-KETTERING CANCER CENTER 11275 YORK AVENUE NEW YORK, NY 10021	UNRESTRICTED GIFT	10,000.

FRIENDS OF JOHN JAY HOMESTEAD P.O. BOX 148 KATONAH, NY 10536	UNRESTRICTED GIFT	250.
PLANNED PARENTHOOD HUDSON PECONIC 4 SKYLINE DR HAWTHORNE, NY 10532	UNRESTRICTED GIFT	250.
US HOLOCAUST MUSEUM 100 RAOUL WALLENBERG PL WASHINGTON, DC 20024	UNRESTRICTED GIFT	1,000.
NATIONAL DANCE INSTITUTE 594 BROADWAY NEW YORK, NY 10012	UNRESTRICTED GIFT	1,000.
THE BRIDGE FUND 271 MADISON AVENUE NEW YORK, NY 10016	UNRESTRICTED GIFT	5,000.
BLYTHDALE CHILDREN'S HOSPITAL 95 BROADHURST ANENUE VALHALLA, NY 10595	UNRESTRICTED GIFT	8,000.
UNITED WAY OF WESTCHESTER & PUTNAM 336 CENTRAL PARK AVE WHITE PLAINS, NY 10506	UNRESTRICTED GIFT	1,000.
JEWISH FUNDS FOR JUSTICE 330 SEVENTH AVENUE NEW YORK, NY 10001	UNRESTRICTED GIFT	8,000.
GILDA CLUB NYC 195 WEST HOUSTON STREET NEW YORK, NY 10014	UNRESTRICTED GIFT	250.
PARSON'S DANCE 229 WEST 42ND STREET NEW YORK, NY 10036	UNRESTRICTED GIFT	500.

## YVONNE &amp; LESLIE POLLACK FAMILY FOUNDATIO

13-3985619

NORTHERN WESTCHESTER HOSPITAL FOUNDATION 400 E MAIN ST. MT. KISCO, NY 10549	UNRESTRICTED GIFT	8,000.
THE BEDFORD FREE LIBRARY VILLAGE GREEN BEDFORD, NY 10506	UNRESTRICTED GIFT	250.
CALVARY FUND INC OF CALVARY HOSPITAL 1740 EASTCHESTER ROAD BRONX, NY 10461	UNRESTRICTED GIFT	250.
AFYA FOUNDATION 510 NEPPERHAN AVE YONKERS, NY 10701	UNRESTRICTED GIFT	500.
RIVERDALE COUNTRY DAY SCHOOL 5250 FIELDSTONE ROAD RIVERDALE, NY 10471	UNRESTRICTED GIFT	1,500.
YALE COLLEGE P.O. BOX 20038 NEW HAVEN, NY 06523	UNRESTRICTED GIFT	1,000.
HARVARD UNIVERSITY 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	UNRESTRICTED GIFT	1,000.
COLUMBIA UNIVERSITY 622 W113 ST MAILCODE 4524 NEW YORK, NY 10025	UNRESTRICTED GIFT	1,000.
UNIVERSITY OF MICHIGAN 500 S STATE ST ANN ARBOR, MI 48109	UNRESTRICTED GIFT	500.
DOROT 171 W85TH STREET NEW YORK, NY 10024	UNRESTRICTED GIFT	500.

STORM KING ART CENTER P.O. BOX 280 OLD PLEASANT HILL RD MOUNTAINVILLE, NY 10953	UNRESTRICTED GIFT	1,600.
CORNELL UNIVERSITY 726 BROADWAY NEW YORK, NY 10003	UNRESTRICTED GIFT	500.
NYU LANGONE MEDICAL CENTER ONE PARK AVENUE NEW YORK, NY 10016	UNRESTRICTED GIFT	3,000.
HOPE & HEROES COLUMBIA U MEDICAL CENTER 161 FORT WASHINGTON AVE NEW YORK, NY 10032	UNRESTRICTED GIFT	5,000.
THE ALABAMA BLUES PROJECT 7122 5 AVENUE NORTPORT, AL 35476	UNRESTRICTED GIFT	1,000.
FRIENDS OF KAREN 118 TITICUS ROAD P.O. BOX 190 PURDYS, NY 10578	UNRESTRICTED GIFT	500.
ISRAEL CHILDREN'S CENTER 3275 HILLSBORO BLVD DEERFIELD BEACH, FL 33442	UNRESTRICTED GIFT	6,000.
ECAD EAST COAST ASSISTANCE DOGS P.O. BOX 831 TORRINGTON, CT 06790	UNRESTRICTED GIFT	3,000.
LOVE HEALS, ALLISON GERTZ FD FOR AIDS RESEARCH 2 FIFTH AVENUE 2Q NEW YORK, NY 10011	UNRESTRICTED GIFT	500.
OPEN DOOR FAMILY MEDICAL CENTER 30W MAIN STREET MT. KISCO, NY 10549	UNRESTRICTED GIFT	5,000.



LEAGUE OF WOMEN VOTERS ED FOUNDATION 62 GRAND STREET ALBANY, NY 12207	UNRESTRICTED GIFT	250.
JEWISH COMMUNAL FUND 575 MADISON AVENUE NEW YORK, NY 10022	UNRESTRICTED GIFT	3,000.
BEDFORD FIRE DEPARTMENT P.O. BOX 230 BEDFORD, NY 10506	UNRESTRICTED GIFT	250.
CENTER FOR CONTEMPORARY PRINTMAKIG 299 WEST AVENUE NORWALK, CT 06850	UNRESTRICTED GIFT	500.
MOUNT KISCO CHILD CARE CENTER 95 RADIO CENTER MT. KISCO, NY 10549	UNRESTRICTED GIFT	2,000.
EXIT ART 475 TENTH AVENUE NEW YORK, NY 10018	UNRESTRICTED GIFT	500.
CHILDREN'S HEALTH FUND 215 W 125TH STREET (301) NEW YORK, NY 10027	UNRESTRICTED GIFT	3,000.
MORGAN STANLEY CHILDREN'S HOSPITAL OF NY PRESBYTERIAN 654 W 170 STREET NEW YORK, NY 10032	UNRESTRICTED GIFT	5,000.
POLICE BENEVOLENT ASSOC TOWN OF BEDFORD P.O. BOX 351 BEDFORD HILLS, NY 10507	UNRESTRICTED GIFT	250.
AMERICAN JEWISH COMMITTEE 165 E 56TH STREET NEW YORK, NY 10022	UNRESTRICTED GIFT	5,000.

NEIGHBOR'S LINK  
27 COLUMBUS AVENUE MT. KISCO,  
NY 10549

UNRESTRICTED GIFT

800.

TEMPLE BETH EL  
220 S BEDFORD RD CHAPPAQUA, NY  
10514

UNRESTRICTED GIFT

1,000.

AMERICAN FRIENDS OF HEBREW  
UNIVERSITY  
P.O. BOX 2035 NEW YORK, NY  
10021

5,000.

Total to Form 990-PF, Part XV, line 3a

292,104.

STATE OF NEW YORK

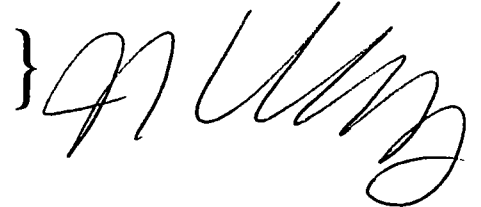
County of New York, s:

THE ANNUAL RETURN  
OF YVONNE & LESLEE  
POLLACK FOUNDATION  
INC. for the Calendar year  
ended December 31, 2009 is  
available at its principal  
office located at 8 Long  
Meadow Road Bedford,  
NY 10506 for inspection  
during regular business  
hours by any citizen who  
requests it within 180 days  
hereof. Principal Manager  
of the Foundation is  
YVONNE POLLACK.  
1554557 s2

Jennifer Hannafey, being duly sworn, says that she is the  
PRINCIPAL CLERK of the Publisher of the **NEW YORK LAW  
JOURNAL**, a Daily Newspaper; that the Advertisement hereto  
annexed has been published in the said **NEW YORK LAW  
JOURNAL** one time on the 2nd day of September, 2010.

TO WIT : SEPTEMBER 2, 2010

SWORN BEFORE ME, this 2nd day  
Of September, 2010.



Cynthia Byrd  
Notary Public, State of New York  
No. 01BY6056945  
Qualified in Kings County  
Commission Expires April 09, 2011

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

OMB No. 1545-1709

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

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

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

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

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

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

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>YVONNE &amp; LESLIE POLLACK FAMILY FAMILY FOUNDATION, INC.</b>		Employer identification number <b>13 3985619</b>	
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>c/o Eugene Nadel, 30 Taconic Road</b>			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Millwood, NY 10546</b>			

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

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

- The books are in the care of ► **Leslie Pollack, 8 Long Meadow Road, Bedford, NY 10506-1120**

Telephone No. ► ( **914** ) **234-7096** 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 **August 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20**09** or
- ☐ tax year beginning , 20 , and ending , 20 .

in accounting period

\$	2,500
\$	0
\$	2,500

Form 8879-EO