

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

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

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning , 2010, and ending 2011 7/01 6/30 G Check all that apply. Initial Return of a former public charity Final return Initial return X Name change Amended return Address change Employer identification number THE HERSHA H. AND HASU P. SHAH FAMILY 20-2011302 FOUNDATION В Telephone number (see the instructions) 44 HERSHA DRIVE HARRISBURG, PA 17102 If exemption application is pending, check here D 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check Н Check type of organization. X Section 501(c)(3) exempt private foundation here and attach computation Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation If private foundation status was terminated Accounting method X Cash Fair market value of all assets at end of year under section 507(b)(1)(A), check here. (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination **►** \$ under section 507(b)(1)(B), check here 1,311,886. (Part I, column (d) must be on cash basis) Part | Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) for charitable expenses per books income income purposes (cash basis only) (see the instructions)) 94,797 Contributions, gifts, grants, etc, received (att sch) 2 Ck If the foundn is not req to att Sch B Interest on savings and temporary cash investments Dividends and interest from securities 30.140 30.140 30.140 5a Gross rents b Net rental income or (loss) 6a Net gain/(loss) from sale of assets not on line 10 503 b Gross sales price for all assets on line 6a 5,400. 503 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances c Gross profit/(loss) (att sch) 11 Other income (attach schedule). SEE STATEMENT 1 594 594 12 Total. Add lines 1 through 11 126,034 30,643 30.734 13 Compensation of officers, directors, trustees, etc 0 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) **b** Accounting fees (attach sch) SEE ST 2 500 c Other prof fees (attach sch) 17 Interest 18 Taxes (attach schedule X see instr.) Depreciation (attach 19 sch) and depletion 20 Occupancy Travel, conferences, and meetings 21 Printing and publications 23 Other expenses (attach schedule) SEE STATEMENT 3 11,097 Total operating and administrative expenses. Add lines 13 through 23 11.597 500 Contributions, gifts, grants paid PART XV 56,000 56,000. Total expenses and disbursements. 67,597 500 0 56,000. Add lines 24 and 25 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements 58,437 30,143. b Net investment income (if negative, enter -0-)

C Adjusted net Income (if negative, enter -0-)

30,734.

Dar		Balance Sheets	Attached schedules and amounts in the description	Beginning of year		of year
ran			column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest	t-bearing .			
	2	Savings and tempor	ary cash investments .	20,550.	26,918.	26,918.
	3	Accounts receivable	• • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • •			ļJ
		Less allowance for	doubtful accounts ▶			
	4	Pledges receivable				<u> </u>
		Less: allowance for	doubtful accounts ►			<u> </u>
	5	Grants receivable				<u> </u>
	6	Receivables due from offi disqualified persons (atta	cers, directors, trustees, and other ich schedule) (see the instructions).			
	7	Other notes and loans red	ceivable (attach sch)			
A S		Less: allowance for	doubtful accounts ►			
Š	8	Inventories for sale	or use .		<u> </u>	
A S E T	9	Prepaid expenses a	ind deferred charges .			
Ś	10 a	Investments – US. obligations (attach s	and state government schedule)			
	l t	Investments — corporate	stock (attach schedule) STATEMENT 4	1,049,461.	1,092,856.	1,284,968.
	0	: Investments — corporate	bonds (attach schedule)			ļ <u>- — — — — — — — — — — — — — — — — — — —</u>
	11	Investments - land equipment basis	, buildings, and		······································	
		Less. accumulated depre- (attach schedule)	ciation •			
	12	Investments - more	tgage loans			
	13	Investments - othe	r (attach schedule)			
	14	Land, buildings, and				
		Less accumulated depre (attach schedule)	-			
		Other assets (descr)		
	ם ו	see instructions Als	completed by all filers — so, see page 1, item I).	1,070,011.	1,119,774.	1,311,886.
Ļ	17		nd accrued expenses			
Å	18	Grants payable				_
B	19	Deferred revenue				
Ĺ	20	Loans from officers, dire	ctors, trustees, & other disqualified persons			_
1	21		es payable (attach schedule) .			_
<u>i</u>	22	Other liabilities (desc	ribe	.)		_
E S	23		d lines 17 through 22)	0.	0.	
		Foundations that for and complete lines	ollow SFAS 117, check here 24 through 26 and lines 30 and 31.	끡		
N =		•	Jugn be und mies ee und en	1 070 011	1 110 774	1
N F E U	24	Unrestricted		1,070,011.	1,119,774	:
TÑ	25	Temporarily restrict				-{
	26	Permanently restrict	o not follow SFAS 117, check here ►	-		-{
A B S A E L		and complete lines	27 through 31.			
	27		principal, or current funds			_
S N C	28	•	s, or land, building, and equipment fund	ļ		4
ΟĚ	29	- ·	nulated income, endowment, or other funds			4
RS	30		fund balances (see the instructions)	1,070,011.	1,119,774	<u>:-</u>
	31	(see the instruction	l net assets/fund balances s) .	1,070,011.	1,119,774	
Par	t III	Analysis of Char	nges in Net Assets or Fund Balan	ices		
1	Tota end-	I net assets or fund b	palances at beginning of year — Part II, co	olumn (a), line 30 (must a	gree with	1,070,011.
2		r amount from Part I	· · · · · · · · · · · · · · · · · · ·		2	58,437.
3		increases not included in			3	
4		lines 1, 2, and 3		- 	4	1,128,448.
5		ases not included in line 2	(itemize) . ► SEE STATEMENT	Γ_5	5	8,674.
6	Tota	l not accote or fund h	valances at end of year (line 4 minus line		luno 30	1 119 774

Page 3

	and Losses for Tax on Investmen					- 7.K
(a) List and de 2-story brick wa	escribe the kind(s) of property sold (e.g., rehouse; or common stock, 200 shares ML	eal estate, .C Company)	(b) How acq P — Purch D — Dona	ase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a 53.270 VANGUARD	500 INDEX SIGNAL		P		VARIOUS	5/18/11
b						<u> </u>
<u> </u>						
d						 -
e (e) Gross sales price	(f) Depreciation allowed	(g) Cost or other bas	ie I		(h) Gain or	(loss)
	(or allowable)	plus expense of sale	•		(e) plus (f) m	inus (g)
	400.	4	,897.			503.
b						
d d						
e			1			
- :	showing gain in column (h) and owned by	the foundation on 12/31/69	İ		(I) Gains (Coli	umn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if an		g tha	ain minus column (1 an -0-) or Losses (fr	(), but not less
<u>а</u>						503.
b						
c						
d						
e					r 	
2 Capital gain net income	or (net capital loss) If gain, also if (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7		2		503.
3 Net short-term capital ga	iin or (loss) as defined in sections 1222(5)	and (6).				
If gain, also enter in Par	t I, line 8, column (c) (see the instructions) If (loss), enter -0-		3		0.
In Part I, line 8	Jnder Section 4940(e) for Reduce	d Tay on Net Investme	nt Inco		<u> </u>	
	private foundations subject to the section					
If 'Yes,' the foundation does no	eave this part blank. he section 4942 tax on the distributable ar ot qualify under section 4940(e) Do not conount in each column for each year, see the	omplete this part		ios.	Yes	X No
(a)	(b)	(c)	arry erru	103	(d)	
Base period years Calendar year (or tax yea beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use ass	ets	(col	Distribution umn (b) divided	n ratio by column (c))
2009	20,000.	953	3,634.			0.020972
2008			7,439.			
2007	67,776.		574.			0.077852
2006	43,275.		364.			0.052179
2005	48,145.	63:	5,522.		1	0.075757
2 Total of line 1, column (d)			2		0.226760
3 Average distribution rationumber of years the four	o for the 5-year base period – divide the tradation has been in existence if less than	otal on line 2 by 5, or by the 5 years		3		0.045352
4 Enter the net value of no	oncharitable-use assets for 2010 from Part	X, line 5		4		1,218,961.
5 Multiply line 4 by line 3				5		EE 202
6 Enter 1% of net investm						55,282.
	ent income (1% of Part I, line 27b)			6_		
7 Add lines 5 and 6	ent income (1% of Part I, line 27b)			6 7		301.
7 Add lines 5 and 68 Enter qualifying distribut						301. 55,583. 56,000.

BAA

Form 990-PF (2010)

BAA

charitable purposes?

Form 990-PF (2010)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Form 990-PF (2010) THE HERSHA H. AND	HASU P. SHAH F.	AMILY	20-201	1302	Page 6
Part VII-B Statements Regarding Activiti	es for Which Form	4720 May Be Requ	uired (continued)	. ,	
5a During the year did the foundation pay or incu	r any amount to				
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	Yes X	No]
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registra	ic election (see section tion drive?	4955), or to carry	Yes X	No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes? .	Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charıtable, etc, or 4940(d)(2)? (see ınstru	ganization described actions)	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	, literary, or or animals? .	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to a a current notice regard	qualify under the except ding disaster assistance	tions	5b	N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ □		
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	sibility for the grant?		N/A Yes	No	
If 'Yes,' attach the statement required by Regu	ulations section 53 4945	5-5(d).			
6a Did the foundation, during the year, receive ar on a personal benefit contract?			∐Yes X	[]	
b Did the foundation, during the year, pay premi	iums, directly or indirec	tly, on a personal benef	ht contract?	6ь	X
7a At any time during the tax year, was the found	dation a party to a prob	ibited tax shelter transa	ction? Yes X	No	
b If yes, did the foundation receive any proceed				I/A 7b	
Part VIII Information About Officers, D				mployees	s,
and Contractors					
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst			
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		se account, owances
HASU P. SHAH	TRUSTEE	0.	0.		0.
44 HERSHA DRIVE	1				
HARRISBURG, PA 17102					
HARSHA H. SHAH	TRUSTEE	0.	0.		0 .
44 HERSHA DRIVE	1				
HARRISBURG, PA 17102					
JAY H. SHAH	TRUSTEE	0.	0.		0 .
44 HERSHA DRIVE	1				
HARRISBURG, PA 17102					<u> </u>
NEIL H. SHAH	TRUSTEE	0.	0.		0 .
44 HERSHA DRIVE	1				
HARRISBURG, PA 17102	<u> </u>	<u> </u>		<u> </u>	
2 Compensation of five highest-paid employee	es (other than those in	cluded on line 1- see in			
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		se account, lowances
NONE			33		
				ļ	
			· · · · · · · · · · · · · · · · · · ·		
]	
				ļ	
	-				
			L	 	
Total number of other employees paid over \$50,000)	07/23/10		_	0-PF (2010)

20-2011302

Page 7

Form 990-PF (2010) THE HERSHA H. AND HASU P. SHAH FAMILY

Part XII | Qualifying Distributions (see instructions)

Deduction from distributable amount (see instructions)

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1

Add lines 3 and 4

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	56,000.
b Program-related investments — total from Part IX-B	1 b	
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 Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule).	3ь	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	56,000.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	301.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	55,699.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA

Form 990-PF (2010)

60,647.

6

7

Part XIII Undistributed Income (see instructions)

·	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,		-		60 647
line 7 2 Undistributed income, if any, as of the end of 2010:				60,647.
a Enter amount for 2009 only .			12,204.	
b Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2010		9.		1
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009.				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from Part	· · · · · · · · · · · · · · · · · · ·			
XII, line 4 ► \$56,000.				
a Applied to 2009, but not more than line 2a			12,204.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2010 distributable amount	 			43,796.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the				
same amount must be shown in column (a))		1		
6 Enter the net total of each column as			-	
indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions.		0.		
e Undistributed income for 2009. Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2010 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2011.				16,851.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed				'
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2005 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008		İ		
d Excess from 2009				
e Excess from 2010		1		

Form 990-PF (2010) THE HERSHA H. ANI	HASU P. SHA	H FAMILY		20-2011302	Page 10	
Part XIV Private Operating Foundation			II-A, question 9)	N/A	
1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling						
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or						
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years			
income from Part I or the minimum investment return from Part X for each year listed	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total	
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						
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 						
3 Complete 3a, b, or c for the alternative test relied upon:						
a 'Assets' alternative test — enter:						
(1) Value of all assets						
(2) Value of assets qualifying under section 4942(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 512(a)(5)), or royalties)						
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).						
(3) Largest amount of support from an exempt organization .						
(4) Gross investment income					 	
Supplementary Information assets at any time during the	(Complete this le year – see in	structions.)	organization ha	id \$5,000 or moi	e in	
Information Regarding Foundation Mana- a List any managers of the foundation who close of any tax year (but only if they have SEE STATEMENT 6	have contributed me	ore than 2% of the t than \$5,000) (See	total contributions r section 507(d)(2).)	eceived by the found	dation before the	
b List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a 1	f the stock of a corp 0% or greater intere	ooration (or an equ est.	ally large portion of	the ownership of	
2 Information Regarding Contribution, Gra	nt. Gift. Loan. Scho	larship, etc. Progra	ıms:	· · · · ·		
Check here X if the foundation only requests for funds if the foundation make	makes contributions	to preselected cha	ritable organization	s and does not acce anizations under oth	ept unsolicited ner conditions,	
a The name, address, and telephone number	or of the person to	whom applications of	hould be addresse	d·		
a The name, address, and telephone number	er or the person to	whom applications s	siloula de addresse	u.		
b The form in which applications should be	submitted and infor	mation and materia	ils they should inclu	ide:		
c Any submission deadlines						
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	ble 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 Recipient Purpose of grant or contribution status of recipient Amount Name and address (home or business) a Paid during the year RONAK CHARITY TRUST N/A NONE TO AID IN THE 56,000. 27 BAUTAMNAGAR SOCIETY RACE ACCOMPLISHMENT OF COURSE THE CHARITABLE VADODARA, GUJARAT 39007 INDIA PURPOSE OF THE ORGANIZATION. 3a 56,000. Total **b** Approved for future payment Total ▶ 3Ь

Enter gross amounts unless otherwise indicated	Unrelate	ed business income	Excluded by	section 512, 513, or 514	(e)	
	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (see the instructions)	
1 Program service revenue			code			
a			 		 _	
b			-1 1-			
cd	<u> </u>		- - - 			
e						
f	1		+ +-			
g Fees and contracts from government agencies	1		+ + +			
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			 			
4 Dividends and interest from securities			14	30,140.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory					503.	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory					<u>-,</u>	
11 Other revenue						
a TAX REFUND					594.	
b						
c				 -		
d						
e						
12 Subtotal Add columns (b), (d), and (e)	L			30,140.	1,097.	
13 Total. Add line 12, columns (b), (d), and (e)				13	31,237.	
See worksheet in line 13 instructions to verify calcu	lations.)					
Part XVI-B Relationship of Activities to	the Accompl	ishment of Exem	pt Purpose	es		
Explain below how each activity for which accomplishment of the foundation's exer	th income is rep	orted in column (e) of ther than by providing	Part XVI-A c	ontributed important ch purposes). (See t	tly to the the instructions.)	
N/A	··					
	*****			 -		
				-		
	<u></u>					

Form 990-P Part XVII	Information Re	garding Tr	ansfers To	and Transacti	ons and	Relationships With Non	charitable	•	
	Exempt Organi	izations					1	Yes	No
descri	e organization directly bed in section 501(c) o ig to political organizati	of the Code (of	ngage in any ther than sect	of the following water tion 501(c)(3) orga	th any ot nizations)	her organization) or in section 527,			
a Transf	fers from the reporting	foundation to	a noncharital	ole exempt organiz	ation of:				
(1) Ca	, ,						1a (1)		Х
, ,	ther assets						1a (2)		X
b Other	transactions.						,		
(1) Sa	ales of assets to a non-	charitable exe	mpt organiza	tion		,	1 b (1)		X
(2) Pt	urchases of assets fron	n a noncharita	ble exempt o	rganization			1 b (2)		X
• •	ental of facilities, equip		•	J			1 b (3)		X
	eimbursement arranger						1 b (4)		Х
	oans or loan guarantee						1 b (5)		Х
	erformance of services		ip or fundrais	ing solicitations		••	1 b (6)		Х
c Sharır	ng of facilities, equipme	ent, mailing lis	ts, other ass	ets, or paid employ	ees		1 c		X
any tr (a) Line no	ansaction or sharing ar (b) Amount involved	rrangement, s	how in colum	n (d) the value of texempt organization	he goods	ation received less than fair ma s, other assets, or services rece Description of transfers, transactions, a	ived		ts
N/A									
					<u> </u>				
						· · · · · · · · · · · · · · · · · · ·			
									
					ļ		···		
	· · · · · · · · · · · · · · · · · · ·								
					1				
		 		· · · · · · · · · · · · · · · · · · ·	+			-	
		-							
		+		-	 				
					 				
					+				
descr	foundation directly or ibed in section 501(c) os,' complete the following	of the Code (o	ated with, or ther than sec	related to, one or tion 501(c)(3)) or	more tax n section	-exempt organizations 527?	Yes	s X	No
	(a) Name of organizati		(b) T	ype of organizatio	n	(c) Description of	relationship		
N/A									

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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 all information of which preparer has any knowledge. Sign 5/15/12 TRUSTEE Here Date Title Signature of officer or trustee PTIN Print/Type preparer's name P00168811 WILLIAM B. BOLES, CPA self-employed Paid BOLES METZGER BROSIUS & EMRICK PC Firm's EIN > 23-2175024 **Preparer** 3601 N. FRONT STREET Use Only Firm's address HARRISBURG, PA 17110 (717) 238-0446

BAA

Form **990-PF** (2010)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number Name of the organization THE HERSHA H. AND HASU P. SHAH FAMILY FOUNDATION 20-2011302 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II) **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

	• •	•	•		
Schedule	B (Form 990, 990-EZ, or 990-PF) (2010)	Р	age 1	<u>of</u> 1	of Part I_
Name of organization	RSHA H. AND HASU P. SHAH FAMILY		1 ' '	identification nu 11302	mber
Part I	Contributors (see instructions)				
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio	e ons		(d) contribution
1	MR. AND MRS. K D PATEL 6 CAROTHERS CIRCLE MECHANICSBURG, PA 17050	\$ <u>8</u>	<u>,000.</u>	Person Payroll Noncash (Complete is a noncas	X Part II if there h contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio			(d) contribution
2	MR HASU P. SHAH 1748 CONWAY HEATH CAMP HILL, PA 17011	\$40	, <u>9</u> 97 <u>.</u>		X Part II if there h contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio			(d) contribution
3	DR. SANDIP PATEL 100 CENTRAL AVENUE, SUITE 200 ST PETERSBURG, FL 33701	\$45	<u>,000.</u>		X Part II if there h contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregat contributio	e ons		(d) contribution
		 \$			Part II if there

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Page 1

of Part II

Name of organization

THE HERSHA H. AND HASU P. SHAH FAMILY

of 1 of Pa 20-2011302

Part 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
	N/A		
		\$	
(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
			
		\$	
(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
-			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

20-2011302

Name of organization
THE HERSHA H. AND HASU P. SHAH FAMILY

Employer identification number

Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry

	For organizations completing Part III, enter contributions of \$1,000 or less for the year	total of exclusively religious, ch (Enter this information once So	arıtable, etc, ee instruction:	s) •\$	N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
· u.c.	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to trans	iferee
					<u></u>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
	Transferee's name, addres	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	t is held
	Transferee's name, addres	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gif	t is held
					7
	Transferee's name, addres	Relationship of transferor to transferee			
	I				

2010	FEDERAL STAT	PAGE 1		
CLIENT 7890	FOUNDATION	20-2011302		
STATEMENT 1 FORM 990-PF, PART I, LINE 1 OTHER INCOME TAX REFUND	1 TOTAL \$\frac{\$}{\frac{5}{2}}	(A) REVENUE PER BOOKS 594.	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME \$ 594. \$ 594.
STATEMENT 2 FORM 990-PF, PART I, LINE 1 ACCOUNTING FEES	6B			
	(A) EXPENSES PER BOOKS \$ 500 TOTAL \$ 500		NET INCOME	(D) CHARITABLE PURPOSES . \$ 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 2 OTHER EXPENSES	3			
FOUNDATION FEES INSURANCE INVESTMENT & BANK FEES	(A) EXPENSES PER BOOKS \$ 750 10,245 102 TOTAL \$ 11,097		NET_INCOME	(D) CHARITABLE PURPOSES . \$ 0.
STATEMENT 4 FORM 990-PF, PART II, LINE 1 INVESTMENTS - CORPORATI	10B E STOCKS			
CORPORATE STOCKS		VALUATION METHOD	BOOK VALUE	FAIR MARKETVALUE

COST

COST

COST COST

COST

COST

COST

COST COST \$

 $\begin{array}{c} 301,487. \\ 26,174. \\ 13,375. \\ \hline \text{TOTAL} & \frac{13,375.}{\$ & 1,092,856.} & \frac{\$}{\$} \end{array}$

147,312. \$

0.

43,844. 86,278. 408,185. 66,201. 150,306.

46,883. 94,559. 446,138. 91,119.

411,027. 31,236. 13,700. 1,284,968.

0.

DFSCX

DISVX

DFIVX VIFSX VIMSX

HTPRA

TOBC TOBC

HT

2010

FEDERAL STATEMENTS

PAGE 2

CLIENT 7890

THE HERSHA H. AND HASU P. SHAH FAMILY FOUNDATION

20-2011302

STATEMENT 5 FORM 990-PF, PART III, LINE 5 OTHER DECREASES

RETURN OF CAPITAL (DECREAES IN COST) HT

TOTAL \$ 8,674.

STATEMENT 6 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

HASU P. SHAH HARSHA H. SHAH

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

-	re ming for an Automatic 5-month Extension, col					_ 🛆
•	re filing for an Additional (Not Automatic) 3-Mon				•	
	nplete Part II unless you have already been grante					
corporation request an Associated	filing (e-file). You can electronically file Form 8860 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which milling of this form, visit www.irs gov/efile and click	t automatic Part I or P nust be sent) 3-month extension of time. You can ele art II with the exception of Form 8870, In t to the IRS in paper format (see instructi	ctronii forma	cally file For: tion Return f	m 8868 to for Transfers
Part I	Automatic 3-Month Extension of Time.	Only subn	nit original (no copies needed).			
A corporati	on required to file Form 990-T and requesting an	automatic 6	-month extension - check this box and	compl	ete Part I on	nly ►
All other co	orporations (including 1120-C filers), partnerships, returns.	REMICS, a	and trusts must use Form 7004 to request	an ex	ktension of t	ime to file
	Name of exempt organization			Emplo	yer identificatio	n number
Type or print	THE HERSHA H. AND HASU P. SHA		20-2011302			
File by the due date for	Number, street, and room or suite number. If a P O box, see i	nstructions				
filing your return See	44 HERSHA DRIVE					
instructions	City, town or post office, state, and ZIP code. For a foreign add	dress, see instri	uctions			
	HARRISBURG, PA 17102					
Enter the F	teturn code for the return that this application is fo	or (file a se	parate application for each return)			04
Application	polication Return Application			Return		
		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
	orm 990-BL 02 Form 1041-A			08		
Form 990-E	<u> </u>	03 Form 4720		09		
Form 990-F		04	Form 5227			10
Form 990-1	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-1	Form 990-T (trust other than above) 06 Form 8870			12		
Telepho If the o If this is check to the extra until The e 2 If the	ne No. \(\bigcirc (717) \) 236-4400 rganization does not have an office or place of but it is for part of the group, check ension is for rest an automatic 3-month (6 months for a corpor 2/15	r digit Group ck this box ation requir ganization r	ne United States, check this box p Exemption Number (GEN) and attach a list with the names a ed to file Form 990-T) extension of time return for the organization named above.		Ns of all me	
	hange in accounting period	700 606	O and the Analytic Act I have any	1		
nonre	application is for Form 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions.	·		3a	\$	301.
paym	application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment a	llowed as a	credit	3 b	\$	0.
c Balar EF TP	i ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System) See	ır payment ınstruction	with this form, if required, by using s	30	\$	301.
Caution. If payment in	you are going to make an electronic fund withdra structions.	wal with thi	s Form 8868, see Form 8453-EO and For	m 887	'9-EO for	

Form 8868	8 (Rev 1-2011)					Page 2
• If you	are filing for an Additional (Not Automatic) 3-Mont	h Extension	, complete only Part II and check the	ns box		► <u>X</u>
Note. Only	y complete Part II if you have already been granted	an automa	tic 3-month extension on a previous	ly filed For	m 8868.	_
• If you	are filing for an Automatic 3-Month Extension, con	nplete only	Part I (on page 1)			_
Part II	Additional (Not Automatic) 3-Month Exte	ension of	Time. Only file the original (n	o copies	needed).	
_	Name of exempt organization	Employ			oyer identification number	
Type or print	THE HERSHA H. AND HASU P. SHAH FAMILY FOUNDATION 20-			20-2011)-2011302	
	Number, street, and room or suite number. If a P O box, see instructions					
File by the extended due date for filing the	BOLES METZGER BROSIUS & EMRICK PC 3601 N. FRONT STREET					
return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	HARRISBURG, PA 17110					
	Return code for the return that this application is fo	1				04
Application Is For	on 	Return Code	Application Is For			Return Code
Form 990		01				
Form 990	-BL	02	Form 1041-A			08
Form 990	-EZ	03	Form 4720			09
Form 990	-PF	04	Form 5227			10
Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069		Form 6069			11	
Form 990-T (trust other than above) 06 Form 8870 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form			12			
Teleph If the If this whole gro members I rec	organization does not have an office or place of but is for a Group Return, enter the organization's four pup, check this box If it is for part of the grather extension is for.	digit Group oup, check t	e United States, check this box Exemption Number (GEN) his box and attach a list wit 20 12		es and EINs	
6 If th 7 Stat NO	calendar year, or other tax year beginning tax year entered in line 5 is for less than 12 monto Change in accounting period the extension	ths, check r	eason: Initial return LEX_REPORTING_REQUIREM	Fin ENTS_RE	al return LATED TO)
8a If th	is application is for Form 990-BL, 990-PF, 990-T, 47 refundable credits. See instructions.	720, or 6069	enter the tentative tax, less any	8a	\$	301.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.			\$	0.		
c Bala EFT	ance due. Subtract line 8b from line 8a. Include you PS (Electronic Federal Tax Payment System) See	instructions	· · · · · · · · · · · · · · · · · · ·	80	\$	301.
	<u> </u>		d Verification			
Under penalt correct, and	lies of perjury, I declare that I have examined this form, including acc complete, and that I am authorized to prepare this form	ompanying sch	edules and statements, and to the best of my kn	owledge and b	elief, it is true,	
Signature	Title •	TRUSTE	3	D	ate ►	
BAA		FIFZ0502L	11/15/10		Form 8868	(Rev 1-2011)