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SCANNED OCT 2 5 2010

Return of Private Foundation

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

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

2009

OMB No 1545-0052

		of the Treasury nue Service Note. The foundation may	be able to use a copy of this	return to satisfy stat	e repor	ting requirements.	2009
		ar year 2009, or tax year beginning		, and ending			
		all that apply: Initial return	Initial return of a fo	ormer public charity		Final return	
		Amended return	Address chan	ge	<u> </u>	Name change	
Use 1	he IF bel.					A Employer identification (ıumber
Othe	rwis	e, CARL & RUTH SHAPIRO	FAMILY FOUNDA			04-6135027	
•	rint	Number and street (or P O box number if mail is not	delivered to street address)	Room/	suite	B Telephone number	
or See S	type.	Sin 7 5 1 111 CT 1 111 LD11				(617)778-79	
Instru	•	ne I Gity of towii, state, and zir code				C If exemption application is per	
		BOSTON, MA 02116				D 1. Foreign organizations, 2. Foreign organizations mee check here and attach con	ting the 85% test,
H C		· · · · · · · · · · · · · · · · · · ·	exempt private foundation	-1		check here and attach con	putation
<u></u>		tion 4947(a)(1) nonexempt charitable trust	Other taxable private found ting method: X Cash	Accrual		E If private foundation state under section 507(b)(1)(
		· 1	Other (specify)	Accidal			•
(IIC		Part II, col. (c), line 16) 101, 316, 467. (Part I, co		basis.)		F If the foundation is in a 6 under section 507(b)(1)(
		Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investme	ent	(c) Adjusted net	(d) Disbursements
12 m/y Can	, E 2	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	income	ont.	income	for charitable purposes (cash basis only)
\neg		Contributions, gifts, grants, etc., received		he some	,	N/A	TO THE BUTTON OF THE STREET
	2	Check I if the foundation is not required to attach Sch. B		Sharana wa ka ma Ant	, \ {		- 1 - 1 - 1 - 1 - 1
	3	Interest on savings and temporary cash investments					
		Dividends and interest from securities	2,893,683.	2,893,6	83.		STATEMENT 1
	5a	Gross rents	Married Street, Street	F 4125 = 47 : =			
1	b	Net rental income or (loss)		,		REC	FIVED
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10	<9,805,682.	<u>></u>		114	- Q -
e e	b	Gross sales price for all assets on line 6a 33,200,981.	State September 1997			S OCT	
Revenue		Capital gain net income (from Part IV, line 2)	Sandara management to the sand		0.	100 UCI	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		Net short-term capital gain		the second second second	,	<u> </u>	100
		Income modifications Gross sales less returns		2 12 12 12 12 12 12 12 12 12 12 12 12 12		- OGE	EN, UT
		and allowances	The second secon				
		Less Cost of goods sold Gross profit or (loss)		The state of the s		The same and the second	Harry Town
		Other income	56,900.	Bu- 15000 - 100 - 10 A	0.		STATEMENT 2
	12	Total. Add lines 1 through 11	<6,855,099				
	13	Compensation of officers, directors, trustees, etc.	159,017.	,	0.		159,017.
	14	Other employee salaries and wages	86,165.		0.		86,165.
	15	Pension plans, employee benefits	5,881.	,	0.		5,881.
ses	16a	Legal fees STMT 3	28,762.		381.		14,381.
Sen	b	Accounting fees STMT 4	22,610.				0,
EX	C	Other professional fees STMT 5	36,527		0.		36,527
<u>×</u>	17	•	16.55	<u> </u>			16 000
Operating and Administrative Expenses	18	Taxes STMT 6	16,823		<u>0.</u>		16,823.
ī.	19	Depreciation and depletion	56,231		0.	 	100 000
Ē	20	Occupancy	129,289		0.		129,289
Ą	21	-	3,218		0.		3,218
ē	22	Printing and publications Other expenses STMT 7	31,628		0.	 	31,628.
ting	23		31,040		<u>, , , , , , , , , , , , , , , , , , , </u>	<u>'</u>	31,020
era	24	Total operating and administrative expenses. Add lines 13 through 23	576,151	36,9	991.		482,929
ဝိ	25	Contributions, gifts, grants paid	12,967,599		•	d. demon	12,967,599
		Total expenses and disbursements.				The same of the sa	,,
	[Add lines 24 and 25	13,543,750	. 36,9	991.	,	13,450,528
	27			-	- ,		
		Excess of revenue over expenses and disbursements	<20,398,849	• *		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	-,
	ł	Net investment income (if negative, enter -0-)	Section of the sectio	2,856,0	692		
	C	Adjusted net income (if negative, enter -0-)	STATE OF MANY	1	- 7 -	N/A_	
9235 02-0	01 2-10	LHA For Privacy Act and Paperwork Reduct	ion Act Notice, see the instru	ections.			Form 990-PF (2009)

orm 99Û-PF (2009) CARL & RUTH SHAPIRO FAM Part II* Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		<u>-6135027</u> Pag d of year
Part Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	277.		
2 Savings and temporary cash investments	68,347,849.	74,082,473	. 74,082,473
3 Accounts receivable ►		,	, , , , , , , , , , , , , , , , , , , ,
Less: allowance for doubtful accounts			
4 Pledges receivable ▶			3
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			3
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 8	52,225,032.	26,091,167	. 26,545,581
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis		-5 ,	事。
Less accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other			
14 Land, buildings, and equipment basis ► 964,774.	Service of the servic		Ψ
Less accumulated depreciation STMT 9 > 276,361.	744,644.	688,413	688,41
15 Other assets (describe ►			
16 Total assets (to be completed by all filers)	121,317,802.	100,862,053	. 101,316,46
17 Accounts payable and accrued expenses			
18 Grants payable			
19 Deferred revenue .			<u> </u>
20 Loans from officers, directors, trustees, and other disqualified persons			,
21 Mortgages and other notes payable			
22 Other liabilities (describe >)			
00 Tabliballia (add base 47 describ 00)			
23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	0.		<u>) </u>
			į.·
and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 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 30 Total net assets or fund balances			- '
24 Unrestricted		 	
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here]		
and complete lines 27 through 31.	1- 0000	45 005 500	
27 Capital stock, trust principal, or current funds	45,897,580.	45,897,580	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.		<u>) • </u>
29 Retained earnings, accumulated income, endowment, or other funds	75,420,222.	54,964,473	
30 Total net assets or fund balances	121,317,802.	100,862,053	
	101 017 000	100 000 050	
31 Total liabilities and net assets/fund balances	121,317,802.	100,862,053	
art ill Analysis of Changes in Net Assets or Fund E	Balances		
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)	·		1 121,317,80
Enter amount from Part I, line 27a			2 <20,398,84
Other increases not included in line 2 (itemize)			3
Add lines 1, 2, and 3			4 100,918,95
Decreases not included in line 2 (itemize) ► OVERPAYMENT CF	የደበተጥደቦ ጥ <u></u>		5 56,90
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, o			6 100,862,05
Tarting Committee of the Committee of th	T.E. IIII (EA) IIII OO		Form 990-PF (20

	990-PF (2009) CARL & RUTH SHAPIRO FAMILY FOUNDATION 04-6135	027 Page 4 nstructions)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	हा रेन्स्स अपूरण प्रशासिक क
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	28,567.
	of Part I, line 27b	
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)	,
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	0.
	Add lines 1 and 2	28,567.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	28,567.
	Credits/Payments:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 56, 900.	i sight
	Exempt foreign organizations - tax withheld at source	-
	Tax paid with application for extension of time to file (Form 8868) 6c	
	Backup withholding erroneously withheld 6d 6d	
	Total credits and payments. Add lines 6a through 6d	56,900.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	
	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	28,333.
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax > 28,333. Refunded > 11	0.
	Statements Regarding Activities	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	Yes No
	any political campaign?	1a X
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	
	distributed by the foundation in connection with the activities.	
c	Did the foundation file Form 1120-POL for this year?	1c X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	
	(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 •	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	
	managers. ▶ \$0.	
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 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?	4a X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
	If "Yes," attach the statement required by General Instruction T.	1
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?	6 X
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7 X
	If "Yes," complete Part II, col. (c), and Part XV.	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	上 非经验证金
	MA	1、《张学》
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)	1 4 - Bi C
	of each state as required by General Instruction G? If "No," attach explanation	8b 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)? If "Yes," complete Part XIV	9 X
10		10 X
	r _a	OOA-DE (2000)

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Form **990-PF** (2009)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

orm 990 PF (2009) CARL & RUTH SHAPIRO FAMIL Part VILB Statements Regarding Activities for Which F	LY FOUNDATION	Required (coation	04-61350	27 Page 6
5a During the year did the foundation pay or incur any amount to:	Offit 4720 May De 1	sequired (continu	uea)	F1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	□ Ve	s X No	
(2) Influence the outcome of any specific public election (see section 4955); or				
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?			s 🗶 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)?		☐ Ye	s X No	** # ** · ·
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			1 1
the prevention of cruelty to children or animals?		Ye	s X No	},
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	<u> </u>	n Regulations		- - -
section 53.4945 or in a current notice regarding disaster assistance (see instruc	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance check he				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from			<u> </u>	
expenditure responsibility for the grant?	•	[/A	s L No)
If "Yes," attach the statement required by Regulations section 53.4945				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on	[s X No	
a personal benefit contract?b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contractly.	arcanal hanafit contract?	Ye		6b X
If "Yes" to 6b, file Form 8870.	a sonar benefit contract?		ļ-	6b X
7a At any time during the tax year, was the foundation a party to a prohibited tax sl	nelter transaction?	□ v _a	s X No	1
b If yes, did the foundation receive any proceeds or have any net income attributa		L 16	·	7b
Information About Officers Directors Trusts		nagers. Highly		··-
Paid Employees, and Contractors			,	
1 List all officers, directors, trustees, foundation managers and their of	compensation.			
(-) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowances
		ł i		ł
SEE STATEMENT 10	··	159,017.	0.	0.
]		
		Ì		
	 			
				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		J
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	(e) Expense account, other allowances
NONE				
				1
			<u> </u>	<u></u>
Total number of other employees paid over \$50,000				0
			Form	990-PF (2009)

.P	art X📆 Minimum Investment Return (All domestic foundations must con	mplete this part. Foreign four	ndations	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., pu	urposes:	? ·	
·a	Average monthly fair market value of securities		1a	34,871,587.
	Average of monthly cash balances		1b	71,215,275.
	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)	•	1d	106,086,862.
_	Reduction claimed for blockage or other factors reported on lines 1a and		. 4	
_	1c (attach detailed explanation)	0.	[
2	Acquisition indebtedness applicable to line 1 assets		2	O.
3	Subtract line 2 from line 1d		3	106,086,862.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see inst	ructions)	4	1,591,303.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V,		5	104,495,559.
6	Minimum investment return. Enter 5% of line 5		6	5,224,778.
,P	art XI foreign organizations check here and do not complete this part.)	private operating foundations ar	id certain	1
1	Minimum investment return from Part X, line 6		1	5,224,778.
2a	· 1	28,567.		<u> </u>
b	Income tax for 2009. (This does not include the tax from Part VI.)		:	
C			2c	28,567.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	5,196,211.
4	Recoveries of amounts treated as qualifying distributions	•	4	0.
5	Add lines 3 and 4		5	5,196,211.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line	1	7	5,196,211.
P	art*XII Qualifying Distributions (see instructions)		I . "I	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		.	40 450 500
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	13,450,528.
þ	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:		}	
a			3a	
b			3b	40 450 500
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part X	(III, line 4	4	13,450,528.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			00 545
	income. Enter 1% of Part I, line 27b		5	28,567.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	13,421,961.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calc	culating whether the foundation	qualifies	for the section
	4940(e) reduction of tax in those years.			

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 fro	om Part XI, 🏻 🥵				
line 7	. 🗷		A market and a many		5,196,211.
2 Undistributed income, if any, as of the	end of 2009				is same as an an an an an an
a Enter amount for 2008 only				0.	<u> </u>
b Total for prior years:					
3 Excess distributions carryover, if	any, to 2009:	Marchanic Chan have been a come of the	0,	<u></u>	
a From 2004				,	
	35,359.		5.5		
	08,565.		Francisco Control		the state of the
	30,112.				
	97,202.			1	-,
f Total of lines 3a through e	2 / / <u>4 0 2 0 1</u>	29,671,238.	7-5-2		
4 Qualifying distributions for 2009	from	Market Commence	*************************************	 	}
Part XII, line 4: ►\$ 13,45	[89× s		*	, ,	
a Applied to 2008, but not more that	1974		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.	
b Applied to undistributed income (CE No.		harman share and the same of t	mention of the state of the sta	Service of the servic
years (Election required - see insi	16.40		0.	Free Sale Control	
c Treated as distributions out of co	· -	The state of the s	War and the second seco	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Con The second s
(Election required - see instruction	•	0.			[] - " - 8 . 2 , . " , . []
d Applied to 2009 distributable amo			And the second s	The second of th	5,196,211.
e Remaining amount distributed or		8,254,317.	A CONTRACT OF THE PARTY OF THE		3 (1,00) 211.
5 Excess distributions carryover applied		0.	the first and th		<u> </u>
(If an amount appears in column (d), the	e same amount		The state of the s	The second secon	
must be shown in column (a).) 6 Enter the net total of each columindicated below:	nn as				
a Corpus Add lines 3f, 4c, and 4e Subtr	ract line 5	37.925.555.		. f = - 1 × 5	
b Prior years' undistributed income	i com	CHARLES TO THE PARTY OF THE PAR		<u> </u>	777
line 4b from line 2b	12.		0.	,	,
c Enter the amount of prior years'	(E) (S	Management and the con-		<u> </u>	
undistributed income for which a deficiency has been issued, or or the section 4942(a) tax has been assessed	n which		0.		
d Subtract line 6c from line 6b. Tax	cable			The state of the s	
amount - see instructions			0.		
e Undistributed income for 2008. S	Subtract line	A STATE OF THE STA	Part of the first water of the first	1	
4a from line 2a. Taxable amount	- see instr.			0.	
f Undistributed income for 2009. S	EP-96			2	
lines 4d and 5 from line 1. This a	mount must				
be distributed in 2010					0.
7 Amounts treated as distributions	out of		MANAGER THE THE		
corpus to satisfy requirements in	nposed by				
section 170(b)(1)(F) or 4942(g)(0.	and - make a second		
8 Excess distributions carryover from	·		The state of the s	, , , , , , , , , , , , , , , , , , , ,	
not applied on line 5 or line 7		0.		1	
9 Excess distributions carryover to	o 2010.				
Subtract lines 7 and 8 from line 6		37,925,555.	المناسبة الم		
10 Analysis of line 9:			-		
•	35,359.	在			
b Excess from 2006 7, 20	08,565.				
c Excess from 2007 8 , 5 3	30,112.		, and the second	/	
	97,202.	AND THE PARTY OF T			1
		5 5 15 February 17 5 5 5 1	r ,		Ja

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Form 990-PF (2009) CARL & Part-XIV Private Operating F	RUTH SHAPIR	O FAMILY FO	UNDATION	04-61	35027 Page 10
			-A, question s)	_N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo			▶ └		
b Check box to indicate whether the found		ig foundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41,000	Prior 3 years	1	
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c			1		
3 Complete 3a, b, or c for the				· · ·	
alternative test relied upon:					
 a "Assets" alternative test - enter: (1) Value of all assets 					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					İ
512(a)(5)), or royalties)					l
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)	 				
(3) Largest amount of support from					
an exempt organization .					
(4) Gross investment income	<u> </u>	1 11 1	'Callan Canada d'an	 	
RantXVX Supplementary Info			if the foundation	n nad \$5,000 or m	ore in assets
at any time during	tne year-see tne	instructions.)			
1 Information Regarding Foundati	on Managers:				
a List any managers of the foundation w	no have contributed more	than 2% of the total con-	tributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed	more than \$5,000). (See s	section 507(d)(2).)			
NONE					
b List any managers of the foundation w	no own 10% or more of th	ne stock of a corporation	(or an equally large port	ion of the ownership of a p	artnership or
other entity) of which the foundation ha					
NONE					
2 Information Regarding Contribu	tion, Grant, Gift, Loan	Scholarship, etc., P	rograms:		
Check here ► X if the foundation				not accept upsolicited regi	uests for funds. If
the foundation makes gifts, grants, etc					
a The name, address, and telephone nur	·				
a The name, address, and telephone nur	iliber of the person to who	iii appiications siluulu be	audicsseu.		
b The form in which applications should	be submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:				····	
	 			ath as faut	
d Any restrictions or limitations on award	is, such as by geographic	aı areas, charitable fields	, kinas ot institutions, or	other factors:	

923601 02-02-10

923611 02-02-10

▶ 3b Form **990-PF** (2009)

Total

0.

ter gross amounts unless otherwise indicated.	Unrelated b	(e)			
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	- 0000				
a	 				
d					
e					<u> </u>
f					
g Fees and contracts from government agencies					
Membership dues and assessments					· <u> </u>
Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	2,893,683.	
Net rental income or (loss) from real estate;	THE THE			<u> </u>	
a Debt-financed property			-11		
b Not debt-financed property	<u> </u>		_		
Net rental income or (loss) from personal					
property			+		
Other investment income	 				
Gain or (loss) from sales of assets other			10	-0 005 000	
than inventory	-	<u> </u>	18	<9,805,682.	>
Net income or (loss) from special events					<u> </u>
Gross profit or (loss) from sales of inventory	 		- -	-	
Other revenue: a FEDERAL TAX OVERPAYMENT					
b APPLIED	· 		18	56,900.	
APPHIED	· -		1 1 9		
6	· 			-	
Α					
Subtotal. Add columns (b), (d), and (e)	Effective and and a second	0		<6,855,099.	
	Market The many			13	<6,855,09
Total Add line 12 columns (b) (d) and (e)				.~_	<u> </u>
e worksheet in line 13 instructions to verify calculations.)	to the Assen	anlichment of l	Evamet	Dumacaa	
e worksheet in line 13 instructions to verify calculations.)	to the Accon	nplishment of l	Exempt	Purposes	
e worksheet in line 13 instructions to verify calculations.) AREA Relationship of Activities ne No. Explain below how each activity for which inc	ome is reported in (column (e) of Part XV			nplishment of
e worksheet in line 13 instructions to verify calculations.) Relationship of Activities	ome is reported in (column (e) of Part XV			nplishment of
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ine No. Explain below how each activity for which inc	ome is reported in (column (e) of Part XV			nplishment of
Relationship of Activities The No. Explain below how each activity for which inc.	ome is reported in (column (e) of Part XV			nplishment of
Relationship of Activities The No. Explain below how each activity for which inc.	ome is reported in (column (e) of Part XV			nplishment of

Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1	Did the organization directly or indirectly engage in any of the following	g with any other organization	described in section 501(c) of	Yes No
	the Code (other than section 501(c)(3) organizations) or in section 52	7, relating to political organiza	ations?	
a	Transfers from the reporting foundation to a noncharitable exempt org	ganization of:		
	(1) Cash			1a(1) X
	(2) Other assets			1a(2) X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization			1b(1) X
	(2) Purchases of assets from a noncharitable exempt organization			1b(2) X
	(3) Rental of facilities, equipment, or other assets			1b(3) X 1b(4) X 1b(5) X 1b(6) X 1c X
	(4) Reimbursement arrangements			1b(4) X
	(5) Loans or loan guarantees	·		1b(5) X
	(6) Performance of services or membership or fundraising solicitation	ns		1b(6) X
C	Sharing of facilities, equipment, mailing lists, other assets, or paid em	ployees .		1c X
d	d If the answer to any of the above is "Yes," complete the following sche	dule. Column (b) should alwa	lys show the fair market value of the good	is, other assets,
	or services given by the reporting foundation. If the foundation receive	ed less than fair market value	in any transaction or sharing arrangemen	nt, show in
	column (d) the value of the goods, other assets, or services received.			····
(a)	Line no (b) Amount involved (c) Name of noncharitable	e exempt organization	(d) Description of transfers, transactions,	and sharing arrangements
	N/A			

		-		
28	a Is the foundation directly or indirectly affiliated with, or related to, one	or more tax-exempt organiza	itions described	
	in section 501(c) of the Code (other than section 501(c)(3)) or in section			Yes X No
ı	b If "Yes," complete the following schedule.			
	(a) Name of organization	(b) Type of organization	(c) Description of relati	onship
_	N/A	 		
	-1/			
_				
_		 		
_				·
_	Under penalties of perjury, I declare that I have examined this return, including according	ompanying schedules and statemer	nts, and to the best of my knowledge and belief.	it is true, correct,
	and complete Declaration of preparer (other than taxpayer or fiduciary) is based on			
	Bhonda S. Vinner	10/8/10	President	
ė			Title	
Sign Here	Description of united of united	Date Da		parer's identifying number
В	Preparer's Supply Semilia		self	
เวิ	signature CARAS & SHULMAN, PO CARAS & SHULMAN,			200157996
	Firm's name (or yours CARAS & SHULMAN, PC		EIN >	
	11 CAMBRIDGE STREET			000 0000
	address, and ZIP code BURLINGTON, MA 018	303-4678	Phone no. 781	1.273.3950
				Form 990-PF (2009)
	,			

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

Current Year Deduction		0	.0	9,982.	1,725。	19,692.	2, 702	56,231		ا م الماسلانية على فالمساعدة - ف
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Accumulated Depreciation	4,698.	31,637.	6,036. 511,761	27,034.	4,672.	43,649.	· 689-"	211,686.		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Basis For Depreciation	4,882.	31,637.	6,036.	51,988.	. 584, 985,	112,570.	* C T T T T	956,330		4 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Unadjusted Cost Or Basis	4,882.	31,637.	6,036.	51,988.	8,985.	112,570.	1.6.8897	964,774.	outy or a	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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Life	5.00 5.00 5.00	5.00 5.00 5.00	5.00 5.00	5.00	5.00 39.00	7.00	5,000	Tanana Tanana	1	
Method	2000B5.00	2000B	200DB 200DB	200DB	200DB	200DB	2000b	,		1
Date Acquired	1215022 1215022 12210062	121502200DB5.00	011403200DB5. VARTES200DB5	030607200DB5.00	110607200DB5	070107200DB7	07,010,820,00 BS-00		-	
Description	FURNITURE AND FIXTURES EQUIPMENT	ATION MENT	OFFICE EQUIPMENT RORNIMURE AND FIXMURES A	7EQUIPMENT SEQUIPMENT	COMPUTERS LEASEHOLD IMPROVEMEN	FUKNITUKE AND FIXTURES	220 PET GE EQUIPMENT	TOTAL 950-FF FG		- V - V - V - V - V - V - V - V - V - V
Asset	1		5		6 (0)	H.	Ċ.	\ 		,

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990-PF DIVIDENDS AND	INTEREST FROM	SECURITIES	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
MORGAN DIVIDENDS MORGAN INTEREST	2,318,788. 574,895.	0.	2,318,788. 574,895.
TOTAL TO FM 990-PF, PART I, LN 4	2,893,683.	0.	2,893,683.

FORM 990-PF OTHER	INCOME		STATEMENT 2
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
FEDERAL TAX OVERPAYMENT APPLIED	56,900.	0	•
TOTAL TO FORM 990-PF, PART I, LINE 11	56,900.	0	•

FORM 990-PF	LEGAL	FEES	STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	28,762.	14,381.		14,381.	
TO FM 990-PF, PG 1, LN 16A	28,762.	14,381.		14,381.	

FORM 990-PF	ACCOUNTI	NG FEES	S	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEES	22,610.	22,610.		0.		
TO FORM 990-PF, PG 1, LN 16B	22,610.	22,610.		0.		

FORM 990-PF (THER PROFES	SIONAL FEES	STATEMENT !		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OTHER PROFESSIONAL FEES	36,527.	0.		36,527.	
TO FORM 990-PF, PG 1, LN 16C	36,527.	0.		36,527.	

FORM 990-PF	TAX	ES	STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES	16,823.	0.	-	16,823.	
TO FORM 990-PF, PG 1, LN 18	16,823.	0.		16,823.	

FORM 990-PF	OTHER E	XPENSES	S'.	PATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INTERNET	1,221.	0.		1,221.
TELEPHONE	2,253.	0.		2,253.
SHIPPING AND POSTAGE	520.	0.		520.
MISC FEES	464.	0.		464.
MISCELLANEOUS	3,982.	0.		3,982.
OFFICE INSURANCE	3,215.	0.		3,215.
OFFICE AND SUPPLIES	2,602.	0.		2,602.
SOFTWARE MAINTENANCE	2,323.	0.		2,323.
PENALTIES	105.	0.		105.
MEMBERSHIP FEES	6,165.	0.		6,165.
WEB DESIGN	8,778.	0.		8,778.
TO FORM 990-PF, PG 1, LN 23	31,628.	0.		31,628.

FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK		26,091,167.	26,545,581.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	26,091,167.	26,545,581.

FORM 990-PF DEPRECIATION OF ASS	ETS NOT HELD FOR	INVESTMENT	STATEMENT 9
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND FIXTURES	4,882.	4,698.	184.
EQUIPMENT	430.	342.	88.
OFFICE RENOVATION	31,637.	31,637.	0.
OFFICE EQUIPMENT	1,290.	1,290.	0.
OFFICE EQUIPMENT	6,036.	6,036.	0.
FURNITURE AND FIXTURES	51,761.	51,761.	0.
EQUIPMENT	51,988.	37,016.	14,972.
EQUIPMENT	28,125.	20,025.	8,100.
COMPUTERS	8,985.	6,397.	2,588.
LEASEHOLD IMPROVEMENT	650,183.	40,983.	609,200.
FURNITURE AND FIXTURES	112,570.	63,341.	49,229.
OFFICE EQUIPMENT	16,887.	12,835.	4,052.
TOTAL TO FM 990-PF, PART II, LN 1	964,774.	276,361.	688,413.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 10 TRUSTEES AND FOUNDATION MANAGERS					
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
CARL J. SHAPIRO 75 PARK PLAZA BOSTON, MA 02116		CHAIRMAN 20.00	0.	0.	0.	
RHONDA S. ZINNER 75 PARK PLAZA BOSTON, MA 02116		PRESIDENT 20.00	0.	0.	0.	
ELLEN S. JAFFE 75 PARK PLAZA BOSTON, MA 02116		TRUSTEE 4.00	0.	0.	0.	
LINDA S. WAINTRUP 75 PARK PLAZA BOSTON, MA 02116		TRUSTEE 4.00	0.	0.	0.	
JEAN S. WHITNEY 75 PARK PLAZA BOSTON, MA 02116		EXECUTIVE DIRE	ECTOR 159,017.	0.	0.	
TOTALS INCLUDED O	N 990-PF, PAGE 6,	PART VIII	159,017.	0.	0.	

04-6135027

Statement # _____ Page ____

Recipent Name	Relationship	Status	Program Area	Purpose of Grant	Amount
ACCESS	None	Public Charity	Education	Project	\$10,000
American Cancer Society	None	Public Charity	Human Services	Operating	\$15,000
American Friends of Israel Museum	None	Public Charity	Jewish Interests	Operating	\$1 0,0 00
American Friends of The Hebrew University	None	Public Charity	Jewish Interests	Operating	\$10,000
American Heart Association	None	Public Charity	Health	Operating	\$10,000
American Red Cross - Greater Palm Beach Area Chapter	None	Public Charity	Human Services	Operating	\$15,000
BalletRox	None	Public Charity	Arts and Culture	Project	\$25,000
Bennett College	None	Public Charity	Education	Scholarship	\$12,000
Beth Israel Deaconess Medical Center	None	Public Charity	Health	Capital	\$700,000
Boston Ballet	None	Public Charity	Arts and Culture	Operating	\$40,000
Boston Children's Museum	None	Public Charity	Arts and Culture	Capital	\$200,000
Boston Chinatown Neighborhood Center	None	Public Charity	Human Services	Project	\$25,000
Boston College	None	Public Charity	Education	Scholarship	\$17,348
Boston Debate League	None	Public Charity	Human Services	Project	\$25,000
Boston Medical Center	None	Public Charity	Health	Capital	\$1,000,000
Boston Symphony Orchestra	None	Public Charity	Arts and Culture	Operating	\$10,000
Brandeis University	None	Public Charity	Education	Capital	\$3,550,000
Breast Cancer Research Foundation	None	Public Charity	Health	Operating	\$50,000
Brigham and Women's Hospital	None	Public Charity	Health	Capital	\$1,819,817
Brimmer and May School	None	Public Charity	Education	Operating	\$13,000
CAST, Inc.	None	Public Charity	Human Services	Project	\$40,000

04-6135027

Statement # Page ____

Recipent Name	Relationship	Status	Program Area	Purpose of Grant	Amount
Catholic University	None	Public Charity	Education	Scholarship	\$12,000
Children's Hospital	None	Public Charity	Health	Capital	\$150,000
Combined Jewish Philanthropies of Greater Boston	None	Public Charity	Jewish Interests	Operating	\$100,000
Community Rowing, Inc.	None	Public Charity	Human Services	Project	\$20,000
Cystic Fibrosis, Palm Beach Office	None	Public Charity	Health -	Operating	\$10,000
Dana Farber Cancer Institute	None	Public Charity	Health	Capital	\$1,175,000
Elizabeth Stone House	None	Public Charity	Human Services	Project	\$30,000
Hebrew Senior Life	None	Public Charity	Jewish Interests	Capital	\$825,000
Hospice of Palm Beach County	None	Public Charity	Human Services	Operating	\$10,000
Institute of Contemporary Art	None	Public Charity	Arts and Culture	Project	\$100,000
Jewish Family and Children's Service	None	Public Charity	Human Services	Project	\$30,000
Jewish Federation of Palm Beach County	None	Public Charity	Jewish Interests	Project	\$100,000
Jewish Vocational Services	None	Public Charity	Human Services	Project	\$30,000
Kravis Center for the Performing Arts	None	Public Charity	Arts and Culture	Capital	\$180,000
Marymount Manhattan College	None	Public Charity	Education	Scholarship	\$12,000
Michael J. Fox Foundation	None	Public Charity	Health	Project	\$125,000
Morse Life Foundation	None	Public Charity	Jewish Interests	Project	\$200,000
Mount Ida College	None	Public Charity	Education	Scholarship	\$5,000
Mujeres Unidas en Accion	None	Public Charity	Human Services	Project	\$35,000
Museum of Fine Arts	None	Public Charity	Arts and Culture	Project	\$1,200,000
Museum of Science	None	Public Charity	Arts and Culture	Capital	\$200,000

04-6135027

Statement # _____ Page _____

Recipent Name	Relationshi	p Status	Program Area	Purpose of Grant	Amount
MYTOWN	None	Public Charity	Human Services	Project	\$25,000
Northeastern University	None	Public Charity	Education	Scholarship	\$4,322
Norton Museum of Art	None	Public Charity	Arts and Culture	Capital	\$50,000
Palm Beach Community Chest - United Way	None	Public Charity	Human Services	Operating	\$105,000
Palm Healthcare Foundation	None	Public Charity	Health	Project	\$50,000
Park School	None	Public Charity	Education	Operating	\$25,000
Partners for Youth with Disabilities	None	Public Charity	Human Services	Project	\$25,000
Planned Parenthood of the Palm Beach and Treasure Coast Area	None	Public Charity	Health	Operating	\$10,000
Project Hope	None	Public Charity	Human Services	Project	\$30,000
Sippican Lands Trust, Inc.	None	Public Charity	Other	Operating	\$20,000
Smith College	None	Public Charity	Education	Scholarship	\$7,388
Special Olympics Massachusetts	None	Public Charity	Human Services	Project	\$30,000
Suffolk University	None	Public Charity	Education	Scholarship	\$42,319
Swarthmore College	None	Public Charity	Education	5cholarship	\$500
Syracuse University	None	Public Charity	Education	Scholarship	\$21,239
The Boston Foundation	None	Public Charity	Human Services	Project	\$45,000
The Center for Teen Empowerment	None	Public Charity	Human Services	Project	\$25,000
The Food Project	None	Public Charity	Human Services	Project	\$30,000
Theater Offensive	None	Public Charity	Arts and Culture	Project	\$25,000
United States Holocaust Memorial Museum	None	Public Charity	Jewish Interests	Project	\$25,000
University of New Hampshire	None	Public Charity	Education	Scholarship	\$12,000

04-6135027

Statement # _____ Page ____

Recipent Name	Relationship	Status	Program Area	Purpose of Grant	Amount
WGBH Educational Foundation	None	Public Charity	Human Services	Capital	\$170,000
Norld Education, Inc.	None	Public Charity	Human Services	Project	\$45,000
			Total Grants Awarde	ed .	\$12,967,599

Form **8868**

(Rev. April 2009)

Department of the freasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 	of this form).	▶ X			
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previous	ously filed Fo	rm 8868.			
Part P 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 a Part I only	nd complete	. ▶ □			
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to req to file income tax returns.	uest an exten	sion of time			
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic enoted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 e (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composity you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the elect www.irs.gov/efile and click on e-file for Chanties & Nonprofits.	lectronically if e or consolida	(1) you want the additional ated Form 990-T. Instead,			
Type or Name of Exempt Organization	Emp	Employer identification number			
CARL & RUTH SHAPIRO FAMILY FOUNDATION	0	4-6135027			
File by the due date for filing your return See Number, street, and room or suite no. If a P.O. box, see instructions. 75 PARK PLAZA					
Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02116					
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 4720 Form 5227 Form 6069 Form 8870				
WELLESLEY CAPITAL MANAGEMENT, INC. • The books are in the care of ▶ ONE WASHINGTON STREET, SUITE 202 - 1 Telephone No. ▶ (781)235-6107 • 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) box ▶	 If this is fo	r the whole group, check this			
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of t AUGUST 15, 2010 , to file the exempt organization return for the organization is for the organization's return for: X calendar year 2009 or tax year beginning , and ending		The extension			
2 If this tax year is for less than 12 months, check reason Initial return Final return		Change in accounting period			
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
nonrefundable credits. See instructions.	3a	\$ 28,544.			
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		FC 000			
tax payments made. Include any prior year overpayment allowed as a credit Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	3b	\$ 56,900.			
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).					
See instructions.	3c	\$0.			

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If yo	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box	form).		> X				
Rart	Automatic 3-Month Extension of Time. Only submit original (no copies needed)	<u> </u>						
Part I o	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a	•••••••						
Electronoted (not au	income tax returns. Tonic Filing (c-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronication attended to the file Forms 990-BL, 6069, or 8870, group returns, or a composite or caust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronical fire. Government of the file for Chapties & Nonprofits.	nically if	(1) you w	ant the additional				
Туре	or Name of Exempt Organization	Empl	oyer ider	tification number				
print	CARL & RUTH SHAPIRO FAMILY FOUNDATION	1	4 613	た のつウ				
File by the due date filing you	the tor Number, street, and room or suite no. If a P.O. box, see instructions.							
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02116							
Chec	k type of return to be filed (file a separate application for each return):							
	Form 990 Form 990-T (corporation) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-EZ Form 990-FZ Form 990-T (trust other than above) Form 990-F	3227 3069						
Te • If t	WELLESLEY CAPITAL MANAGEMENT, INC. The books are in the care of ➤ ONE WASHINGTON STREET, SUITE 202 - WELLESHIP HOPENON NO. ➤ (781)235-6107 The organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If the lift is for part of the group, check this box ➤ and attach a list with the names and EINs of a	his is fo	the who	e group, check this				
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-1) extension of time un AUGUST 15, 2010 , to file the exempt organization return for the organization named is for the organization's return for: X Calendar year 2009 or tax year beginning, and ending, and ending		The exter	nsion				
2	If this tax year is for less than 12 months, check reason: Initial return		— Change ii	accounting period				
32	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	s	28,544.				
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	1 -		20,233,				
	tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	56,900.				
C	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).							
	See instructions.	3c	\$	0.				

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

Form 8868 (Rev. 4-2009)

Attorney General #041359

Form 8868 (Rev. 4-2009)				Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and	check this box	ζ		- 🗓
Note, Only complete Part II if you have already been granted an automatic 3-month extension on a pr				— <u>—</u>
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).		·····		
Patril Additional (Not Automatic) 3-Month Extension of Time. Only file the	original (no co	pies need	ed).	
Type or Name of Exempt Organization		Employe	r Identificatio	n number
	100			
CARL & ROTH SHAPIRO FAMILY FOUNDATION			<u>6135027</u>	
extended Number, streat, and room or suite no. If a P O. box, see instructions. The date for 75 PARK PLAZA		For IRS u	se only	
return. 500 City, town or post office, state, and ZIP code. For a foreign address, see instructions.	Deligion of the Control	1	建工 57 700	高温斯 斯
BOSTON, MA 02116				经验下了
Check type of return to be filed (File a separate application for each return).				
	n 1041-A	Form :	5227	Form 8870
Form 990-BL X Form 990-PF Form 990-T (trust other than above)	n 4720 🗌	Form (6069	
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension	on a previous	ly filed F	orm 8868.	
WELLESLEY CAPITAL MANAGEMENT, IN	<u> </u>			····
• The books are in the care of ONE WASHINGTON STREET, SUITE 202		ESLEY	MA 02	481
Telephone No. ► (781) 235 - 6107 FAX No. ►			, <u>. U 1</u>	<u> </u>
 If the organization does not have an office or place of business in the United States, check this bo 	×			
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 	. If this	s 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 a				
4 I request an additional 3-month extension of time until <u>NOVEMBER 15, 2010.</u>			,	
	and ending _			 -
• • • • • • • • • • • • • • • • • • • •	l retum	Cha	inge in accoun	ting period
7 State in detail why you need the extension				
ADDITIONAL TIME IS NEEDED TO FILE AN ACCURATE R	ETURN.		· · · · · · · · · · · · · · · · · · ·	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less				
nonrelundable credits. See instructions.	any	8a \$	2	8,544.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and es	timated		4	0,344.
tax payments made. Include any prior year overpayment allowed as a credit and any amount p				
previously with Form 8868.	_,_	8b \$	5	6,900.
c Balance Due, Subtract line 8b from line 8a. Include your payment with this form, or, if required	, deposit		<u> </u>	
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See	instructions.	8c \$		0.
Signature and Verification		-		<u> </u>
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statem it is true, correct, and compilete, and that I am authorized to prepare this form.	ents, and to the	best of my	knowledge and	belief,
Signature CPA		Date 🕨	8/11/1	G
			Form 8888	(Rev. 4-2009)

05-28-09