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Form 990°PF

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# 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

OMB No. 1545-0052

Department of the Treasury Internal Pavenue Service For calendar year 2011 or tax year beginning and ending A Employer identification number Name of foundation 22-6767630 THE SHAPIRO FAMILY FOUNDATION Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 201-568-0787 252 HIGHWOOD AVENUE C If exemption application is pending, check here City or town, state, and ZIP code TENAFLY, NJ 07670 D 1. Foreign organizations, check here G Check all that apply Initial return Initial return of a former public charity Final return Amended return Foreign organizations meeting the 85% test, 2. check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method X Cash Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) 121, 394. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements for chantable purposes (cash basis only) (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income N/A 231,115. Contributions, gifts, grants, etc., received 2 Check I if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 5,823. STATEMENT 5,823. Dividends and interest from securities 5a Gross rents Net rental income or (loss) 3,364 6a Net gain or (loss) from sale of assets not on line 10 199,446. 3,364 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications SCANNED MAY 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 9,187 240,302 12 Total. Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 4,650. 4,650. 0. STMT 2 **b** Accounting fees 1,000. 1,000. STMT 3 c Other professional fees and Administrative 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Operating 23 Other expenses 24 Total operating and administrative <u>5,</u>650. 5,650 expenses. Add lines 13 through 23 270,277. 270,277. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 275,927 5,650 270,277. Add lines 24 and 25 27 Subtract line 26 from line 12 -35,6252 Excess of revenue over expenses and disbursements 3,537 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see instructions.

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THE SHAPIRO FAMILY FOUNDATION

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Fo		SHAPIRO FAMILY					2:	2-6767	7630	Page 3
P	Part IV Capital Gains a	and Losses for Tax on Ir	nvestment	Income	T					
		ibe the kind(s) of property sold (e g rehouse, or common stock, 200 sh			(b) Hov P - P D - D	w acquired Furchase Donation	(c) Date a (mo , da		( <b>d)</b> Dat (mo , d	te sold ay, yr )
1a							_			
b	SEE ATTACHED	STATEMENT								
C	· · · · · · · · · · · · · · · · · · ·									
<u>d</u>	<u> </u>		· · · · · ·			-	<del></del>			
<u>e</u>		(f) Degrees the allowed	(a) Cool	l or other been	L		(h) G	un or /loce\		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis opense of sale	_			ain or (loss) (f) minus (g	g)	· · · -
<u>a</u>					-					
_ <u>b</u> c						<del></del>				
ď										
_ <u></u>	100 440			196,08	2.				3	,364.
		g gain in column (h) and owned by	the foundation	on 12/31/69				ol (h) gaın ı		
	(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (ı) col (ı), ıf any		co	l (k), but n Losses	ot less than (from col. (f	-0-) ar 1))	
a	l									<u></u>
_b	l	·····								<del></del>
		<del></del>								
d							-	<del></del>	2	,364.
e	<u></u>		.l		$\overline{}$					, 304.
2	Capital gain net income or (net ca	pital loss) { If gain, also ente If (loss), enter -(	er in Part I, line 7 D- in Part I, line	7 7	<u>}</u>	2			3	,364.
3	If gain, also enter in Part I, line 8,	s) as defined in sections 1222(5) a column (c)	nd (6)		}			N/A		
<u> </u>	if (loss), enter -0- in Part I, line 8	nder Section 4940(e) for	r Doducod	Tay on Not	Inves	stment in	come	N/A		
_						Julion III	001110			
(F	or optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment i	icome )					
lf s	section 4940(d)(2) applies, leave th	nis part blank								
w	as the foundation liable for the sect	tion 4942 tax on the distributable ar	mount of any ve	ar in the base pe	riod?				Yes	X No
		ify under section 4940(e) Do not c		•						
		each column for each year, see inst			es					
	(a) Base period years	(b)			(c)			Distrib	(d) ution ratio	
_	Calendar year (or tax year beginnii	ng in) Adjusted qualifying di		Net value of no				(col (b) div	ided by col	(c))
_	2010		34,293.			159,02				73318
_	2009		26,280.			162,73				90473
_	2008		16,100.			191,46				28689
_	2007		76,735.			133,92				19637
_	2006	<u> </u>	76,302.			135,05	3.		1.3	05409
_	Takal after d. astrona (d)								6 6	17526
	Total of line 1, column (d)	E waar haan normal - duuda tha tatal	Lon line 2 by 5	or by the gumbe	r of woor	•	2		0.0	1/320
3	the foundation has been in exister	5-year base period - divide the total	i on ille z by 5,	or by the numbe	i oi year:	5	3		1.3	23505
	the foundation has been in exister	nice ir less than 5 years					3		1.5	2000
4	Enter the net value of noncharitab	ole-use assets for 2011 from Part X	, line 5				4		125	,452.
5	Multiply line 4 by line 3						5		166	,036.
6	Enter 1% of net investment incon	ne (1% of Part I, line 27b)					6		<del></del>	35 .
7	Add lines 5 and 6						7		166	,071.
8	Enter qualifying distributions fron	n Part XII, line 4					8_		270	,277.
	If line 8 is equal to or greater than See the Part VI instructions	n line 7, check the box in Part VI, lin	e 1b, and comp	lete that part usi	ng a 1%	tax rate				

			0/0/			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see ii	nstru	ctior	<u>1s)</u>
1 <b>a</b>	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%	_1_				<u>35.</u>
	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				<u>0.</u>
3	Add lines 1 and 2	3				35.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	_ 4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				35.
6	Credits/Payments	'n				
a	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 872.					
b	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868)  6c					
	Backup withholding erroneously withheld 6d					
	Total credits and payments Add lines 6a through 6d	7	1		8	72.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			8	37.
	Enter the amount of line 10 to be Credited to 2012 estimated tax   837. Refunded	11				0.
	ert VII-A 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	ın			Yes	No
	any political campaign?	•••		1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
Ü	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published	d or		10		
	distributed by the foundation in connection with the activities	iu oi				
	Did the foundation file Form 1120-POL for this year?			10		х
	,			16		
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation   \$\bigsim \text{\$\text{\$\text{\$}}} \\ \text{\$\text{\$0\$} \cdot \$\text{\$\text{\$}}} \\ \text{\$\text{\$0\$} \cdot \$\text{\$\text{\$}}} \\ \text{\$\text{\$\text{\$}}} \\ \text{\$\text{\$\text{\$\text{\$\text{\$}}}} \\ \text{\$\text{\$\text{\$\text{\$\text{\$}}}} \\ \text{\$\text{\$\text{\$\text{\$\text{\$}}}} \\ \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$}}}} \\ \$\text{\$\text					
_						
B	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ 0 •					
2	· · · · · · · · · · · · · · · · · · ·					х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	-	<u> </u>
•	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, of	r				v
4	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	NT	/A	4a		
	If "Yes," has it filed a tax return on Form 990-T for this year?	IA	/ A	4b		v
ס	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
_	If "Yes," attach the statement required by General Instruction T.					
b	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		<u> X</u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	<u> </u>
	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)					
	NJ					
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	X	<u> </u>
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar				
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10. Did any parsons become substantial contributors during the tay year?						l Y

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orm	990-PF(2011) THE SHAPIRO FAMILY FOUNDATION 22-676	1630		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)		_	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			-
14	The books are in care of ▶ ELAINE APPELLOF, FOUNDATION MANAGER Telephone no ▶201-50	58-0	787	
		7670		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign			
	country			
PE	ert VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )	1		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A	16		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2011?	10		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		•	
	before 2011? Yes X No			
	If "Yes," list the years >			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions ) N/A	2b		<u></u>
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	<b>&gt;</b>			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	olf "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2011.)  N/A	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 leggardy before the first day of the tax year beginning in 2011?	4b		X

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Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be P	lequired (continu	ued)	
5a During the year did the foundation pay or incur any amount to	<del></del>	· · · · · · · · · · · · · · · · · · ·	Ţ,	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire	ctly,		
any voter registration drive?		Ye	s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n 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			
the prevention of cruelty to children or animals?			s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ier the exceptions described i	n Regulations	/-	
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		·	<u> </u>	
expenditure responsibility for the grant?		/A Ye	s 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	pay premiums on		<u>चि</u> │	
a personal benefit contract?		Ye	s X No	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870.			. w.	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, Highly	<i>'</i>	
1 List all officers, directors, trustees, foundation managers and their		(a) Componentian	(d) Coordinates to	4.3.5
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SHIRLEY SHAPIRO	TRUSTEE			
252 HIGHWOOD AVENUE			,	
TENAFLY, NJ 07670	0.00	0.	0.	0.
ELAINE APPELLOF	FOUNDATION MA	NAGER		
100 WAKEMAN LANE				
SOUTHPORT, CT 06490	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	· · · · · · · · · · · · · · · · · · ·	enter "NONE."	(d) Contributions to	(a) Eugana
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
				_
	<u> </u>			
Total number of other employees paid over \$50,000			<b></b>	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
	_	
	<del></del>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant static	stical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc	Expenses
1 N/A		
2		
3		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	n lines 1 and 2	Amount
1 N/A		
0		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	<b>▶</b>	0.

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Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 92<u>,</u>521. a Average monthly fair market value of securities 1a 34,841. b Average of monthly cash balances 1b c Fair market value of all other assets 127,362. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 127,362. 3 Subtract line 2 from line 1d 3 ,910. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 5 125,452. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here and do not complete this part ) 6,273. Minimum investment return from Part X, line 6 35. 2a Tax on investment income for 2011 from Part VI, line 5 Income tax for 2011 (This does not include the tax from Part VI) 2¢ Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 6,238 5 Add lines 3 and 4 5 6 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 270,277. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 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) 3b 270,277. 4 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 Enter 1% of Part I, line 27b 5 Adjusted qualifying distributions. Subtract line 5 from line 4 6 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

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## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7		· , , , , , , , , , , , , , , , , , , ,		6,238.
2 Undistributed income, if any, as of the end of 2011		· · · · · · · · · · · · · · · · · · ·		
a Enter amount for 2010 only			0.	
b Total for prior years		_		
		0.		<del></del>
3 Excess distributions carryover, if any, to 2011				
a From 2006 169,549.	1			
b From 2007 170,071.				
c From 2008 206, 527.				
d From 2009 218, 225.				
e From 2010 226, 344.	000 716			
f Total of lines 3a through e	990,716.			
4 Qualifying distributions for 2011 from				
Part XII, line 4 ► \$ 270,277.			0.	
a Applied to 2010, but not more than line 2a		Manager and Tourism Barrier	U •	<del>ammana - appa mayawan</del>
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u></u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	····· · · · · · · · · · · · · · · · ·			6,238.
d Applied to 2011 distributable amount	264,039.	······		0,230.
e Remaining amount distributed out of corpus	204,039.			0.
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,254,755.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line				
4a from line 2a Taxable amount - see instr		······································	0'.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				•
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			~~~~~
8 Excess distributions carryover from 2006	160 540			
not applied on line 5 or line 7	169,549.			
9 Excess distributions carryover to 2012.	1 005 206			
Subtract lines 7 and 8 from line 6a	1,085,206.	······································		
10 Analysis of line 9				
a Excess from 2007 b Excess from 2008 206,527.				
210 205				
226 244				
064 000				
e Excess from 2011 264, 039.			<u> </u>	

Part XIV   Private Operating Fo	oundations (see ins	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2011, enter the date of the	he ruling	<b>•</b>		
b Check box to indicate whether the found		•	section	4942(j)(3) or 494	12(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	<del></del>	Prior 3 years		- 4/1-7
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for		<del></del>			<del></del>
each year listed					
<b>b</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 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(1)(3)(8)(1)					
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					
Part XV Supplementary Info	mation (Complet	te this part only i	f the foundation	had \$5,000 or mo	re in assets
at any time during the	ne year-see instr	uctions.)			
1 Information Regarding Foundation	n Managers:	, <u> </u>			
a List any managers of the foundation who	have contributed more t	han 2% of the total contr	ibutions received by the	foundation before the clos	e of any tax
year (but only if they have contributed m	ore than \$5,000) (See se	ection 507(d)(2))			· · · · · · · · · · · · · · · · · · ·
SEE STATEMENT 6					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portio	n of the ownership of a pa	rtnership or
NONE					
2 Information Regarding Contribution	on Grant Gift Loan	Scholarship etc. De	norame:	<del></del>	
Check here ► X if the foundation of the foundation makes gifts, grants, etc. (	nly makes contributions to	o preselected charitable o	organizations and does n	ot accept unsolicited reque	ests for funds If
	<del></del>	<del></del>		impiete itemio za, u, c, allu	<u> </u>
a The name, address, and telephone numb	er of the person to whom	n applications should be a	addressed		
b The form in which applications should be	submitted and informati	ion and materials they sh	ould include		
c Any submission deadlines					
d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields,	kınds of institutions, or o	ther factors	

THE SHAPIRO FAMILY FOUNDATION

Form 990-PF (2011)

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Part XV Supplementary Informati	On (continued)			
3 Grants and Contributions Paid During the	e Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
AISH JERUSALEM FELLOWSHIPS	NONE	OTHER PUBLIC	GENERAL	
119 WEST 72ND STREET		CHARITY	į	
NEW YORK, NY 10023				10,000.
AMERICAN BALLET THEATRE	NONE	OTHER PUBLIC	GENERAL	
890 BROADWAY		CHARITY		
NEW YORK, NY 10003				3,500.
AMERICAN CANCER SOCIETY	NONE	OWNED DIED TO	GENERAL	
19 WEST 56TH STREET	NONE	OTHER PUBLIC CHARITY	GENERAL	
NEW YORK, NY 10019		CHARITI	1	200.
,				
AMERICAN HEART ASSOCIATION	NONE	OTHER PUBLIC	GENERAL	
2550 US ROUTE #1		CHARITY		
NORTH BRUNSWICK, NJ 08902				100.
AMERICAN RED CROSS	NONE	OTHER PUBLIC	GENERAL	
2025 EAST ST NW		CHARITY		
WASHINGTON, DC 20006  Total SEE C	ONTINUATION SHE	ET(S)	<b>▶</b> 3a	270,277.
b Approved for future payment			7 04	
NONE				
	-			
		-		<del></del>
Total			<b>▶</b> 3b	0.

Part XV Supplementary Informati				
3 Grants and Contributions Paid During the			<del></del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
AMERICAN TECHNION SOCIETY	NONE	OTHER PUBLIC	GENERAL	
55 EAST 59TH STREET		CHARITY		
NEW YORK, NY 10022				100
ASSOC. OF MOUTH & FOOT PAINTING	NONE	OTHER PUBLIC		
ARTISTS	NONE		GENERAL	
9 INVERNESS PL.		CHARITY		
LONDON, UNITED KINGDOM				300
BERGEN PERFORMING ARTS	NONE	OTHER PUBLIC	GENERAL	
00 NORTH VAN BRUNT STREET		CHARITY	1	
NGLEWOOD, NJ 07631				1,000
CAMP JRF	NONE	OTHER PUBLIC	GENERAL	
01 GREENWOOD AVE		CHARITY		
JENRINTOWN, PA 19046				10,000
CAMP SUNSHINE AND CAMP SNOWFLARE	NONE	OTHER PUBLIC	GENERAL	
РО ВОХ 99		CHARITY		
RIDGEWOOD, NJ 07451				15,000.
CANCERCARE, INC.	NONE	OTHER PUBLIC	GENERAL	
275 SEVENTH AVE	NONE	CHARITY	GENERAL	
NEW YORK, NY 10001		CHARITI		200.
			-	200.
CENTER FOR FOOD ACTION	NONE	OTHER PUBLIC	GENERAL	
192 WEST DEMAREST AVE ENGLEWOOD, NJ 07631		CHARITY		4 000
ENGLINOOD, NO 07031				4,000
CHILDREN'S THERAPY CENTER	NONE	OTHER PUBLIC	GENERAL	
29-01 BERKSHIRE ROAD		CHARITY		
FAIR LAWN, NJ 07410				30,111.
DOCTORS WITHOUT BORDERS	NONE	OTHER PUBLIC	GENERAL	
S EAST 39TH STREET		CHARITY		
NEW YORK, NY 10016		-		1,250.
EASTER SEALS	NONE	OTHER PUBLIC	GENERAL	
CN 2013		CHARITY		
TOMS RIVER, NJ 08754				250.
Total from continuation sheets	<del></del>	·		255,977.

Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient OTHER PUBLIC	Purpose of grant or contribution	Amount
Name and address (home or business)  ENGLEWOOD COMMUNITY CHEST  310 ENGLE STREET	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
ENGLEWOOD COMMUNITY CHEST NO.	or substantial contributor	recipient		
310 ENGLE STREET		OTHER PUBLIC		
310 ENGLE STREET		OTHER PUBLIC		
			GENERAL	
ENGLEWOOD, NJ 07631		CHARITY		
				250.
				:
ENGLEWOOD HOSPITAL & MEDICAL CENTER NO	ONE	OTHER PUBLIC	GENERAL	
350 ENGLE STREET		CHARITY		
ENGLEWOOD, NJ 07631				2,500.
PLORIDA STATE FIREFIGHTERS ASSOC INC NO	ONE	OTHER PUBLIC	GENERAL	
PO BOX 15887	ME	CHARITY	SENERAL	
WEST PALM BEACH, PL 33416				30.
FRIENDS OF THE TENAFLY PUBLIC LIBRARY NO.	ONE	OTHER PUBLIC	GENERAL	
TENAFLY, NJ 07670		CHARTT		300.
				<u> </u>
HADASSAH 50 W 58ST	ONE	OTHER PUBLIC CHARITY	GENERAL	
NEW YORK, NY 10019				350.
HOSPITAL FOR SPECIAL SURGERY NO.	N. 15	OTHER PUBLIC	GENERAL	
535 EAST 70TH STREET	ONE	CHARITY	SENDAN	
NEW YORK, NY 10021				500.
	ONE	OTHER PUBLIC	GENERAL	
PALISADES (KAPLAN)		CHARITY		
411 E CLINTON AVENUE TEANECK, NJ 07670		ĺ		5,000.
JEWISH FAMILY SERVICE NO 1485 TEANECK RD	ONE	OTHER PUBLIC CHARITY	GENERAL	
TEANECK NJ 07666		CHARITI		250.
1	ONE	OTHER PUBLIC	GENERAL	
4601 COMMUNITY DRIVE WEST PALM BEACH, FL 33417		CHARITY		500.
,	•			300.
	ONE	OTHER PUBLIC	GENERAL	
883 BLACK ROCK TURNPIKE FAIRFIELD, CT 06825		CHARITY		5,000.
Total from continuation sheets			<u> </u>	3,000.

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor NONE OTHER PUBLIC GENERAL JEWISH MUSEUM 1109 FIFTH AVENUE CHARITY NEW YORK, NY 10128 1,000. NONE OTHER PUBLIC GENERAL JEWISH NATIONAL FUND 42 EAST 69TH STREET CHARITY NEW YORK, NY 10021 500. OTHER PUBLIC GENERAL JEWISH THEOLOGICAL SEMINARY OF NONE CHARITY AMERICA 3080 BROADWAY 40,000. NEW YORK, NY 10027 OTHER PUBLIC GENERAL NONE KIDS WISH NETWORK CHARITY 4060 LOUIS AVENUE 50. HOLIDAY, FL 34691 MARBEATZE TORAH INSTITUTE NONE OTHER PUBLIC GENERAL CHARITY 1719 AVENUE P 180. BROOKLYN, NY 11229 GENERAL MASORTI FOUNDATION FOR CONSERVATIVE NONE OTHER PUBLIC JUDAISM OF KRAEL CHARITY 475 RIVERSIDE DR #832 NEW YORK, NY 10115 1,250. GENERAL NONE OTHER PUBLIC METROPOLITAN MUSEUM OF ART CHARITY 1000 FIFTH AVENUE 1,900. NEW YORK, NY 10028 OTHER PUBLIC GENERAL METROPOLITAN OPERA NONE CHARITY LINCOLN CENTER 5,000. NEW YORK, NY 10023 MUSEUM OF MODERN ART NONE OTHER PUBLIC GENERAL CHARITY 11 WEST 53RD STREET 800. NEW YORK, NY 10001 NATL MUSEUM OF AMERICAN INDIANS NONE OTHER PUBLIC GENERAL CHARITY PO BOX 23473 WASHINGTON, DC 20026 1,000. Total from continuation sheets

Part XV Supplementary Information				
3 Grants and Contributions Paid During the			· · · · · · · · · · · · · · · · · · ·	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
NCLR	NONE	OTHER PUBLIC	GENERAL	
870 MARKET STREET		CHARITY		
SAN FRANCISCO, CA 94102				200.
NEW ENGLAND YOUTH THEATRE	NONE	OTHER PUBLIC	GENERAL	
PO BOX 6394		CHARITY		
BRATTLEBORO, VT 05302				25,000.
NEW FAIRFIELD VOLUNTEER FIRE DEPT.	NONE	OTHER PUBLIC	general	
PO BOX 8307		CHARITY		
NEW FAIRFIELD, CT 06333				250.
NEW HORIZON SERVICE DOGS	NONE	OTHER PUBLIC	GENERAL	
1590 LAUREL PARK CT		CHARITY		
ORANGE CITY, FL 32763				150.
				1
NEW YORK-PRESBYTERIAN HOSPITAL	NONE	OTHER PUBLIC	GENERAL	
622 WEST 168TH STREET		CHARITY		
NEW YORK, NY 10032				1,250.
NEWARK MUSEUM	NONE	OTHER PUBLIC	GENERAL	
49 WASHINGTON ST		CHARITY		
NEWARK, NJ 07102				100.
NYC BALLET	NONE	OTHER PUBLIC	GENERAL	
20 LINCOLN CENTER		CHARITY		
NEW YORK, NY 10023				250.
PALM BEACH COUNTY FIREFIGHTERS	NONE	OTHER PUBLIC	GENERAL	
2100 N.FLORIDA MANGO RD		CHARITY		
WEST PALM BEACH, PL 33409				30.
PREP FOR PREP	NONE	OTHER PUBLIC	GENERAL	
328 W 71ST ST		CHARITY		
NEW YORK, NY 10023				10,000.
SHELTER OUR SISTERS	NONE	OTHER PUBLIC	GENERAL	
405 STATE ST		CHARITY		400
HACKENSACK, NJ 07601			<u> </u>	400.
Total from continuation sheets			<del> </del>	1

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to status of contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor GENERAL OTHER PUBLIC SMILE TRAIN NONE CHARITY 245 5TH AVENUE 2,000. NEW YORK, NY 10016 NONE OTHER PUBLIC GENERAL. SOLOMON SCHECHTER DAY SCHOOL OF CHARITY BERGEN COUNTY BERGEN AVENUE 25,000. NEW MILFORD, NJ 07646 SPECTRUM FOR LIVING DEVELOPMENT INC NONE OTHER PUBLIC GENERAL CHARITY 210 RIVERDALE RD #3 3,500. RIVER VALE, NJ 07675 OTHER PUBLIC GENERAL TEMPLE EMANU-EL NONE 180 PIERMONT ROAD CHARITY 25,660. CLOSTER, NJ 07624 GENERAL TENAFLY FIREMANS ASSOC NONE OTHER PUBLIC CHARITY PO BOX 511 250. TENAFLY, NJ 07670 TENAFLY NATURE CENTER NONE OTHER PUBLIC GENERAL CHARITY 313 HUDSON AVENUE TENAFLY, NJ 07670 600. NONE OTHER PUBLIC GENERAL THIRTEEN/WNET 450 WEST 33RD STREET CHARITY 800. NEW YORK, NY 10001 TORAH FUND NONE OTHER PUBLIC GENERAL CHARITY 3080 BROADWAY NEW YORK, NY 10027 2,500. UJA FEDERATION OF BERGEN COUNTY NONE OTHER PUBLIC GENERAL CHARITY 111 KINDERKAMACK ROAD RIVER EDGE, NJ 07661 7,000. UNITED SYNAGOGUE OF CONSERVATIVE NONE OTHER PUBLIC GENERAL JUDAISM CHARITY 820 2ND AVE NEW YORK, NY 10017 54. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient VANTAGE HEALTH SYSTEM NONE OTHER PUBLIC GENERAL 93 WEST PALISADE AVENUE CHARITY ENGLEWOOD, NJ 07631 300. **WBGO** NONE OTHER PUBLIC GENERAL CHARITY 54 PARK PLACE 200. NEWARK, NJ 07102 WNYC RADIO NONE OTHER PUBLIC GENERAL CHARITY PO BOX 1550 NEW YORK, NY 10116 500. WOMEN'S AMERICAN ORT NONE OTHER PUBLIC GENERAL 315 PARK AVENUE SOUTH CHARITY NEW YORK, NY 10010 1,750. WOMEN'S RIGHTS INFO CENTER NONE OTHER PUBLIC GENERAL CHARITY 108 WEST PALISADE AVE 250. ENGLEWOOD, NJ 07631 YCS FOUNDATION NONE OTHER PUBLIC GENERAL CHARITY 270 UNION STREET 825. HACKENSACK, NJ 07601 OTHER PUBLIC GENERAL. CHAI LIFELINE NONE 151 WEST 30TH STREET CHARITY 400. NEW YORK, NY 10001 GENERAL AIDS PROJECT OF VERMONT NONE OTHER PUBLIC 15 GROVE STREET CHARITY GENERAL 400. BRATTLEBORO, VT 05302 ARTS COUNCIL OF MORRIS AREA NONE OTHER PUBLIC GENERAL CHARITY 15 MAPLE AVE 1,000. MORRISTOWN, NJ 07960 HEIFER INTL NONE OTHER PUBLIC GENERAL CHARITY 1 WORLD AVE LITTLE ROCK, AR 72202 500. Total from continuation sheets

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient HOLY APOSTLES SOUP KITCHEN NONE OTHER PUBLIC GENERAL 296 9TH AVE CHARITY NEW YORK, NY 10001 1,500. ISREAEL 2.0. NONE OTHER PUBLIC GENERAL 8 HAMPTON ROAD CHARITY 2,000. CLIFTON, NJ 07012 JEWISH COMMUNITY CENTER - SHERMAN NONE OTHER PUBLIC GENERAL. 9 RTE 39 SOUTH CHARITY 150. SHERMAN, CT 06784 JCC THURNAUER SCHOOL OF MUSIC NONE OTHER PUBLIC GENERAL 411 E CLINTON AVENUE CHARITY TENAFLY, NJ 07670 2,500. JEWISH HOME FOUNDATION NONE OTHER PUBLIC GENERAL CHARITY 10 LINK DR 5,000. ROCKLEIGH, NJ 07647 OTHER PUBLIC GENERAL LEAGUE OF WOMEN VOTERS OF NJ NONE EDUCATION FUND CHARITY 204 W. STATE STREET 100. TRENTON, NJ 08608 OTHER PUBLIC GENERAL. MAKE A WISH FOUNDATION NONE PO BOX 6062 CHARITY 50. ALBERT LEA, MN 56007 OTHER PUBLIC MEMORIAL FOR RABBI TEMPLE EMANU-EL NONE CHARITY SHERMAN KIRSHNER 180 PIERMONT RD 72. CLOSTER, NJ 07624 MEMORIAL SLOAN KETTERING NONE OTHER PUBLIC GENERAL CHARITY 1275 YORK AVE 300. NEW YORK, NY 10021 OTHER PUBLIC GENERAL NATIONAL AUDEBON SOCIETY NONE CHARITY 200 TRILLUM LANE ALBANY, NY 12203 15. Total from continuation sheets

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor OTHER PUBLIC GENERAL NONE NATIONAL PARKS CONSERVATION ASSOC 777 6TH STREET NW CHARITY 50. WASHINGTON, DC 20001 OTHER PUBLIC GENERAL NONE PENNIES FOR PEACE CHARITY PO BOX 7209 25. BOZEMAN, MT 59771 GENERAL NONE OTHER PUBLIC RAMAPO COLLEGE CHARITY 505 RAMAPO VALLEY ROAD 700. MAHWAH, NJ 07430 OTHER PUBLIC GENERAL SANDGLASS THEATER NONE CHARITY 17 KIMBALL HI 2,000. PUTNEY, VT 05346 OTHER PUBLIC GENERAL NONE SAVE THE CHILDREN CHARITY 54 WILTON RD 250. WESTPORT, CT 06880 NONE OTHER PUBLIC GENERAL TENAFLY VOLUNTEER AMBULANCE CHARITY PO BOX 355 250. TENAFLY, NJ 07670 OTHER PUBLIC GENERAL YOUTH I.N.C. NONE CHARITY 600 LEXINTON AVE 500. NEW YORK, NY 10022 GENERAL OTHER PUBLIC SPECIAL OLYMPICS 1133 19TH STREET NW CHARITY 2<u>5.</u> WASHINGTON, DC 20036 VERMONT COMMUNITY FOUNDATION OTHER PUBLIC VERMONT FARM DISASTER RELIEF CHARITY 3 COURT STREET 500. MIDDLEBURY, VT 05753 SACRED HEART SOCIETY OTHER PUBLIC GENERAL CHARITY 4120 FOREST PARK AVE ST LOUIS, MO 63108 50. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the	Year (Continuation)			
. Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
UGEES FAMILY		OTHER PUBLIC	GENERAL	
O BOX 388 COTTSDALE, GA 30079		CHARITY		25
COTTABALL, GA 30079				
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			-	
				-
		1		
Total from continuation sheets				_

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#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated	Unrelated	business income		ed by section 512, 513, or 514	(e)	
<b>3</b>	(a)	(b)	(c) Exclu-	(d)	Related or exempt	
1 Program service revenue	Business code	Amount	sion	Amount	function income	
a						
b						
C						
d						
е	1 1					
1						
g Fees and contracts from government agencies		·				
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities					5,823.	
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					3,364.	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory					·	
11 Other revenue						
a						
b						
C	1 1					
d						
e						
12 Subtotal Add columns (b), (d), and (e)			0.	0.	9,187.	
13 Total. Add line 12, columns (b), (d), and (e)				13	9,187.	

#### Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of
$\blacksquare$	the foundation's exempt purposes (other than by providing funds for such purposes)
1	INVESTMENT INCOME IS ADDED TO PRINCIPAL AND UTILIZED TO PURSUE A
2	PROGRAM OF SUPPORTING VARIOUS CHARITABLE ORGANIZATIONS DETERMINED BY
3	THE TRUSTEES TO BE WORTHWHILE CHARITABLE ORGANIZATIONS IN NEED OF
4	ADDITIONAL FINANCIAL SUPPORT. THE TRUSTEES SELECT SUCH CHARITABLE
5	ORGANIZATIONS AT LEAST ANNUALLY.

Form 990		11) THE S	HAPIRO FA	AMILY F	OUND	ATION		22-6	767630	Page 13
Part 3	XVII			sfers To	and Tr	ansactions a	and Relations	ships With Non	charitable	)
	_	Exempt Organ	izations							
1 Did	the org	anizatıon dırectly or ındı	rectly engage in any	of the followi	ng with an	y other organizati	on described in sec	tion 501(c) of		Yes No
the	Code (c	other than section 501(c	)(3) organizations) (	or in section 5	27, relatın	g to political organ	nizations?			
<b>a</b> Tra	nsfers f	rom the reporting found	ation to a noncharita	able exempt o	rganizatioi	n of				
(1)	Cash								1a(1)	X
(2)	Other a	assets							1a(2)	X
b Oth	er trans	actions								
(1)	Sales	of assets to a noncharita	ible exempt organiza	ation					1b(1)	X
(2)	Purcha	ases of assets from a no	ncharitable exempt	organization					1b(2)	X
(3)	Rental	of facilities, equipment,	or other assets						1b(3)	X
(4)	Reimb	ursement arrangements	<b>,</b>						1b(4)	X
(5)	Loans	or loan guarantees							1b(5)	X
(6)	Perfor	mance of services or me	embership or fundra	using solicitati	ons				16(6)	X
c Sh	aring of	facilities, equipment, ma	uling lists, other ass	ets, or paid en	nployees				10	X
d Ifti	he answ	er to any of the above is	"Yes," complete the	following sch	edule Col	umn (b) should al	ways show the fair	market value of the go	ods, other ass	ets,
or	services	given by the reporting f	oundation If the for	indation receiv	ved less th	an fair market vali	ue in any transactio	n or sharing arrangen	ent, show in	
col	umn (d)	the value of the goods,	other assets, or ser	vices received						
(a) Line n	o (	b) Amount involved	(c) Name o	of noncharitabl	le exempt	organization	(d) Description	on of transfers, transaction	s, and sharing ar	rangements
				N/A						
									<u></u>	
					_					
										<del></del>
								·····		
			ļ					· · · · · · · · · · · · · · · · · · ·		
	L_		<u> </u>							
		dation directly or indirec	•				izations described			<u></u>
ın :	section 5	501(c) of the Code (othe	r than section 501(c	c)(3)) or in sec	ction 5277	ı			L Yes	X No
<u>b</u> If "	Yes," co	mplete the following sch			<del></del>	·	r·	<del></del>		
		(a) Name of org	janization		(b) Typ	e of organization		(c) Description of rela	ationship	<del></del>
		N/A			+					
		<u>,_,</u>					<del> </del>			
					<del></del>	<del></del>	<del> </del>			
	_		<del></del> -		<del></del>			<del></del>		
	Linder	penalties of perjury, I declare	that I have evenined the	hie enturn includi	ing secomo	anulna cobadulas ana	l statements, and to th	a bast of my knowledge		
C:		ief, it is true, correct, and co							May the IRS return with the	discuss this e preparer
Sign Here		Mulo	" Akar	uro	1	5/11/12	TRUST	r r	x Yes	(see instr)?
11616	Sign	ature of officer or truster	7/1		<del></del>	ate 7 / / /	Title	EE	- LA Yes	No
	1 0.9	Print/Type preparer's n		Preparer's		ate	Date	Check If	PTIN	
		spe preparer 5 III	u	r ropater 5	orginature A	n				
Paid	Ì	DAVID I. E	чэтяая			Serl	MAY:0,20	2	P00387	433
Prep	arer	Firm's name ► BAR		BRIEN	-VIII		<u> </u>	Firm's EIN ► 13		
Use		riiii S iiaiiie > DAM	LIDII & O I	CKTUK	-, .			rimi S EIN F 13	, -334IO	02
-3C	Jy	Firm's address ► 5.7	2 NORTH 1	BROADW	AY		· · · · · · · · · · · · · · · · · · ·			
			HITE PLAIM			3		Phone no 91	4-428-	8600
			LUALI					Triione no 21	1 720	3000

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

2011

**Employer identification number** 

▶ \$

22-6767630 THE SHAPIRO FAMILY FOUNDATION 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 X 501(c)(3) exempt private foundation Form 990-PF 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, total 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 total 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.,

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, 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).

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),

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

## THE SHAPIRO FAMILY FOUNDATION

22-6767630

THE S	HAPIRO FAMILY FOUNDATION		<u>-6767630</u>
Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DIANE SHAPIRO SHAMAS  257 KIM HUBBARD ROAD  PUTNEY, VT 05346	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SHIRLEY SHAPIRO  252 HIGHWOOD AVENUE  TENAFLY, NJ 07670	\$ 78,723.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SHIRLEY SHAPIRO  252 HIGHWOOD AVENUE  TENAFLY, NJ 07670	\$\$, 5,793.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SHIRLEY SHAPIRO  252 HIGHWOOD AVENUE  TENAFLY, NJ 07670	\$ 26,463.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	SHIRLEY SHAPIRO  252 HIGHWOOD AVENUE  TENAFLY, NJ 07670	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	SHIRLEY SHAPIRO		Person Payroll

(Complete Part II if there

is a noncash contribution.)

252 HIGHWOOD AVENUE

TENAFLY, NJ 07670

Name of organization

Employer identification number

# THE SHAPIRO FAMILY FOUNDATION

22-6767630

Part I	Contributors (see instructions). Use duplicate copies of Part	I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SHIRLEY SHAPIRO  252 HIGHWOOD AVENUE  TENAFLY, NJ 07670	\$\$.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Type of contribution

(Complete Part II if there is a noncash contribution)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution.)

Person Payroll Noncash

Person Payroll Noncash

**Total contributions** 

(c)

**Total contributions** 

No.

(a)

No.

Employer identification number

## THE SHAPIRO FAMILY FOUNDATION

22-6767630

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	_0707030
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	70000 SHS ATLANTIC CO NJ	\$\$	04/15/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	5000 SHS NJ EDL FACS AUTH	\$5,793.	07/05/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	25000 SHS NJ TPK AUTH	\$\$	07/05/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>5</u>	20000 SHS OCEAN CNTY NJ	\$\$ <u>22,003.</u>	07/05/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	20000 SHS WEST ORANGE	_	
	20000 SHS WEST ORANGE	\$\$	07/05/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	60000 SHS PORT AUTH NY & NJ	_	
		\$ 63,553.	10/11/11

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) **Employer identification number** Name of organization 22-6767630 THE SHAPIRO FAMILY FOUNDATION Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once). Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

3,364.

N/A

•		CONTINU	ATION FOR	990-PF,	PART IV
THE SHAPIRO FAMI	LY FOUNDATION	22-6767		AGE 1	OF 1
Part IV Capital Gains and Los	sses for Tax on Investment Income				
(a) List and 2-story br	describe the kind(s) of property soluck warehouse, or common stock, 2	d, e g , real estate, 00 shs MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a 225 SHS GREEN	MOUNTAIN COFFEE		D		
b 1302.932 SHS L			D		
c 70000 SHS ATLA			D		
d 15000 SHS NJ E			D		
e 415.235 SHS LO	RD ABBETT		D		
f 10.635 SHS LOR	D ABBETT		D		
g 25000 SHS NJ T	PK AUTH		D		
h 20000 SHS OCEA			D		
1 20000 SHS WEST	ORANGE		D		
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<u>k</u>		· · · · · · · · · · · · · · · · · · ·			
1					
m					
n					
0		<u> </u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) plus (f) minus (g)	
a 14,255.		7,184.			7,071.
b 16,000.		14,658.			1,342.
		78,723.			-3,103.
c 75,620. d 16,606.		17,421.			-815.
		4,753.			-1,003.
e 3,750. f 96.		47.			49.
g 28,550.		28,196.			354.
h 21,636.		22,003.			-367.
22,933.		23,097.			-164.
1					
k					
L.,					
m					
n					<u> </u>
0		<u> </u>			
Complete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69	(I) Los	sses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	Gains (excess but r	of col (h) gain over not less than "-0-")	
a					7,071.
b					1,342.
С					-3,103.
d					-815.
e _					-1,003.
f					49.
g					354.
<u>h</u>					-367.
1					-164.
J					
<u>k</u>					
1					
m					
n					
^		1			

 $\{\begin{array}{c} \mbox{If gain, also enter in Part I, line 7} \\ \mbox{If (loss), enter "-0-" in Part I, line 7} \end{array}\}$ 

2

2 Capital gain net income or (net capital loss)

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) if gain, also enter in Part I, line 8, column (c) if (loss), enter "-0-" in Part I, line 8

FORM 990-PF DIVIDEN	DS AND	INTER	EST	FROM	SECU	RITIES	STATEMENT	1
SOURCE		GROSS	AMO	OUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT	)
MORGAN STANLEY SMITH BARNEY			5	823.		0.	5,8	23.
TOTAL TO FM 990-PF, PART I,	LN 4		5	823.		0.	5,8	23.
FORM 990-PF	AC	COUNTI	NG I	FEES	-		STATEMENT	2
DESCRIPTION	EXPE	A) NSES BOOKS	NE'	(B) I INVI NT INC	EST- COME	(C) ADJUSTED NET INCOM		
ACCOUNTING		4,650.	4,650.		<u> </u>		0.	
TO FORM 990-PF, PG 1, LN 16B		4,650.		4	,650.			0.
FORM 990-PF	OTHER	PROFES	SIO	NAL F	EES		STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS		(B) I INV NT INC		(C) ADJUSTED NET INCOM		
BOOKKEEPING		1,000.		1	,000.	_		0.
TO FORM 990-PF, PG 1, LN 16C		1,000.		1	,000.			0.
FORM 990-PF	CO	RPORAT	E S'	госк			STATEMENT	4
DESCRIPTION					во	OK VALUE	FAIR MARKE VALUE	T
CITIGROUP CORP. GREEN MOUNTAIN COFFEE DOLLAR TREE INC						5,570. 0. 6,233.	6,2	63. 0. 33.
TOTAL TO FORM 990-PF, PART I	I, LIN	E 10B			<del></del>	11,803.	6,4	96.

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FORM 990-PF	CORPORATE BONDS		STATEMENT	5
DESCRIPTION		BOOK VALUE	FAIR MARKE VALUE	Т
LORD ABBETT NJ TPK AUTHORITY NJ ST EDL PORT AUTH NY & NJ		0. 26,733. 5,793. 63,533.	26,1 5,7 65,0	67.
TOTAL TO FORM 990-PF, PART II	, LINE 10C	96,059.	96,9	25.
FORM 990-PF	PART XV - LINE 1A OF FOUNDATION MANAGE	ERS	STATEMENT	6

NAME OF MANAGER

SHIRLEY SHAPIRO ELAINE APPELLOF