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CHUNCLER NOV 0 2 2010

Form **990-PF**

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

OMB No 1545-0052

2009

Depart	ment of	the Treasury	eu as a riivate i c		ļ		
Interna	Reven	ie Service Note The foundation may be able		n to satisfy sta	ate reporting	requirements	<u> </u>
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and ending				
G Ch	neck all		eturn of a former public		. L	Final return	
		Amended return X Add	dress change	Name	change		
Use t	he IRS	Name of foundation				oyer identification num	nber
la	bel.	POLLACK FAMILY FOUNDATION				-7157336	
Othe	erwise,	C/O JPMORGAN SRVS INC.				hone number (see page	10 of the instructions)
-	rint	Number and street (or P-O box number if mail is not delivered	ed to street address)	Room/suite		2-464-2765	
	type.	P.O. BOX 6089			1	mption application is pen-	·
	specific actions		19714-6089		i	reign organizations, chec	_
						reign organizations meet % test, check here and a	
		be of organization X Section 501(c)(3) exempt private	ole private foundation			ate foundation status was	
				rual	-	on 507(b)(1)(A), check he	<u> </u>
		et value of all assets at end J Accounting method om Part II, col. (c), Other (specify)	LE Casii Acc	Joan	F If the	foundation is in a 60-mor	nth termination
	year (III e 16) ▶		t he on cash basis)		1	section 507(b)(1)(B), ch	
	rt i	Analysis of Revenue and Expenses (The	(a) Revenue and			· · · · · · · · · · · · · · · · · · ·	(d) Disbursements
Fa	16.6	total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net in		(c) Adjusted net	for charitable
		the amounts in column (a) (see page 11 of the instructions))	books	inc	ome	income	purposes (cash basis only)
⊇ ⊤	1	Contributions, gifts, grants, etc , received (attach schedule)	83,767	1			
ζU∥		Check In the foundation is not required to attach Sch. B					
•		interest on savings and temporary cash investments					
⇒		Dividends and interest from securities	8,376		8,376		
>	5a	Gross rents					
ا ہ ج	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	-281,979				
	b	Gross sales price for all assets on line 6a 549,431					
Re	7	Capital gain net income (from Part IV, line 2)			0		
Revenue	8	Net short-term capital gain)
ξ	9	Income modifications					
ט	10a	Gross sales less returns & allowances					
	b	Less Cost of goods sold		-			
	ı	Gross profit or (loss) (attach schedule)	4 3 6 6	<u></u>	4 1 6 0		
		Other income (attach schedule) STMT 1	4,168		4,168		
	12	Total Add lines 1 through 11	-185,668	-	12,544		<u> </u>
S		Compensation of officers, directors, trustees, etc		-			
penses	I	Other employee salaries and wages					
bei	15	Pension plans amalovee benefits		+			
Ж	16a	Legal rees (attach scheduler)		 -			
é	1 b	Office professional rees (attach screenie) STMT 2	4,79	2	4,792		
aţį	_c^2\\	0.110. 11.110.					
str	170	Interest(0) (Texes (attach schedule) (see page 1) of the instructions) STMT 3	25'	7	257		1
Ë		Depreciation (attach chedule) and depletion		+			
ᄩ	20	Occupancy					
Ă	21	Travel, conferences, and meetings					
Ы	22	Printing and publications					<u> </u>
e G	23	Other expenses (att sch.) STMT 4	25	0			250
Ţį.	24	Total operating and administrative expenses.					
<u>ra</u>		Add lines 13 through 23	5,29		5,049		250
Operating and Administrative Ex	25	Contributions, gifts, grants paid	182,60			ļ	182,600
	26	Total expenses and disbursements. Add lines 24 and 25	187,89	9	5,049)	182,850
	27	Subtract line 26 from line 12		_			
	а	Excess of revenue over expenses and disbursements	-373,56	7			_
	b	Net investment income (if negative, enter -0-)			7,495		
	C	Adjusted net income (if negative, enter -0-)	<u> </u>			.l	0

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions

Form 990-PF (2009)

For	m 990	0-PF (2009) POLLACK FAMILY FOUNDATION	13-715733	6	Page 2
			Beginning of year	End o	f year
F	art l	Balance Sheets Should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
Т	1	Cash—non-interest-bearing	678		
Ì	2	Savings and temporary cash investments	78,427	188,520	188,520
-	3	Accounts receivable ▶			
-		Less allowance for doubtful accounts ▶	1		
- 1	4	Pledges receivable ▶			,
-		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons (attach schedule) (see page 16 of the			
ŀ		instructions)			
İ	7	Other notes and loans receivable (att schedule)			
	•	Less allowance for doubtful accounts			
S	8	Inventories for sale or use			
ĕ	9	Prepaid expenses and deferred charges			
Assets	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) SEE STMT 5		90,000	91,050
		Investments—corporate stock (attach schedule) SEE STMT 6	16,500	16,500	21,375
1	C	Investments—land, buildings, and equipment basis			
	11	Less accumulated depreciation (attach sch)			
-	12	Investments—mortgage loans			
	13	Investments—other (attach schedule) SEE STATEMENT 7	1,604,913	1,031,945	1,186,763
	14	Land, buildings, and equipment basis			
- (14	Less accumulated depreciation (attach sch)			
	15	Other assets (describe ▶	<u> </u>		
	16	Total assets (to be completed by all filers—see the			
	10	instructions. Also, see page 1, item l)	1,700,518	1,326,965	1,487,708
+	17	Accounts payable and accrued expenses			
ı					
es	18	Grants payable Deferred revenue			
Liabilities	19	Loans from officers, directors, trustees, and other disqualified persons			
Ġ	20	Mortgages and other notes payable (attach schedule)		<u></u>	
Ξ,	21 22	Other habilities (describe			
ı		Total liabilities (add lines 17 through 22)	0	0	
\dashv	23	Foundations that follow SFAS 117, check here		<u>-</u>	
s		and complete lines 24 through 26 and lines 30 and 31.			
nces	24	Unrestricted			
a	25	Temporarily restricted			1
Ba	26	Permanently restricted			1
핗	20	Foundations that do not follow SFAS 117, check here ▶ X			1
Net Assets or Fund Bala		and complete lines 27 through 31.			
٣	27	Capital stock, trust principal, or current funds	1,700,518	1,326,965	
0	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
ě	29	Retained earnings, accumulated income, endowment, or other funds			
SSI	30	Total net assets or fund balances (see page 17 of the			
t A	30	instructions)	1,700,518	1,326,965	
Ne	31	Total liabilities and net assets/fund balances (see page 17			
	٠.	of the instructions)	1,700,518	1,326,965	
	Part				
		al net assets or fund balances at beginning of year—Part II, column (a), line 30 (m	ust agree with		
		I-of-year figure reported on prior year's return)	•	1	1,700,518
2		er amount from Part I, line 27a		2	-373,567
3	. Oth	er increases not included in line 2 (itemize) ▶ SEE STATEMENT 8		3	14
_		d lines 1, 2, and 3		4	1,326,965
5		creases not included in line 2 (itemize)		5	
ē		al net assets or fund balances at end of year (line 4 minus line 5)—Part II, column	(b), line 30	6	1,326,965
					Form 990-PF (2009)

Form	990-PF (2009) POLLACK FAMILY FOUNDATION 13-7157336		Pa	ige 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			75
	here ▶ X and enter 1% of Part I, line 27b			
С	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-)			0
3	Add lines 1 and 2			75
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			75
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 1,492			
b	Exempt foreign organizations—tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		1,4	192
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		_	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			117
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 80 Refunded ▶ 11		1,3	<u> 337</u>
<u>Pa</u>	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			12
	of the instructions for definition)?	1b		<u> </u>
	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			v
С	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			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$			v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	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			v
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes." has it filed a tax return on Form 990-T for this year? N/A	4a 4b		
p		5		x
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-		
•	If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
6	·			
	 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?	6	x	ĺ
-	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	7	X	
7	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
8a				
k	Instructions) ► NY If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	х	
۵	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
9	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			1
	27)? If "Yes," complete Part XIV	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
10	names and addresses	10		х

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Pa	rt 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			ŀ		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)			11		_X_
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			1		
	August 17, 2008?			12		<u>X</u>
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 ▶ JPMORGAN SERVICES INC. Telephone	no 🕨	302-6	34-	293	1
	Located diff - L - L - L - L - L - L - L - L - L -	P+4 ▶	19714	-60	89	. \Box
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	. 1	1			▶ ⊔
	and enter the amount of tax-exempt interest received or accrued during the year	<u> </u>	15			
Pa	rt 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?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		ਓ			
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No X No X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	Yes	X No			
	the benefit or use of a disqualified person)?	165	<u> </u>			
	(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)	Yes	X No			
_	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	103				
р	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		▶ □		~~~~	
С	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?		N/A	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))					
а	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?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					
	all years listed, answer "No" and attach statement—see page 20 of the instructions)		N/A	2b		ļ
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
	▶ 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		.			
	at any time during the year?	Yes	X 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		N/A	24		1
	foundation had excess business holdings in 2009)		74 \ W	3b	 	x
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			4b	1	x
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009		F		0-PF	(2009)

orm	1990-PF (2009) POLLACK FAMILY	FOUNDATION	13-7	15/336			<u>Pa</u>	<u>ge 6</u>
Pa	art VII-B · Statements Regarding A	Activities for Which Form 4	1720 May Be R	equired (con	tınued)			
5a	During the year did the foundation pay or incu	r any amount to			_			
	(1) Carry on propaganda, or otherwise attempt	ot to influence legislation (section 4	945(e))?	<u></u>	Yes X No		.	
	(2) Influence the outcome of any specific pub	lic election (see section 4955), or t	o carry on,	_				
	directly or indirectly, any voter registration	drive?			Yes X 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 th	nan a charitable, etc., organization	described in					
	section 509(a)(1), (2), or (3), or section 49				Yes X No			
	(5) Provide for any purpose other than religio	us, charitable, scientific, literary, or	educational	_			.	
	purposes, or for the prevention of cruelty	to children or animals?			Yes X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of	the transactions fail to qualify unde	r the exceptions de	escribed in				
	Regulations section 53 4945 or in a current no	otice regarding disaster assistance	(see page 22 of th	e instructions)?	N/A	5b	. [
	Organizations relying on a current notice rega	rding disaster assistance check he	re		▶ □			
С	If the answer is "Yes" to question 5a(4), does	-						
	because it maintained expenditure responsibil			N/A	Yes No			
	If "Yes," attach the statement required by Reg	julations section 53 4945-5(d)			_			
6a	Did the foundation, during the year, receive a	•	y premiums				. [
	on a personal benefit contract?		•		Yes X No			
b	Did the foundation, during the year, pay prem	iums, directly or indirectly, on a per	sonal benefit contr	act?		6b	. !	х
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was the found	lation a party to a prohibited tax sh	elter transaction?		Yes X No			
	If yes, did the foundation receive any proceed			on?	N/A	7b		
		rs, Directors, Trustees, Fo			Paid Emplo	yees,		
	and Contractors				•	•		
1 1	List all officers, directors, trustees, foundation	n managers and their compensa	tion (see page 22	of the instruction	ns).			
	(a) Name and addres	ss	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee beneft plans and deferred compensation	it (e)Ex	pense acc er allowanc	
T.F	ON POLLACK	270 PARK AVE, NEW YORK	CO-TRUSTEE			+		
	O JPMORGAN CHASE BANK, N.A.	NY 10017	1.00	l c		اه		0
	VDREA GABAY	270 PARK AVE, NEW YORK	CO-TRUSTEE		 	<u> </u>		_ <u> </u>
	O JPMORGAN CHASE BANK, N.A.	NY 10017	0.00	٥	,	0		0
	ICHAEL GABAY	270 PARK AVE, NEW YORK	CO-TRUSTEE	<u></u>	1	1-		<u>`</u>
	O JPMORGAN CHASE BANK, N.A.	NY 10017	0.00		,	اه		0
	DBIN PERLMAN	270 PARK AVE, NEW YORK	CO-TRUSTEE		1	-	-	<u> </u>
	O JPMORGAN CHASE BANK, N.A	NY 10017	0.00	, ا	,	0		0
2				23 of the instruc	tions).	<u> </u>		_
	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 employee bene plans and deferr compensation	fit (e)Ex	opense acc er allowanc	
N	DNE						-	
						1		
			<u> </u>			+		
					<u> </u>			
Tota	al number of other employees paid over \$50.00			L				
· car:	a manner of biner embiovees ballo over 550 00	L.J				-		

Form 990-PF (2009)

<u>Form 990-PF (20</u>	09) POLLACK FAMILY FOUNDATION	<u> 13-7157336</u>	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundand Contractors (continued)	ation Managers, Highly Paid Em	ployees,
3 Five highe	st-paid independent contractors for professional services (see page 23	of the instructions). If none, enter "NOI	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			,,,,
		İ	
		ŀ	
otal number of	others receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct chantable activities during the tax year. Include relevant statistical diother beneficiaries served, conferences convened, research papers produced, etc.	I information such as the number of	Expenses
1 N/A			
·			
		· · · · · · · · · · · · · · · · · · ·	
2			
			
3			
4			
Part IX-B	Summary of Program-Related Investments (see page	24 of the instructions)	
	largest program-related investments made by the foundation during the tax year on line		Amount
1 N/A			
2			
All other program	n-related investments. See page 24 of the instructions		
3	Transfer introduction God page 2.1 of the Methodicine		
-			
Total Add lines	1 through 3	•	

Form **990-PF** (2009)

Form	990-PF (2009) POLLACK FAMILY FOUNDATION 13-7157336		Page 8
	Irt X Minimum Investment Return (All domestic foundations must complete this part. Fore	eign 1	oundations,
	see page 24 of the 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	1,122,247
b	Average of monthly cash balances	1b	218,042
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,340,289
е	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	1,340,289
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	20,104
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,320,185
6	Minimum investment return. Enter 5% of line 5	6	66,009
	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private of	perati	ng
	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	66,009
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)		!
С	Add lines 2a and 2b	2c	75
3	Distributable amount before adjustments Subtract line 2c from line 1	3	65,934
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	65,934
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII.		
	line 1	7	65,934
- D-	art XII Qualifying Distributions (see page 25 of the instructions)		
Pi	art XII Qualifying Distributions (see page 25 of the 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	182,850
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	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	182,850
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5_	75
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	182,775
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the found	ation	

qualifies for the section 4940(e) reduction of tax in those years

Pa	t XIII Undistributed Income (see page 26 of	the instructions)			· · · · · · · · · · · · · · · · · · ·
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				65,934
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2009				
а	From 2004 91,678				
b	From 2005 113,708				
С	From 2006 27,485				
d	From 2007 158,491				
е	From 2008 50,656				
f	Total of lines 3a through e	442,018			
4	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$ 182,850				
а	Applied to 2008, but not more than line 2a			***********	
b	Applied to undistributed income of prior years				
	(Election required—see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)			·····	
d	Applied to 2009 distributable amount				65,934
е	Remaining amount distributed out of corpus	116,916			
5	Excess distributions carryover applied to 2009				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	558,934			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions				-
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page				
	27 of the instructions				<u> </u>
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1 This amount must be	1			0
_	distributed in 2010				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section	1			
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
_	instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the	91,678			
_	instructions)	71,070			
9	Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	467,256	:		
40		107,230			
10	Analysis of line 9 Excess from 2005 113,708	3			
a	05 405				
b	150 401				
c C	Excess from 2007 158, 491 Excess from 2008 50, 656	┩			
d	Excess from 2009 116, 916	-			
<u>e</u>	LAGUSS HOITI 2003	<u> </u>	· · · · · · · · · · · · · · · · · · ·	1	990 PE (2000)

^		-		_	$\overline{}$	_	_
•	_ '/		5		-	-	n

Page **10**

<u>Pa</u>	rt XIV Private Operating Fou	indations (see p	age 27 of the inst	ructions and Par	t VII-A, question 9	<u></u>			
ta	•		•	ting					
	foundation, and the ruling is effective for			_	<u> </u>				
b	Check box to indicate whether the found								
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	18	(e) Total			
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	 			
	investment return from Part X for								
	each year listed			-					
þ	85% of line 2a		<u> </u>			ļ <u>.</u>			
С	Qualifying distributions from Part XII,								
_	line 4 for each year listed			 	 				
ď	Amounts included in line 2c not used directly for active conduct of exempt activities								
_	·		<u> </u>		<u> </u>				
е	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								
а	"Assets" alternative test—enter								
u	(1) Value of all assets								
	(2) Value of assets qualifying under				 				
	section 4942(j)(3)(B)(i)		ļ						
b	"Endowment" alternative test—enter 2/3								
	of minimum investment return shown in		1		Ì				
	Part X, line 6 for each year listed								
С	"Support" alternative test—enter								
	(1) Total support other than gross								
	investment income (interest,		<u> </u>						
	dividends, rents, payments on					ĺ			
	securities loans (section		1						
	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		1						
	an exempt organization				-				
	(4) Gross investment income		. 41.:4	<u> </u>					
Pa	art XV Supplementary Inform				iad \$5,000 or mor	e in assets at			
	any time during the y		o or the instruction)iis.j		· · · · · · · · · · · · · · · · · · ·			
1	Information Regarding Foundation Ma List any managers of the foundation who		re than 2% of the total	contributions received	t by the foundation				
а	before the close of any tax year (but only								
	LEON POLLACK	in they have continue	iod moro man po,ooo,	(000 000.011 001 (0)(-, ,				
	List any managers of the foundation who	own 10% or more of	the stock of a corpora	tion (or an equally larg	e portion of the				
	ownership of a partnership or other entity				,				
	N/A								
2	Information Regarding Contribution, G	irant, Gift, Loan, Sch	olarship, etc , Progra	ms:					
	Check here ► X if the foundation only				does not accept				
	unsolicited requests for funds If the four	ndation makes gifts, g	rants, etc (see page 2	8 of the instructions)	o individuals or				
	organizations under other conditions, co	mplete items 2a, b, c,	and d			· <u>-</u>			
а	The name, address, and telephone num	ber of the person to w	hom applications shou	ıld be addressed					
	N/A								
b	The form in which applications should be $\mathbf{N/A}$	e submitted and inforn	nation and materials th	ney should include					
	Any submission deadlines								
	N/A			Table 4					
d	Any restrictions or limitations on awards	, such as by geograph	nical areas, charitable f	rieids, kinds of instituti	ons, or other factors				
	N/A					Form 990-PF (2009			
						12003			

.Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year ADELPHI UNIVERSITY NONE PUBLIC **GENERAL** 122,850 GARDEN CITY, NY JEWISH COMMUNITY HOUSE OF NONE PUBLIC **GENERAL** BENSONHURST 12,000 BROOKLYN, NY PUBLIC JEWISH FEDERATION OF PALM NONE BEACH COUNTY **GENERAL** 3,000 WEST PALM BEACH, FL UJA-FEDERATION OF NY NONE PUBLIC **GENERAL** 37,000 NEW YORK, NY JUPITER MEDICAL CENTER NONE PUBLIC GENERAL FOUNDATION 1,000 JUPITER, FL NONE PUBLIC CONGREGATION BNAI GENERAL 5,500 **JESHURUN** NEW YORK, NY CROHNS & COLITIS NONE PUBLIC FOUNDATION OF AMERICA **GENERAL** 1,250 NEW YORK, NY ▶ 3a 182,600 Total b Approved for future payment N/A ▶ 3b Total

	Analysis of Income-Producing A	ctivities			· · · · · · · · · · · · · · · · · · ·	ruge 12
	ounts unless otherwise indicated		business income	Excluded	by section 512, 513, or 514	(e)
•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program se	rvice revenue		·			the instructions)
a						
b				_		
С				_		
		_		1		
		_				
f						
g Fees ar	d contracts from government agencies			_		
2 Membership	dues and assessments					
3 Interest on	savings and temporary cash investments					-
4 Dividends a	nd interest from securities		······································	14	8,376	
5 Net rental in	come or (loss) from real estate					
a Debt-fin	anced property					
b Not deb	t-financed property			<u> </u>		
6 Net rental in	come or (loss) from personal property					
7 Other inves	tment income			14	4,168	
8 Gain or (los	s) from sales of assets other than inventory			18	-281,979	
9 Net income	or (loss) from special events		-			
10 Gross profit	or (loss) from sales of inventory					
11 Other reven						
b						
е			· · · · · · · · · · · · · · · · · · ·			
	dd columns (b), (d), and (e)			0	-269,435	0
	ine 12, columns (b), (d), and (e)	<u></u>		•	13	-269,435
	in line 13 instructions on page 28 to verify calcula	ations)			-	
Part XVI-B			ent of Exempt F	urposes		
Line No. ▼	Explain below how each activity for which incoraccomplishment of the foundation's exempt purinstructions.)	me is reported in c	olumn (e) of Part XV	I-A contribu	ited importantly to the	
N/A	,					
N/A					····	
						
						
					*	
						
			· · · · · · · · · · · · · · · · · · ·	·		
						
						
					·-·-	
						
						· · · •
	 					

Pa	ırt XVII	Information Reg Exempt Organiz	_	ansfers To and Transa	ctions ar	nd Relationsh	ips With N	lonchar	itable		
1	Did the o			e in any of the following with	any other o	rganization descri	bed .			Yes	No
•				on 501(c)(3) organizations) or							-110
	organizat	• • • • • • • • • • • • • • • • • • • •	or triair score	m oo i(o)(o) organizationo) oi		z, rolding to por	niou,				
_	•		dation to a no	ncharitable evernt arganiza	tion of						
a Transfers from the reporting foundation to a noncharitable exempt organization of							4-(4)		v		
	(1) Cash								1a(1)		X
	(2) Othe								1a(2)		
b	Other tra										
	. ,	s of assets to a nonchard	•	•					1b(1)		<u>X</u>
	(2) Purc	hases of assets from a n	oncharitable	exempt organization					1b(2)		X
	(3) Rent	al of facilities, equipment	i, or other ass	sets					1b(3)		X
	(4) Reim	bursement arrangement	s						1b(4)		<u>X</u>
	(5) Loan	s or loan guarantees							1b(5)		X
	(6) Perfo	ormance of services or m	iembership oi	r fundraising solicitations					1b(6)		<u> </u>
С	Sharing	of facilities, equipment, n	nailing lists, o	ther assets, or paid employed	es				1c		X
d	If the ans	wer to any of the above	ıs "Yes," com	plete the following schedule	Column (b)	should always sh	ow the fair m	arket			
	value of	he goods, other assets,	or services g	iven by the reporting foundati	on If the for	undation received	less than fair	market			
	value in	any transaction or sharin	g arrangemer	nt, show in column (d) the va	lue of the go	ods, other assets.	, or services	received			
(a) Line no	(b) Amount involved		of noncharitable exempt organization		(d) Description of tra			haring arrange	ments	
N/	A										
			<u> </u>	· ·							
			†								
			+								
		 	+	-							
		- 	 								
			 								
			 								
			 								
			-	···							
											
			<u> </u>								
			<u> </u>			 .					
			1								
	describe	d in section 501(c) of the	Code (other	with, or related to, one or mothan section 501(c)(3)) or in		· -			Ye	s X	No
<u>b</u>	It "Yes,"	complete the following s	cneaule	(b) Tong of accounting			a) December -	-f reletionals			
	/	(a) Name of organization		(b) Type of organization			c) Description of	n relationshi	<u> </u>		
	N/A										
											
						.					
) _	/ gu /h	at I have exami Declaration of	ned this return, including accomp peparer (other than taxpayer or fi	0/26/	ules and statements, sed on all information		of my knowl arer has any	ledge and knowledge		
ē	▼ Sign:	ature of officer or trustee		Da	ate ''	, F T	ine .		B		
Sign Here	Paid Preparer's Use Only	Preparer's signature		(in		Date 10/20/10	Check if self-employed	a▶□¦;	Preparer's identification of the instance of t	nature o	s)
တ	par e O	<u> </u>	J. P.	MORGAN SERVICE	ES INC		<u> </u>		, ,		
	re Us	Firm's name (or yours if		BOX 6089		•		EIN ▶	22-218	942	1
		self-employed), address, and ZIP code	NEWA!		5089	· 			<u> 10</u>	J 1 4	
			MENAI	19/14-	, , , ,			Phone no	Form 99	0-PF	(2009)
											(2000)

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2009

POLLACK FAMILY FOUNDATION 13-7157336 C/O JPMORGAN SRVS INC. Organization type (check one) Section: Filers of: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF |X| 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 X 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 11 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 in the heading 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)

	3 (Form 990, 990-EZ, or 990-PF) (20	09)		Page 1 of 1 of Part
	rganization • ACK FAMILY FOUNDAT	ION		Employer identification number 13-7157336
Part I	Contributors (see instru			
(a) No.	Name, addre	(b) ess, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
1	MARSHA POLLACK C 270 PARK AVENUE NEW YORK	HARITABLE LEAD TRUST	\$ 83,7	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	· · · · · · · · · · · · · · · · · · ·	(b)	(c)	(d)
_ No	Name, addre	ess, and ZIP + 4	Aggregate contribution	Type of contribution
			\$	Person Payroll Noncash (Complete Part II of there is a noncash contribution)
(a) No	Name addre	(b) ess, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	Name add	(b)	(c)	(d)
No	Name, agon	ess, and ZIP + 4	Aggregate contribution	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	N	(b)	(c)	(d)
No	Name, addr	ess, and ZIP + 4	Aggregate contribution	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	Name, addr	(b) ess, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

10/20/2010 1:26 PM 1-4 250 250 Charitable Purpose Charitable Purpose Adjusted Net Charitable Purpose ncome ٠O ŧŊ-4,168 4,168 Net Investment Adjusted Net Adjusted Net Adjusted Net Income Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses Statement 1 - Form 990-PF, Part I, Line 11 - Other Income ጭ ₹**/**} ᠊ᠬ Statement 3 - Form 990-PF, Part I, Line 18 - Taxes 4,792 38 219 257 4,792 4,168 4,168 Revenue per Books Investment Investment Investment Federal Statements Net S ጭ ŝ ጭ 4,792 38 219 250 250 257 4,792 Total Total Total S ₩. P14255007 POLLACK FAMILY FOUNDATION FOREIGN TAX WITHHELD FGN TAX WITHHELD THRU JPM GLOBAL Description JPM GLOBAL ACCESS PORTFOLIOS INVESTMENT MANAGEMENT FEES Description Description Description NYAG FILING FEE FYE: 12/31/2009 TOTAL TOTAL 13-7157336 TOTAL TOTAL EXPENSES

10/20/2010 1.26 PM

13-7157336

Federal Statements

FYE: 12/31/2009

Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description					
	nning ⁄ear	End of Year	Basis of Valuation		Fair Market Value
JPMORGAN TR I US LARGE CAP					
ARTIO INTERNATIONAL EQUITY	\$ \$	50,000	COST	\$	50,649
~		20,000	COST		19,503
JPMORGAN ASIA EQUITY FUND		20,000	COST		20,898
TOTAL	\$ 0 \$	90,000		\$_	91,050

Statement 6 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description							
		Beginning of Year	_	End of Year	Basis of Valuation	_	Fair Market Value
NORTHWESTERN BELL TELEPHONE CO							
	\$	16,500	\$_	16,500	COST	\$_	21,375
TOTAL	Ś	16,500	\$	16,500		\$	21,375

Statement 7 - Form 990-PF, Part II, Line 13 - Other Investments

Description				
	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
JPMORGAN GLOBAL ACCESS PORT	FOLIOS			
	\$ 1,604,913 \$	1,031,945	COST	\$ 1,186,763
TOTAL	\$ 1,604,913 \$	1,031,945		\$ 1,186,763

Statement 8 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Am	ount
TAX COST BASIS ADJUSTMENT	\$	14
TOTAL	\$	1.4

P14255007 POLLACK FAMILY FOUNDATION
13-7157336 Federal Statements
FYE 12/31/2009

10/20/2010 1.26 PM

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager

LEON POLLACK
TOTAL

P14255007 POLLACK FAMILY FOUNDATION 10/20/2010 1.26 PM **Federal Statements** 13-7157336 FYE 12/31/2009' **Taxable Dividends from Securities** Unrelated Exclusion Postal Amount **Business Code** Description Code Code 3,880 14 DIVIDENDS & INTEREST P14255 CITI SMITH BARNEY 4,496 14 8,376 TOTAL Other Investment Income Unrelated Exclusion Postal Amount Description **Business Code** Code Code 14 JPM GLOBAL ACCESS PORTFOLIOS 4,168 4,168 TOTAL

Form.	8868 (Rev 4-2009)			Page 2			
	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box			► X			
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form	8868		,			
	you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)						
Pai	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copie	s neede	d)			
Type				ation number			
print	POLLACK FAMILY FOUNDATION						
File by	the COURDINGAN SKVS INC.	13-71	157336	5			
extend		For IRS u	ise only				
due da			•				
filing th	The state of the s						
ınstruc	tions NEWARK DE 19074						
Chec	k type of return to be filed (File a separate application for each return)						
П	Form 990 X Form 990-PF Form 1041-A		F	orm 6069			
П	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720		□ F	orm 8870			
П	Form 990-EZ Form 990-T (trust other than above) Form 5227						
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously file	ed Form	8868.				
• T	he books are in the care of JPMORGAN SERVICES INC.			-			
T	elephone No ▶ 302-634-2931 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	i IS					
for the	e whole group, check this box If it is for part of the group, check this box are are	nd attach	а				
list wi	th the names and EINs of all members the extension is for						
4	I request an additional 3-month extension of time until $11/15/10$						
5	For calendar year 2009, or other tax year beginning, and ending						
6	If this tax year is for less than 12 months, check reason Initial return Final return Change in	account	ing period				
7	State in detail why you need the extension						
	ADDITIONAL INFORMATION IS REQUIRED IN ORDER TO FILE A C	OMPL	ETE A	ND			
	ACCURATE TAX RETURN.						
							
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	1					
	less any nonrefundable credits. See instructions	8a	\$	35			
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	estimated tax payments made. Include any prior year overpayment allowed as a credit and any						
	amount paid previously with Form 8868	8b	\$	1,492			
С	Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit						
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0			
	Signature and Verification						
Under	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of ue, correct, and complete and that I apl authorized to prepare this form	my knowle	dge and beli	ef			
it is th				00//			
C	Title > 1/1		Data	▶ 08/10/10			

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