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990-PF

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

OMB No 1545-0052 മരവ

Dep Inte	artmer	nt of the Trea evenue Service	sury 28	Note:	The foundatio	n may b	e able to use a copy of the	te Foundations return to sati	in sfy state rep	orting requirements	<u> </u>
_					year beginn				and ending		, 20
_		ck all tha			Initial return		Initial return o	of a former pu	blic chanty		Final return
-			,		Amended re	eturn	Addres	ss change		Name change	_
_		Ī	Name of fou	ındatıd					<u> </u>	A Employer identifi	cation number
1	ica th	ie IRS	ESLIE	C. <i>E</i>	AND LEONA	RD A.	SHAPIRO FAMILY	ſ			
٠	iab		COUNDAT							20-	3956547
(. 1-				ımher if i	mail is not delivered to street	address)	Room/suite		
		' ۱ '			SHAPIRO	J. 11001 11 1	tidii is tiot converce to carett		1,100,700,11		
	or ty	vne l			E, NORTH					123	9) 261-4504
S	ee Sp	secific i			e, and ZIP code			 	L	C If exemption applicati	
Ir	ıstru	ctions.	Jily Or lown	, state	, and zir code	,				pending, check here	· · · · · · · [
		- 1,	13 DI EC	-7	24102					D 1 Foreign organizati	-
			NAPLES,			- 504/	. (0)			2. Foreign organizati 85% test, check h	
ᆫ	\neg	• •	of organiza				c)(3) exempt private for			computation .	▶∟
L		Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation air market value of all assets at end J Accounting method X Cash Accrual							E If private foundation :	status was terminated	
l		-			ı				crual	under section 507(b)	(1)(A), check here . 🕨 🔔
	-		Part II, co			<u></u>	ther (specify)		F If the foundation is in		
		▶ \$	1,5				column (d) must be or	i casn basis.)) 	under section 507(b)	(1)(B), check here . D
ŀ	art l	Analys	is of Reve	enue :	and Expense ns (b), (c), and	s (The	(a) Revenue and	(b) Net inve	estment	(c) Adjusted net	(d) Disbursements for charitable
		may not	necessarily	y equa	al the amounts	in	expenses per	incom	1	income	purposes
		column	(a) (see pa	ge 11	of the instructi	ons))	books				(cash basis only)
	1	Contribution	s, gifls, grants,	etc , red	ceived (attach schei	Jule)	374,161.				
	2	Check >			ition is not requ				-		
	3	Interest or	savings and	tempo	orary cash investi	ments					
	4	Dividend	s and intere	st from	m securities		22,655.	2	22,655.		
	5 a	Gross re	nts								<u> </u>
	b	Net rental	income or (lo	oss) _							-
اه	6 a	Net gain o	r (loss) from	sale of	assets not on lin	e 10	26,506.			DE	OFN/FD
ᆰ	b	Gross sale	es price for al	1		506.		-			OLIVED
Revenue	7			me (fr	rom Part IV, lin	e 2) .		2	26,506.	101	Ų
۱۳	8									18) NOV	16 2010 8
	9	Income r	nodification	s · ·						1.7)	2010
	10 a	Gross sale	es less return	s						-00	
	ь		t of goods so	- 1						LUGI	ZEN, UT
			-		ch schedule)						
	11				edule)						
	12				11		423,322.	4	19,161.		
T	13				ctors, trustees, e	_	0.				
	14				ind wages						
ဖွ	15				benefits						
ž	16 2				le) ATCH		3,500.		0.	0.	-
9	, u a				chedule)		,				
ω̈́					ttach schedule						
Ne	17			•		•					
ā	10				page 14 of the instr					-	
ist	18				dule) and deple	-					
Ē	19	•	•		uule) allu uepit						
B	20	•	•								-
힏	21				meetings						_
g	22				chedule) ATC		10,401.		9,215.		
=	23				•		10,401.		2,213.	·	
era	24	•	•		nistrative exp		13,901.		9,215.	0.	
ð			13 through				68,500.		2,213.	<u></u>	68,50
-	25			-	paid				0 215	0.	
_	26				nts. Add lines 24	and 25	82,401.	 	9,215.	<u> </u>	68,50
	27		line 26 fron				240 001				
					s and disburseme		340,921.	 	0.046		
	b	Net inve	stment inco	ome ((if negative, en	ter -0-)			39,946.		

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c Adjusted net income (if negative, enter -0-). .

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

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29-6500-5059

JSA

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_	and 11	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
	aitii	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
\neg	1	Cash - non-interest-bearing	149,528.	221,406.	221,406.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
	'	Less allowance for doubtful accounts			
	8	Inventories for sale or use		_	·
ets	9	Prepaid expenses and deferred charges			
Assets				· · · · · · · · · · · · · · · · · · ·	
٩		Investments - U S and state government obligations (attach schedule)	708,814.	974,421.	1,103,947.
		Investments - corporate stock (attach schedule) ATCH. 3.	-	37171211	1,103,517.
	11	Investments - corporate bonds (attach schedule)			<u> </u>
		and equipment basis			
		(attach schedule)			
- 1	12	Investments - mortgage loans	220 460	222 006	202 020
	13 14	Investments - other (attach schedule) ATCH 4	230,460.	233,896.	222,938.
	14	equipment basis			
		equipment basis Less accumulated depreciation (attach schedule)		-	
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item I)		1,429,723.	1,548,291.
	17	Accounts payable and accrued expenses			_
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ab	21	Mortgages and other notes payable (attach schedule)			
Ξ	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)			
Π		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
S	24	Unrestricted			
nces	25	Temporarily restricted			j
<u>ala</u>	26	Permanently restricted			
Net Assets or Fund Bala		Foundations that do not follow SFAS 117,			
Š		check here and complete lines 27 through 31.			
Ī	27	Capital stock, trust principal, or current funds			
ŝ	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
set	29	Retained earnings, accumulated income, endowment, or other funds	1,088,802.	1,429,723.	
As	30	Total net assets or fund balances (see page 17 of the			-
ē	30		1,088,802.	1,429,723.	
_	31	Instructions) Total liabilities and net assets/fund balances (see page 17	1,000,0021	1,123,123,	-
	31	, , ,	1,088,802.	1,429,723.	
	ort II	of the instructions)		1,425,125.	<u> </u>
				agrae with	<u> </u>
1		I net assets or fund balances at beginning of year - Part II, c	, ,	- 1	1 000 000
_					1,088,802.
		er amount from Part I, line 27a		2	340,921.
		er increases not included in line 2 (itemize)			1 400 700
	_	lines 1, 2, and 3			1,429,723.
5	Dec	reases not included in line 2 (itemize) Inet assets or fund balances at end of year (line 4 minus line)		5	1 100 700
6	Tota	il net assets or fund balances at end of year (line 4 minus lin	e 5) - Part II, column (b), i	line 30 6	1,429,723.

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Part IV	Capital Gains	s and Losses for Tax on Inv	estment Income			-		
	• •	describe the kind(s) of property sold (enck warehouse, or common stock, 200 si	· ·	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)		
1a SEE PA	RT IV SCHE	OULE						
b								
С						<u> </u>		
_d								
<u>e</u>						<u></u>		
(e) Gross	sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu			
<u>a</u>								
<u>b</u>								
<u>d</u>								
Complete on	v for assets sho	wing gain in column (h) and owned l	by the foundation on 12/31/69		0 (0-1 (1) -			
•		(j) Adjusted basis	(k) Excess of col (i)		Gains (Col (h) g (k), but not less t			
(i) FMV as	of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co			
<u>a</u>								
<u>b</u>								
d								
e 2 Capital gai	n net income or (net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		26,506.		
3 Net short-to	erm capital gain	 or (loss) as defined in sections 1222						
	. •	ine 8, column (c) (see pages 13 and	. , . , ,					
•		ine 8		3				
			ed Tax on Net Investment Inco	ome				
Was the found	lation liable for t	eave this part blank ne section 4942 tax on the distributa ot qualify under section 4940(e) Do	able amount of any year in the base onot complete this part	period?	🗀	Yes X No		
1 Enter the	appropriate amo	unt in each column for each year, se	ee page 18 of the instructions before	making	any entries.			
Base p Calendar year (or	(a) eriod years ax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by			
2	008	37,988.	884,134.			0.042966		
2	007	87,618.	792,761.			0.110523		
2	006	21,673.	618,882.			0.035020		
2	005	0.	591,942.			0.00000		
2	004			<u> </u>				
	ne 1, column (d)	or the 5-year base period - divide th	a datal on long 2 by 5 as by the	2		0.188509		
_		ation has been in existence if less th		3		0.047127		
4 Enter the	net value of none	charitable-use assets for 2009 from	Part X, line 5	4	1,	107,020.		
5 Multiply lii	ne 4 by line 3			5		52,171.		
6 Enter 1%	of net investmen	it income (1% of Part I, line 27b)		6		399.		
7 Add lines	5 and 6			7	7 52,570.			
If line 8 is		eater than line 7, check the box i	n Part VI, line 1b, and complete t	8 hat part	using a 1% tax	68,500. c rate See the		

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	truction	ons)	
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 ruling letter if necessary - see instructions)		_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		3	<u> </u>
	here X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			200
3	Add lines 1 and 2		3	399.
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			<u> </u>
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a			
b	Exempt foreign organizations-tax withheld at source 6b 0.			
С				
d	Backup withholding erroneously withheld			0
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			399.
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			
11	Enter the amount of line 10 to be Credited to 2010 estimated tax Refunded 11			
	t VII-A Statements Regarding Activities		Yes	No
1a		1a	162	X
	participate or intervene in any political campaign?	I a		 -
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1b		х
	of the instructions for definition)?	10		
_	published or distributed by the foundation in connection with the activities	1c		х
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
a	(1) On the foundation \$\Bigs\tag{2} \text{On foundation managers} \Bigs\tag{5}			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
e	on foundation managers \$]
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
_	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		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
-	If "Yes," attach the statement required by General Instruction T			ł
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	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ► FL,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G?If "No," attach explanation	8b	Х	
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 on page			
	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			,,
	names and addresses	10	<u> </u>	X
	F	orm 99	90-PF	(2009)

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Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Par	VII-B Statements Regarding Activities for	Which Form 472	20 May Be Requir	ed (continued)				
5 a	During the year did the foundation pay or incur any amount	to.						
	(1) Carry on propaganda, or otherwise attempt to influence		945(e))?	Yes X No				
	(2) Influence the outcome of any specific public election (se							
		·		Yes X No				
	(3) Provide a grant to an individual for travel, study, or othe							
	(4) Provide a grant to an organization other than a charitab					ŀ		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see	-		Yes X No				
	(5) Provide for any purpose other than religious, chantable,							
	purposes, or for the prevention of cruelty to children or a			Yes X No				
_				. — —				
ь	If any answer is "Yes" to 5a(1)-(5), did any of the transa				56			
	Regulations section 53 4945 or in a current notice regards	•		· —	<u>5b</u>	 		
	Organizations relying on a current notice regarding disaster					1		
C	If the answer is "Yes" to question 5a(4), does the foundation	·	n the tax	П., П.,				
	because it maintained expenditure responsibility for the gran	nt?		. L Yes No				
	If "Yes," attach the statement required by Regulations section	on 53 4945-5(d)			- 1			
6 a	Did the foundation, during the year, receive any funds, direct	tly or indirectly, to pay	y premiums		-			
	on a personal benefit contract?			. Yes X No				
b	Did the foundation, during the year, pay premiums, directly	or indirectly, on a pers	ional benefit contract?		6b	X		
	If "Yes" to 6b, file Form 8870					[
7 a	7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No							
b	If yes, did the foundation receive any proceeds or have any				7b	X		
Par	t VIII Information About Officers, Directors	, Trustees, Foun	dation Managers	, Highly Paid Emp	loyees,			
1	and Contractors List all officers, directors, trustees, foundation man	agers and their co	mpensation (see pa	ge 22 of the instructi	ons).			
	(a) Name and address	(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expens	se account,		
	(a) Name and address	hours per week devoted to position	-0-)	and deferred compensation	other all	owances		
AT	TACHMENT 5		<u> </u>	0.		0		
2	Compensation of five highest-paid employees (othe	r than those includ	ded on line 1 - see p	age 23 of the instruc	tions).			
	If none, enter "NONE."	Т		(d) Contributions to				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	`employee benefit		se account, owances		
•	, , , , , , , , , , , , , , , , , , , ,	devoted to position		plans and deferred compensation	outer air	owances		
	NONE							
Tota	I number of other employees paid over \$50,000 .					▶		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>			Form 99	0-PF (2009)		

Part VIII	Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	anagers, Highly Paid Empl	oyees,	
3 Five high	est-paid independent contractors for professional services (see page 23	of the instructions). If none,	enter "NC	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comp	ensation
NONE				
Total number	er of others receiving over \$50,000 for professional services		▶	NONE
Part IX-A	Summary of Direct Charitable Activities		· · · · · ·	
List the found of organizatio	ation's four largest direct chantable activities during the tax year. Include relevant statistical informing and other beneficiaries served, conferences convened, research papers produced, etc	ation such as the number	Ехре	enses
1 _N/A				
2				
3				
4				
Part IX-B	Summary of Program-Related Investments (see page 23 of the ins	tructions)	٠	
	two largest program-related investments made by the foundation during the tax year on lines 1 and		Amo	ount
1 _ NONE _				
2				
All other prog	ram-related investments. See page 24 of the instructions			

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0. 68,500.

399.

68,101.

5

Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Adjusted qualifying distributions. Subtract line 5 from line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Enter 1% of Part I, line 27b (see page 26 of the instructions)

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

Pa	rt XIII Undistributed Income (see page	26 of the instruction	<u></u>		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				54,952.
2	Undistributed income, if any, as of the end of 2009				
_	Enter amount for 2008 only				
	Total for prior years 20 07 ,20 06 20 05				
3	Excess distributions carryover, if any, to 2009				
	From 2004				
	From 2006				
u					
e		12,013.			
	Total of lines 3a through e	12,013.			
4	Qualifying distributions for 2009 from Part XII, line 4 ► \$68,500.				
					
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)				54,952.
	Applied to 2009 distributable amount	13,548.			- 31,332.
	Remaining amount distributed out of corpus Excess distributions carryover applied to 2009	13,540.			
5	(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:				
		25,561.			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	20,001.			
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				
	· •				
a	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions			1	
е	Undistributed income for 2008 Subtract line	-	<u> </u>	-	
	4a from line 2a Taxable amount - see page				
	27 of the instructions	·			
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2010				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	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 instructions)				
9	Excess distributions carryover to 2010.				
•	Subtract lines 7 and 8 from line 6a	25,561.			
10					
a	Excess from 2005				
b	Excess from 2006				
С	Excess from 2007 12,013.				
d	Excess from 2008				
е	Excess from 2009 13,548.				

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Pa	rt XIV Private Oper	ating Foundations (see page 27 of the	nstructions and Par	t VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has			it is a private opera	ating	
	foundation, and the ruling	is effective for 2009, enter	the date of the ruling			
b	Check box to indicate whe	ther the foundation is a pr	vate operating foundation		4942(j)	(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Pnor 3 years		(e) Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	_
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .				<u></u>	
d	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
e	Qualifying distributions made					
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
а	"Assets" alternative test - enter					
a	(1) Value of all assets	1				
	(2) Value of assets qualifying					
	under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on secunties			}		
	loans (section 512(a)(5)),					
	or royalties) (2) Support from general				<u> </u>	
	public and 5 or more exempt organizations as					
	provided in section 4942					
	(j)(3)(B)(iii)					
	port from an exempt					
	organization (4) Gross investment income					
Pa		ary Information (C	omplete this part	only if the found	ation had \$5,000	or more in assets
		during the year - se				
1		g Foundation Manager				
а	List any managers of	the foundation who h	nave contributed more	than 2% of the tota	I contributions receiv	ed by the foundation
	before the close of any	y tax year (but only if the	ney have contributed if	nore than \$5,000) (S	see section 507(d)(2))	
_	LESLIE AND	LEONARD SHAPIRO)		- <u>-</u>	
b	List any managers of					large portion of the
	ownership of a partner	rship or other entity) o	f which the foundation	has a 10% or greater	rinterest	
_	NONE Information Regarding	- Cantaibutian Crant	Cift Lean Sabalarahi	n eta Programa:		
2	<u> </u>					
		the foundation only for funds If the foun-				
		ther conditions, comple			e 20 Of the mandend	ins) to individuals of
				 	addrassad	
а	The name, address, ar	na telepnone number of	rtne person to wnom a	pplications should be a	addressed.	
b	The form in which appl	lications should be subi	mitted and information	and materials they sho	ould include	
				-		
	 					
С	Any submission deadli	nes				
	Any restrictions or I	imitations on awards	. such as by geogra	 ophical areas charita	able fields, kinds of	institutions, or other
-	factors		,	,		

Part XV 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 any foundation manager or substantial contributor Foundation status of recipient Recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year 1,000. ARENA STAGE 1101 SIXTH STREET, SW WASHINGTON, DC 20024 1,000. NATIONAL BUILDING MUSEUM 401 F ST NW # 215 WASHINGTON, DC 20001 NATIONAL JEWISH HEALTH 50,400. 1400 JACKSON STREET DENVER, CO 80206 500. BOYS AND GIRLS CLUB 4103 BENNING ROAD NE WASHINGTON, DC 20019 1,000. WENDT CENTER 4201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20008 MISC. CONTRIBUTIONS 14,600. 68,500. b Approved for future payment

Enter gross amounts unless otherwise indicated	Unrela	ited business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
1 Program capuca rayanya	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
1 Program service revenue a		1			are insudedons /
b				-	
С					
d					•
e					·
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
Interest on savings and temporary cash investments			14	00 655	
4 Dividends and interest from securities			14	22,655.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property		<u>.</u>		-	
6 Net rental income or (loss) from personal property			-		
7 Other investment income			18	26,506.	
8 Gain or (loss) from sales of assets other than inventory			10	20,300.	
9 Net income or (loss) from special events					
Offices profit or (loss) from sales of inventory	<u> </u>				
Other revenue a					
b					
d					
			-		
e Subtotal Add columns (b), (d), and (e)				49,161.	
3 Total Add line 12, columns (b), (d), and (e)					49,161
See worksheet in line 13 instructions on page 28 to					•
Explain below how each activithe accomplishment of the for page 29 of the instructions)	ty for whi	ch income is reporte exempt purposes	ed in column (other than b	(e) of Part XVI-A con by providing funds for	tributed importantly such purposes) (S
					
	-	NOT APPLICAB	LE		

					<u></u> .
					
	_				

Pai	t XVII	Information I Exempt Orga	-	ransters to and	i ransact	ions a	nd Kelati	onsnip	s with N	ionc	narıı	able
1	Did tl	he organization directly		engage in any of the	following	with any	y other orga	anization	described		Yes	No
	ın se	ction 501(c) of the Co zations? ers from the reporting fou	ode (other than	section 501(c)(3) orga	anizations)							
а										4-(4)		X
		ash								1a(1)		X
	• •	ther assets				• • • •			• • • • •	1a(2)		
D		transactions								45/4		x
		ales of assets to a noncha								1b(1) 1b(2)		X
		urchases of assets from a								1b(2)		X
		ental of facilities, equipme								1b(4)		X
		eimbursement arrangeme								1b(5)		X
		pans or loan guarantees erformance of services or								1b(6)		X
С	٠,	ng of facilities, equipment,	•							1c		X
		e answer to any of t	-						vavs show		fair i	
٠		of the goods, other										
		in any transaction or	•	• •	-							
	value	in any transaction of	sitating arrang	chicht, show in colum	iii (a) aic	value o	ale goods	, оттог с	333013, 01	3011100	55 ,00	21100
(a) l	ine no	(b) Amount involved	(c) Name of no	onchantable exempt organiza	ition	(d) Descri	ption of transfer	s, transactio	ns, and sharii		gemen	ts
		N/A				N/A	<u>'</u>					
												
		-										
												
												
	-											
											-	
								· · · · · ·				
				 							-	
							· · · · · · · · · · · · · · · · · · ·					
		-	.,		-							
2a		foundation directly or								٦.,	es 🗀	J
		n 501(c) of the Code (oth		01(c)(3)) or in section 52					L		es <u> </u>	Я ИО
<u>b</u>	If "Yes	s," complete the following		(b) Type of organ	nization			c) Description	n of relationsh			
		(a) Name of organization	<u> </u>	(b) Type of organ	IIIZALION			c) Descriptio	ii oi relationsi	Щ		
												
												
						—— -						
_									- 46 - 6 - 4	4 1-		
		penalties of perjury, I decli it is true, correct, and com-										
		1 , -		, , , ,	. 13	ila 1	169 .	B	. \ 1	` ~		
		uu x				110	10		7-5	11/6	W D	<u>6C</u>
ere	▼ S	Ignature of officer or trustee			-T-	Date	<u> </u>	Title	D			
Sign Here			1		Date		Check if	ا ہے	Preparer's in number (Se			n
g	چ خ	Preparer's	.h.	Lam DOA	11.	1	self-employe	ed ▶∐	page 30 of th	e instru		
S	Paid Preparer's Use Only	signature ///	- // >	11 - (TW)	1 11/11	110	<u>L.</u> ,		P004496			
	P. rep Jse	Firm's name (or yours if						EIN ▶ 5	2-10886	12		
	ر ہ	self-employed), address		LD GEORGETOWN F	ROAD, SU	ITE 40						
		and ZIP code	BETHES	DA, MD		208	14-6224	Phone no	301-65	9-2ز	100	

Form **990-PF** (2009)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

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

Schedule of Contributors

OMB No 1545-0047

2009

Name of the organization		Employer identification number					
LESLIE C. AND LEONARD	A. SHAPIRO FAMILY						
FOUNDATION, INC.		20-3956547					
Organization type (check one)							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1					
	501(c)(3) taxable private foundation						
	ered by the General Rule or a Special Rule . B), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule. See					
X For an organization filit	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or m contributor Complete Parts I and II	ore (in money or					
Special Rules							
sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 33 1/3 % support tes 170(b)(1)(A)(vi), and received from any one contributor, during the year, a c% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1	contribution of the greater					
the year, aggregate co), (8), or (10) organization filing Form 990 or 990-EZ that received from any ontributions of more than \$1,000 for use exclusively for religious, charitable or the prevention of cruelty to children or animals. Complete Parts I, II, and	e, scientific, literary, or					
the year, contributions aggregate to more tha year for an exclusively applies to this organiza	(a), (b), or (10) organization filing Form 990 or 990-EZ that received from any of for use exclusively for religious, charitable, etc., purposes, but these contributions of this box is checked, enter here the total contributions that were religious, charitable, etc., purpose. Do not complete any of the parts unless ation because it received nonexclusively religious, charitable, etc., contributions.	butions did not received during the the General Rule					
3	not covered by the General Rule and/or the Special Rules does not file Sche answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of	•					
•	c certify that it does not meet the filing requirements of Schedule B (Form 99						
For Privacy Act and Paperwork Reduct	ion Act Notice, see the Instructions Schedule (B (Form 990, 990-EZ, or 990-PF) (2009)					

for Form 990, 990-EZ, or 990-PF

Schedule	R	/Form	agn	990-F7	or 990-E	F١	(2009)	í
Scrieulie	D	(FOIIII	330,	, 330-⊏∠,	UI 33U-F	т,	(2003)	,

Page	of	of Part I
aver identif	ication nu	mbor

Schedule B (Form 990, 990-	E2, or 990-PF) (2009)	Page of of Part
Name of organization	LESLIE C. AND LEONARD A. SHAPIRO FAMILY	Employer identification number
	FOUNDATION, INC.	20-3956547

Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1_	LEONARD AND LESLIE SHAPIRO 339 3RD AVENUE NORTH NAPLES, FL 34102	\$225,922.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Aggregate contributions	
2	LEONARD AND LESLIE SHAPIRO 339 3RD AVENUE NORTH NAPLES, FL 34102	\$ 148,239.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization FOUNDATION, INC.

LESLIE C. AND LEONARD A. SHAPIRO FAMILY

Page____ of ____ of Part II
Employer identification number 20-3956547

Part II Noncash Property (see instructions)

art II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1,173 SHARES OF UNILEVER 1,427 SHARES OF AMERICAN EXPRESS 700 SHARES OF JNJ 1,394 SHARES OF LEUCADIA	\$\$\$	10/15/2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	1,545 SHARES OF COSWF 1,909 SHARES OF AYE 582 SHARES OF CEO	\$\$	04/29/2009
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

JSA 9E1254 1 000

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

- LEGAL FEES PART I FORM 990PE,

REVENUE		PER BOOKS INCOME	3,500.
		DESCRIPTION	FOLEY & LARDNER, LLP

TOTALS

	CHARITABLE	PURPOSES		0.
ADJUSTED	NET	INCOME		0
NET	INVESTMENT	INCOME		0
AND	EXPENSES	PER BOOKS	3,500.	3,500.

- OTHER EXPENSES PART I FORM 990PF,

REVENUE	AND	EXPENSES	PER BOOKS	.859.	9,215.	1000
			DESCRIPTION	FOREIGN TAX EXPENSE	MANAGEMENT FEE	

NET	INVESTMENT	INCOME		9,215.		
AND	EXPENSES	PER BOOKS	859.	9,215.	327.	

9,215.

10,401.

TOTALS

29-6500-5059

- CORPORATE STOCK

PART II

FORM 990PF,

ENDING ENDING OOK VALUE EMV	10,610. 34,915. 23,816. 23,816. 26,930. 27,753. 25,919. 81,876. 82,183. 66,98. 10,417. 92,337. 15,012. 15,012. 15,012. 11,867. 10,171. 24,822. 26,447. 18,981. 18,816.
BOOK VALUE BO	44, 465. 16,268. 14,640. 14,640. 18,984. 15,012. 10,171. 10,171. 11,256. 12,529. 16,586. 10,111. 111. 12,529. 14,445. 15,012. 17,116. 18,111. 111. 12,529.
DESCRIPTION	AKZO NOBEL AMERICAN EXPRESS COMPANY AMERICAN NATIONAL INSURNACE CO AVATAR HOLDINGS BURLINGTON NORTHERN SANTA FE FEDERATED INVESTORS INC (PA) JOHNSON & JOHNSON LEUCADIA NATIONAL CORP NOVARTIS NATIONAL WESTERN LIFE NATIONAL WESTERN LIFE NORFLOK SOUTHERN CORP. PHILLIP MORRIS INTERNATIONAL TORCHMARK CORP WATSON WYATT WORLDWIDE COMCAST CORP SPECIAL CLASS A DIAGEO PLC-SPONSORED ADR G&K SERVICES HEINEKEN HOLDINGS 'A' ADRS HEINEKEN NV ADR HEINEKEN NV ADR TRANSATLANTIC HOLDINGS UNIFIRST CORPORATION WAL-MART STORES INC UNIEVER NV COCA-COLA FEMSA CONOCOPHILLIPS DEVON ENERGY CORPORATION EMERSON ELECTRIC

ATTACHMENT 3 (CONT'D)

- CORPORATE STOCK

PART II

FORM 990PF,

ENDING <u>EMV</u>	21,494. 27,797. 11,367. 14,427.	1,103,947.
ENDING BOOK VALUE	12,846. 19,783. 9,748. 9,092.	974,421.
BEGINNING BOOK VALUE	7,338. 11,098. 9,748. 9,092. 19,363.	708,814.
		TOTALS
DESCRIPTION	3M COMPANY UNION PACIFIC WELLPOINT INC HENRY SCHEIN INC CINTAS	

222,938.

233,896.

233,896.

ENDING FMV

ENDING BOOK VALUE

ATTACHMENT

IMENTS	BEGINNING BOOK VALUE	230,460.	230,460.					
- OTHER INVESTMENTS		VALUE FUN	TOTALS					
PART II	ı	VE GLOBAL						
FORM 990PF,	DESCRIPTION	TWEEDY BROWNE GLOBAL VALUE FUN						

EXPENSE ACCT AND OTHER ALLOWANCES	.0	·	·o	Ċ	·	0
CONTRIBUTIONS EXE TO EMPLOYEE AN BENEFIT PLANS AI	.0	Ö	·	ó	·	0
COMPENSATION	.0	Ö	Ö	· o	.0	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR/PRESIDENT	DIRECTOR/SECRETARY	DIRECTOR	DIRECTOR	DIRECTIOR/TREASURER	GRAND TOTALS
NAME AND ADDRESS	LEONARD A. SHAPIRO 339 3RD AVENUE NORTH NAPLES, FL 34102	LESLIE C. SHAPIRO 339 3RD AVENUE NORTH NAPLES, FL 34102	THEODORE M. SHAPIRO 2302 KENILWORTH AVENUE LOS ANGELES, CA 90039	ALEXANDRA L. SHAPIRO 4674 OAKMERE TERRACE STERLING, VA 20165	JAY W. FREEDMAN 3000 K. STREET N.W. SUITE 500 WASHINGTON, DC 20007	

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

LESLIE C. AND LEONARD A. SHAPIRO FAMILY

OMB No 1545-0092

Employer identification number

2009

FOUNDATION, INC.				20-3936347	
Note: Form 5227 filers need to complete onlyPa					
Part I Short-Term Capital Gains and Lo	sses - Assets	Held One Y	ear or Less		
(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					
SHORT-TERM CAPITAL GAIN DIVIDEN	s		ATCH 6		2,163.
					<u> </u>
	1			<u> </u>	
b Enter the short-term gain or (loss), if any, fro	m Schadula D-1	line 1h		16	
b Enter the short-term gain or (loss), if any, no	ili Schedule D-1	, iiile 10			
2 Short-term capital gain or (loss) from Forms	4684, 6252, 678	31, and 8824		2	
2 Onortherm capital gain of (1883) from Forms	1001, 0202, 070	71, and 002 1			
3 Net short-term gain or (loss) from partnership	os. S corporation	ns. and other e	states or trusts	3	
4 Short-term capital loss carryover. Enter the a					
Carryover Worksheet				4	(
5 Net short-term gain or (loss). Combine line	s 1a through 4 i	n column (f) E	nter here and on line	13,	
column (3) on the back	<u> </u>	<u></u> .			2,163.
Part II Long-Term Capital Gains and Losses	- Assets Held I	More Than One	Year		
(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					
LONG-TERM CAPITAL GAIN DIVIDEND	\$		ATCH 7		24,343.
	<u> </u>			 	
			i		
		I	1	<u> </u>	-
b Enter the long-term gain or (loss), if any, fror	n Schedule D-1	, line 6b		6b	
2 2.no. and long term game or (leady, in any, man		,			
7 Long-term capital gain or (loss) from Forms 2	2439, 4684, 625	2, 6781, and 8	824		
8 Net long-term gain or (loss) from partnership	s, S corporation	is, and other es	states or trusts	<i>.</i> <u>8</u>	
9 Capital gain distributions				9	
10 Gain from Form 4797, Part I				<u>10</u>	-
11 Long-term capital loss carryover Enter the a	-				,
Carryover Worksheet				<u>11</u>	<u> </u>
12 Net long-term gain or (loss). Combine lines	=				24 242
column (3) on the back			<u> </u>		24,343.
For Paperwork Reduction Act Notice, see the Instruction	ons for Form 104	11.		Schedul	e D (Form 1041) 2009

Par			(1) Beneficiaries'	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this	part.	(see page 5)	or trust's	
13	Net short-term gain or (loss)	13			2,163.
14	Net long-term gain or (loss):				
а	Total for year	14a			24,343.
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
С	28% rate gain	14c			26.526
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15	<u>.</u>		26,506.
Note	: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Forn It V, and do not complete Part IV If line 15, column (3), is a net loss, complete P	n 990-1 Part IV a	「, Part I, line 4a) If line: and the Canital Loss C	s 14a and 15, column Carryover Workshee	(2), are net gains, go s necessary
	Capital Loss Limitation	-	- Capital 2000 C		
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	Part I Iu	ne (c if a trust) the s	maller of	
					,
Note	: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pag	ge 1, lin	ne 22 (or Form 990-T,	line 34), is a loss, coi	mplete the Capital Loss
Carry	ovelWorksheeton page 7 of the instructions to figure your capital loss carryove	e <i>r</i>			
Par					
	1041 filers. Complete this part only if both lines 14a and 15 in colu			mount is entered in	n Part I or Part II and
	is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more				
	ion: Skip this part and complete the worksheet on page 8 of the instruct ther line 14b, col. (2) or line 14c, col. (2) is more than zero, or	10115 11			
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
Forn	990-T trusts. Complete this part only if both lines 14a and 15 a	re gaır	ns, or qualified divid	lends are included	in income in Part I
of Fo	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa	art and	complete the work	sheet on page 8	of the instructions if
eithe	r line 14b, col (2) or line 14c, col. (2) is more than zero	_			
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)		17		
18	Enter the smaller of line 14a or 15 in column (2)				
	but not less than zero				
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 19				
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 21		<u> </u>		
22	Subtract line 21 from line 20 If zero or less, enter -0-		22		
23	Subtract line 22 from line 17 If zero or less, enter -0-		23		
24	Fator the ameliar of the amount on line 17 or \$2,200		24		
24 25	Enter the smaller of the amount on line 17 or \$2,300				
25	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box.				
	No Enter the amount from line 23		25	1	
26	Subtract line 25 from line 24		26		
27	Are the amounts on lines 22 and 26 the same?				
٠.	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or lin	ne 22	27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28		
	,				
29	Subtract line 28 from line 27		29		
30	Multiply line 29 by 15% (15)			30	
31	Figure the tax on the amount on line 23. Use the 2009 Tax Ra	te Sch	edule for Estates a	and Trusts	
	(see the Schedule Ginstructions in the instructions for Form 1041) .			31	
32	Add lines 30 and 31				
33	Figure the tax on the amount on line 17. Use the 2009 Tax Ra				
	(see the Schedule Ginstructions in the instructions for Form 1041)				
34	Tax on all taxable income. Enter the smaller of line 32 or line 33				
	G, line 1a (or Form 990-T, line 36)	<u>.</u> 34			

Security	Quantity	FMV @ Contribution	Foundation Cost Basis	Proceeds	ST	ב
Allowhoov Energy Inc	1 000 00		49.061.30	49 337 51		276 21
	00.606,1		00.100,01	-0.		1.0.1
American Express Company	1,427 00		50,073 43	56,906.14		6,832.71
American Express Company	65.00	22.43	1,457 73	1,656 64	198.91	
American Express Company	158.00	51.22	8,092 01	9,196 19	1,104.18	
Canadian Oil Sands	1,545.00		33,557.40	34,343 41		786 01
Cintas Corp	655.00	29.56	19,363.40	24,860 30	5,496.90	
Cintas Corp	185.00	25 06	4,636.88		(4,636.88)	
CNOOC LTD	582.00		65,620.50	65,843 83	•	223 33
Coca-Cola FEMSA	1,025.00	39 42	40,405.50	52,084 56		11,679 06
Coca-Cola FEMSA	100.00	39 42	3,942.00	5,975 97		2,033.97
Diageo PLC-Sponsored	275 00	56.37	15,501.75	18,894 23		3,392.48
Nestle SA-Sponsored	430.00	36 18	15,557.40	12,926.00		(2,631.40)
Jnifirst Corp	90.00	31.07	2,796 30	3,591.95		795.65
Unilever NV	355.00	25.95	9,211 01	10,166.72		955.71
			319,276.60	345,783 45	2,163.12	24,343 73

FEDERAL CAPITAL GAIN DIVIDENDS	
	ATTACHMENT 6
SHORT-TERM CAPITAL GAIN DIVIDENDS	
TOTAL SHORT-TERM CAPITAL GAIN DIVIDENDS	2,163.
	ATTACHMENT 7
LONG-TERM CAPITAL GAIN DIVIDENDS	
15% RATE CAPITAL GAIN DIVIDENDS	
	24,343.
TOTAL 15% RATE CAPITAL GAIN DIVIDENDS	24,343.
TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS	24,343.

LESLIE·C. AND LEONARD A. SHAPIRO FAMILY
FORM 990-PF - PART IV

20-3956547

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	Property	INS AND LO		ription		or D	Date acquired	Date sold
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	۲	Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis	Ш	or (loss)	
		TOTAL SHORT-					2,163.	
		TOTAL SHOKI	TERM CAPITA	AL GAIN DIVE	LDENDS		2,103.	
		TOTAL LONG-	TERM CAPITA	L GAIN DIVII	DENDS		24,343.	
							- 06 506	
OTAL GAIN (I	COSS)				• • • • •		26,506.	
						$\ \ $		
						\prod		

Fa;m 8868

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Internal Revenue S		File a separate application for each return.		_			
 If you are f 	iling for a	Automatic 3-Month Extension, complete only Part I and check this box		> X			
		n Additional (Not Automatic) 3-Month Extension, complete only Part II (on pag Inless you have already been granted an automatic 3-month extension on a pre-					
Part I Auto	matic 3-	Month Extension of Time. Only submit original (no copies needed).					
		o file Form 990-T and requesting an automatic 6-month extension - check this b	ox and co	mplete			
Part I only				▶ 🔲			
All other corp time to file inco		including 1120-C filers), partnerships, REMICs, and trusts must use Form 76 turns.	004 to re	equest an extension of			
one of the re- electronically i returns, or a co	turns not f (1) you omposite	Generally, you can electronically file Form 8868 if you want a 3-month autoed below (6 months for a corporation required to file Form 990-T). Howev want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated From 990-T. Instead, you must submit the fully completed and on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C	er, you c 990-BL, d d signed p	annot file Form 8868 6069, or 8870, group page 2 (Part II) of Form			
Type or print		Exempt Organization LESLIE C. AND LEONARD A. SHAPIRO FAMI UNDATION, INC.	· · ·	r Identification number			
File by the		street, and room or suite no. If a P.O. box, see Instructions. C/O LEONARD SHA					
due date for	339	3 3RD AVE, NORTH					
filing your return. See	City, tow	n or post office, state, and ZIP code. For a foreign address, see instructions.					
instructions.	NAI	PLES, FL 34102					
		o be filed (file a separate application for each return):					
Form 990			m 4720				
Form 990			m 5227				
Form 990-EZ Form 990-T (trust other than above) Form 6069 X Form 990-PF Form 1041-A Form 8870							
• The books	are in the	care of ▶ LEONARD SHAPIRO					
Telephone	No. ▶	301 951-7400 FAX No. ▶					
• If the organ	nization de	pes not have an office or place of business in the United States, check this box		▶ □			
-		Return, enter the organization's four digit Group Exemption Number (GEN)		. If this is			
for the whole g	roup, che		d attach	a list with the			
			n 990-T	extension of time			
UIIII		utomatic 3-month (6 months for a corporation required to file Form $\frac{08/15}{2010}$, to file the exempt organization return for the organization of streturn for:	named a	bove. The extension is			
101 1118 01	ganizatio	rs return (Or.					
► X		year_2009_ or					
▶ □	tax year	beginning, and ending		· ·			
2 If this tax	year is fo	er less than 12 months, check reason: Initial return Final return] Change	In accounting period			
-	-	is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, dits. See instructions.	less any				
		s for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	avments	3a \$			
= :	-	prior year overpayment allowed as a credit.	agmania	3ь \$			
		tract line 3b from line 3a. Include your payment with this form, or, if required,	deposit				
with FTE	coupor	or, if required, by using EFTPS (Electronic Federal Tax Payment System	m). See				
instruction				3c \$ 0			
•		g to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC	O and For	m 8879-EO			
for payment in:							
For Privacy A	ct and Pa	perwork Reduction Act Notice, see Instructions.		Form 8868 (Rev. 4-2009)			

Rezmck Group PC 7700 Old Georgetown Rd # 400 Bethesda MD 20814 EIN 52-1088812

Form 8888 (R	· ev 4-2009)				Page 2		
	re filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II a	nd check this box				
	y complete Part II if you have already been granted an automatic 3-month exte						
	ire filing for an Automatic 3-Month Extension, complete only Part I (on page 1		• • • • •				
	Additional (Not Automatic) 3-Month Extension of Time. Only fi		original (no cor	ies	needed).		
	Name of Exempt Organization LESLIE C. AND LEONARD A. SHAPI		Employer Identifi				
Type or print	FOUNDATION, INC.		20-395654	7			
File by the	Number, street, and room or suite no. If a P O. box, see instructions.		For IRS use only		·		
extended	C/O LEONARD SHAPIRO		,				
due date for filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
return. See instructions	600 NADERO EL 24302						
Check ty	pe of return to be filed (File a separate application for each return)						
	rm 990 X Form 990-PF		Form 1041-A	٦	Form 6069		
For	rm 990-BL Form 990-T (sec 401(a) or 408(a) trust)		Form 4720	Г	Form 8870		
—	m 990-EZ Form 990-T (trust other than above)	П	Form 5227	_			
	o not complete Part II if you were not already granted an automatic 3-mon	th exte		usty	filed Form 8868.		
• The bo	oks are in the care of LEONARD SHAPIRO						
	one No. ▶ 301 951-7400 FAX No. ▶				_		
	rganization does not have an office or place of business in the United States, ch	eck this	box				
	s for a Group Return, enter the organization's four digit Group Exemption Numbe						
	hole group, check this box If it is for part of the group, check this		▶ and attac	hа			
	ne names and EINs of all members the extension is for.	• •		_			
4 I rec	quest an additional 3-month extension of time until 11/15/2010						
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 accounting period							
7 State in detail why you need the extension INFORMATION FROM A THIRD PARTY HAS NOT BEEN							
REC	RECEIVED. THIS INFORMATION IS NECESSARY IN ORDER TO FILE A COMPLETE AND						
ACC	URATE RETURN.						
8a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentativ	e tax, less any				
non	refundable credits. See instructions.			8a	\$		
b If th	is 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 a	and any	amount paid	Ш			
prev	riously with Form 8868.			8ъ	\$		
c Bala	ince Due. Subtract line 8b from line 8a. Include your payment with this form,	or, if re	quired, deposit				
with	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Sy	stem). S	See instructions	8c	\$		
	Signature and Verification						
•	lites of perjury, I declare that I have examined this form, including accompanying schedules and	statemer	its, and to the best of	my	knowledge and belief,		
it is true, cor	rect, and complete, and that I am authorized to prepare this form						
	1 July and Markey				111.		
Signature	fill Will X I all Title > C/	PA	Date 1	<u> </u>	1/13/10		
				Form	8868 (Rev 4-2009)		
	REZNICK GROUP, P.C.						
	7700 OLD GEORGETOWN ROAD, SUITE 400						

Reznick Group PC 7700 Old Georgetown Rd # 400 Bethesda MD 20814 EIN 52-1088612

BETHESDA, MD 20814-6224