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Form **990-PF**Department of the Treasury

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

For calendar year 2011 or tax year beginning , and ending Name of foundation A Employer identification number MICKEY SHAPIRO CHARITABLE TRUST 30-6068151 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 31550 NORTHWESTERN HIGHWAY 220 248-851-2700 City or town, state, and ZIP code C If exemption application is pending, check here FARMINGTON HILLS, MI 48334 Initial return of a former public charity G Check all that apply: Initial return D 1 Foreign organizations, check here 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 J Accounting method: X Cash I Fair market value of all assets at end of year Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 556, 471. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income ıncome 250,000. N/A 1 Contributions, gifts, grants, etc., received 2 Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 69 69. STATEMENT 16,948. 16,948 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 17,226 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 248,981. 17,226. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 284,243 34,243 12 Total Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages Pension plans, employee benefits 15 ACE MED c Other professional fe XPR 1009 2012 577. 577. STMT 3 0. 18 Taxes Travel, conferences, and meetings Printing and publications 5.179. 5,179 Other expenses STMT 4 23 0. 24 Total operating and administrative ಅ 5,756 expenses. Add lines 13 through 23 5,756 0. 349,216 349,216. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 354,972 5,756 349,216. Add lines 24 and 25 27 Subtract line 26 from line 12: -70,7293 Excess of revenue over expenses and disbursements 28,487. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-) Form 990-PF (2011) MICKEY SHAPIRO CHARITABLE TRUST

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See the Part VI instructions.

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|---------------|--|--------------|--------------|--------------|----------|----------------|
| | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o | r 4948 | - see i | nstru | ction | ns) |
| | 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> </u> | | 2 | <u>85.</u> |
| | of Part I, line 27b | - 1 | 1 | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). $$ | į. | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | | 0. |
| 3 | Add lines 1 and 2 | 3 | | | 2 | 85. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0. |
| | Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | 2 | 85. |
| 6 | Credits/Payments: | | 1 | | | |
| | 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 64 |).l | 1 | | | |
| | Exempt foreign organizations - tax withheld at source 6b | | | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c | | 1 | | | |
| | Backup withholding erroneously withheld 6d | | | | | |
| | Total credits and payments. Add lines 6a through 6d | 7 | | | 6 | 40. |
| | Enter any penalty 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 | 1 | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | ▶ 10 | 1 | | 3 | 55. |
| - | Enter the amount of line 10 to be: Credited to 2012 estimated tax | | + | | | 0. |
| $\overline{}$ | t VII-A Statements Regarding Activities | - 1-1-1 | | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interv | ene in | | Т | Yes | No |
| 14 | any political campaign? | 0110 111 | | 1a | | X |
| . | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition | \2 | | 1b | | X |
| U | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publi | | | | | -21 |
| | distributed by the foundation in connection with the activities | siled of | | | | |
| _ | Did the foundation file Form 1120-POL for this year? | | | 10 | | x |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. | | | 1c | | |
| a | |). | | | | |
| | | . | | | | • |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | | Ì |
| _ | managers > \$ 0. | | | | | . |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | X |
| | If "Yes," attach a detailed description of the activities | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation | n, or | | | | ٦, |
| _ | 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? | | T / 7 | 4a | | X |
| - | If "Yes," has it filed a tax return on Form 990-T for this year? | 1 | A/N | 4b | | 37 |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | _5 | | X |
| _ | If "Yes," attach the statement required by General Instruction T | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | | |
| | By language in the governing instrument, or | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the second conflict | tate 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) | | | 1 | | |
| | <u>M</u> I | | | | | |
| 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 | calendar | | | | |
| | year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV | | | 9 | | <u> X</u> |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | STM | | 10 | <u>X</u> | L |
| | | | For | m 990 | -PF (| 2011) |

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|-----|--|---------------|---------|---------------|
| Pa | rt VII-A· Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the 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 | X | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ► MICKEY SHAPIRO Telephone no. ► 248 | -851-2 | 700 | |
| | Located at ► 31550 NORTHWESTERN HWY, STE 200, FARMINGTON HILLS ZIP+4 ▶ | 48334 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | ▶ | |
| | 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 | | х |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign | | | |
| | country | | | |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1 a | 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? | lo | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | lo | | |
| | (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)? | 10 | | |
| | (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.) | 10 | | |
| | of farry answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 10 | | |
| U | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A | | | |
| | Organizations relying on a current notice regarding disaster assistance check here | 1b_ | _ | |
| _ | • | | | |
| 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 | 4. | | v |
| ^ | before the first day of the tax year beginning in 2011? These on follows to distribute process (processor 4042) (does not apply for years the foundation was a private processor foundation). | 1c | | X |
| 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)): At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6a. Part XIII) for tax year(s) beginning. | | | |
| 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 IN | | | |
| | | 10 | | |
| | 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 | A 2b | | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| _ | Dut the foundation hald more than a 20% disease or indicate interest in any humana and any time. | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? Yes X M | 10 | | |
| b | If "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 | | <u></u> | |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| 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 2011? | 4b | | X |

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|--|---|---|---|---|
| Part VII-B Statements Regarding Activities for Which I | Form 4720 May Be I | Required (contin | ued) | |
| 5a During the year did the foundation pay or incur any amount to: | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | Ye | es X No | |
| (2) Influence the outcome of any specific public election (see section 4955); of | or to carry on, directly or indir | | | |
| any voter registration drive? | | | es X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | | Y∈ | es 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 | es X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or | | | |
| the prevention of cruelty to children or animals? | | | es X No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni | · | ın Regulations | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | • | | 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 f | | | | |
| expenditure responsibility for the grant? | | I/A | es L No | |
| If "Yes," attach the statement required by Regulations section 53 494. | | | • | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | · | | |
| a personal benefit contract? | | Ye | es 🗶 No | |
| 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 | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Ye | es X No | |
| b If Yes," did the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation of the foundation receive any proceeds or have any net income attributed to the foundation receive attributed t | | | | 7b |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors | | inagers, Highly | / | |
| 1 List all officers, directors, trustees, foundation managers and their | | T: | 1 / B o | |
| (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 |
| MICKEY SHAPIRO | TRUSTEE | | | |
| 31550 NORTHWESTERN HWY, SUITE 200 | | | | |
| FARMINGTON HILLS, MI 48334 | 0.00 | 0. | 0. | 0. |
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| 2 Compensation of five highest-paid employees (other than those inc | (b) Title, and average | enter "NONE." | (d) Contributions to | (-) Evnance |
| (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | (e) Expense account, other |
| NOVE | devoted to position | | compensation | allowances |
| NONE | | | | |
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| 1 | |] | | |
| Total number of other amployage part over \$50,000 | · | 1 | | |

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|--|---------------------|----------------|---------------------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation M Paid Employees, and Contractors (continued) | anagers, Highly | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE | <u> </u> | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Com | pensation |
| NONE | (2) | (0) 00 | - |
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| 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 statistical inform | nation such as the | | |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, etc | lation oddin as the | Expenses | ; |
| 1 N/A | | | |
| | | | |
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| Part IX-B Summary of Program-Related Investments | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 an | 12. | Amount | · · · · · · · · · · · · · · · · · · · |
| 1 <u>N/A</u> | | | |
| | | | |
| | | | |
| 2 | | | |
| | | | |
| | | | |
| All other program-related investments. See instructions. | | | |
| 3 | · | | |
| | | | |
| | | - | |
| Total Add lines 1 through 3 | ▶ | | Λ |

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| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, se | e instructions) |
|----|--|-----------------|-----------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 491,593. |
| b | Average of monthly cash balances | 1b | 50,072. |
| С | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 541,665. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0 . | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 541,665. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 8,125. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 533,540. |
| 6 | Minimum investment return Enter 5% of line 5 | 6 | 26,677. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.) | id certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 26,677. |
| 2a | Tax on investment income for 2011 from Part VI, line 5 | | |
| b | Income tax for 2011. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 285. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 26,392. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 26,392. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 26,392. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 349,216. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 349,216. |
| 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 | 5 | 285. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 348,931. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | ualifies for th | |

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4940(e) reduction of tax in those years.

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, | | | 125 | |
| line 7 | | | | 26,392. |
| 2 Undistributed income, if any, as of the end of 2011 | | | | |
| a Enter amount for 2010 only | | | 0. | |
| b Total for prior years: | | | | |
| , | | 0. | | |
| 3 Excess distributions carryover, if any, to 2011: | | | | |
| a From 2006 239, 455. | | | | |
| b From 2007 266, 483. | | | | |
| c From 2008 261,955. | | | , | |
| d From 2009 278,145. | | | | |
| e From 2010 345,568. | | | | |
| f Total of lines 3a through e | 1,391,606. | | | |
| 4 Qualifying distributions for 2011 from | | | | |
| Part XII, line 4. ► \$ 349,216. | | | | |
| a Applied to 2010, but not more than line 2a | | | 0. | |
| 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 2011 distributable amount | | | | 26,392. |
| e Remaining amount distributed out of corpus | 322,824. | | | |
| 5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| 8 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 1,714,430. | | | |
| 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 | | | | |
| not applied on line 5 or line 7 | 239,455. | | | |
| 9 Excess distributions carryover to 2012. | | | | - |
| Subtract lines 7 and 8 from line 6a | 1,474,975. | · | · | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2007 266, 483. | | | | |
| b Excess from 2008 261,955. | | | | |
| c Excess from 2009 278,145. | | | | |
| d Excess from 2010 345,568. | | | | |
| e Excess from 2011 322,824. | | | | 5 000 PF (004) |

| Form 990-PF (2011) MICKEY | SHAPIRO CHA | ARITABLE TRU | ST | | 68151 Page 10 |
|---|----------------------------|------------------------------|---------------------------|--|---------------------|
| Part XIV Private Operating F | | V | I-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling of | | | | | |
| foundation, and the ruling is effective fo | | | ▶ <u> </u> | | ·- |
| b Check box to indicate whether the foun | dation is a private operat | ing foundation described | | 4942(j)(3) or49 | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2011 | (b) 2010 | (c) 2009 | (d) 2008 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | -, | |
| b 85% of line 2a | | | ļ | | |
| 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 | | | | | |
| 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 | | | İ | | |
| investment income (interest, | | | | - | |
| dividends, rents, payments on | | | | | Ì |
| 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 | rmation (Compl | ete this part only | if the foundation | n had \$5,000 or me | ore in assets |
| at any time during t | | | | , , , , , , , , , , , , , , , , , , , | |
| 1 Information Regarding Foundation | on Managers: | | | | |
| a List any managers of the foundation wh | | e than 2% of the total cont | ributions received by th | e foundation before the clo | se of any tax |
| year (but only if they have contributed r | | | , | | , |
| MICKEY SHAPIRO | | | | | |
| b List any managers of the foundation wh | o own 10% or more of t | he stock of a corporation | or an equally large port | ion of the ownership of a p | artnership or |
| other entity) of which the foundation ha | s a 10% or greater intere | est. | | | • |
| NONE | | | | | |
| 2 Information Regarding Contribut | ion, Grant, Gift, Loar | , Scholarship, etc., Pr | ograms: | | |
| Check here 🕨 🗶 if the foundation of | only makes contributions | to preselected charitable | organizations and does | not accept unsolicited requ | iests for funds. If |
| the foundation makes gifts, grants, etc. | (see instructions) to ind | ividuals or organizations u | nder other conditions, o | complete items 2a, b, c, and | d |
| a The name, address, and telephone num | ber of the person to who | om applications should be | addressed: | | |
| | | | | | |
| | | | | | |
| b The form in which applications should t | pe submitted and informa | ation and materials they sl | nonlq iuclnqe. | _ | |
| c Any submission deadlines: | | | | | |
| 4 Any restrictions or limitations and | o quab oo bu access | nol arono, abantable (11) | lundo of | - Alban 6 A | |
| d Any restrictions or limitations on award | s, such as by geographic | ai areas, charitable fields, | kings of institutions, or | ower factors. | |
| | | | | | |
| | | | | | |

Part XV · Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution show any relationship to Foundation any foundation manager or substantial contributor Amount status of Name and address (home or business) recipient a Paid during the year ALZHEIMERS ASSOC NONE 501(C)(3) CHARITABLE WITHOUT RESTRICTIONS 5,000. AMERICAN FRIENDS OF BNAI LEVY NONE 501(C)(3) CHARITABLE WITHOUT RESTRICTIONS 15,090. AMERICAN FRIENDS OF MAGEN DAVID NONE 501(C)(3) CHARITABLE WITHOUT RESTRICTIONS 500. NONE AMERICAN HEART ASSOCIATION 501(C)(3) CHARITABLE WITHOUT RESTRICTIONS 200. ANTI DEFAMATION LEAGUE NONE 501(C)(3) CHARITABLE WITHOUT RESTRICTIONS 1 880. SEE CONTINUATION SHEET(S) Total ▶ 3a 349 216. b Approved for future payment NONE Total **▶** 3b

Unrelated business income

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

Form 990-PF (2011)

| Enter gross amounts unless otherwise indicated | Unrelate | d business income | | led by section 512, 513, or 514 | (e) |
|---|-------------------------|---------------------------------------|-------------------------------|---|---------------------------------------|
| 1 Program service revenue: | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| a | | | † † | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | · · · · · · · · · · · · · · · · · · · | | | |
| 1 | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | ····· | | | |
| investments | | | 14 | 69. | |
| 4 Dividends and interest from securities | | | 14 | 16,948. | |
| 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 | i i | | | | |
| 7 Other investment income | | | 1 | | |
| 8 Gain or (loss) from sales of assets other | | | 1 | | · · · · · · · · · · · · · · · · · · · |
| than inventory | | | 14 | 3,552. | 13,674. |
| 9 Net income or (loss) from special events | | | | | 10/01/11 |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| | 1 | | | | |
| ab | | · | | | |
| | | | | | |
| d | 1 1 | | 1 | | |
| е | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | 0. | | 20,569. | 13,674. |
| 13 Total Add line 12, columns (b), (d), and (e) | | | | | 34,243. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities t | | | | | |
| Explain below how each activity for which inco the foundation's exempt purposes (other than | | | CONTRID | uted importantly to the accomp | DIISNMENT OF |
| NONE | by providing for | ido (ci ddei) parpodoo). | | | |
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| 123621 12-02-11 | | | | | Form 990-PF (2011) |

| Part X | VII Information Reg Exempt Organiz | | sfers To a | and Transactions | and Relations | hips With Nonch | aritable | ; | |
|-----------------|---|-----------------------|---------------------|------------------------------------|------------------------|----------------------------------|--|------------------------|------|
| ı Dıd tl | ne organization directly or indirec | | of the following | n with any other organizati | on described in sect | tion 501(c) of | \top | Yes | No |
| | ode (other than section 501(c)(3 | | | | | 1011 30 1(0) 01 | | | |
| | sters from the reporting foundation | | | - • | nearono | | i | { | ì |
| (1) | • • | on to a nonuna | abio oxompt org | juriization of, | | | 1a(1) | | Х |
| ` ' | Other assets | | | | | | 1a(2) | | X |
| • • | transactions. | | | | | | 10(2) | | |
| | | a avamat arasınızı | ntion | | | | 15/1 | 1 | v |
| | Sales of assets to a noncharitable | , - | | | | | 1b(1) | \vdash | X |
| • | Purchases of assets from a nonc | | organization | | | | 1b(2) | | - |
| • • | Rental of facilities, equipment, or | other assets | | | | | 1b(3) | \vdash | X |
| ٠, | Reimbursement arrangements | | | | | | 1b(4) | <u> </u> | X |
| | Loans or loan guarantees | L | | | | | 1b(5) | | X |
| ٠, | Performance of services or mem | • | - | | | | 1b(6) | | X |
| | ng of facilities, equipment, mailir | • | | • | | | 1c | <u>L</u> l | Χ. |
| or se | answer to any of the above is "Y rvices given by the reporting fou nn (d) the value of the goods, oth | ndation. If the fou | ındatıon receive | , , | | = ' | | ets, | |
| a) Line no | (b) Amount involved | | | exempt organization | (d) Description | n of transfers, transactions, an | d sharing ar | rangeme | nts |
| | | | N/A | | | | | | |
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| ın se | foundation directly or indirectly ction 501(c) of the Code (other the complete the following sched | han section 501(c | | | izations described | [| Yes | X |] No |
| | (a) Name of organ | nization | | (b) Type of organization | | (c) Description of relation | ship | | |
| | <u> N/A</u> | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Inder penalties of perjury disclare that | at I have examined th | is return, includin | g accompanying schedules and | statements, and to the | best of my knowledge | | | |
| Sign f | and belief, it is true, confect/and compi | lete Declaration of p | reparer (other than | n taxpayer) is based on all inform | PRESII | r has any knowledge re | ay the IRS of turn with the nown below X Yes | e prepare (see inst | er |
| | Signature of officer or trustee | | Description | Dafe | Title | Chook | | | |
| | Pfint/Type preparer's nam | IE | Preparer's si | gnature | Date | Check if PTIN self- employed | | | |
| Paid | DAVID V. BE | RGER C | Jank | | 02/29/12 | | 0163 | 328 | |
| Prepai Use O | er Firm's name ► BERG | | RSI & L | ADUKE PLC | | Firm's EIN ► 38-2 | | | |
| J 30 O | Firm's address ► 439 | | | | | | | | |
| | BLO | OMFIELD | HILLS, | MI 48302-50 | 126 | Phone no. (248 | 333 | -36 | 80 |

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to | Consideration | | |
|--|---|----------------------|------------------------------------|--------|
| name and address (nome or business) | any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | any foundation manager or substantial contributor | recipient | | |
| BEAUMONT FOUNDATION | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 34,000 |
| | | | | |
| BESHIVAS DARCHEI TORAH | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 500 |
| CHABAD CONGREGATION | NONE | 501(C)(3) | CHARITABLE WITHOUT | 200 |
| CHALDEAN AMERICAN LADIES CHARITIES | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 100 |
| CLEVELAND CLINIC | NONE | 501(c)(3) | CHARITABLE WITHOUT RESTRICTIONS | 20,000 |
| CONGREGATION BETH AHM | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 24,786 |
| DETROLIT INSTITUTE OF ARTS | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 15,000 |
| OMG SYLVIA & ERWIN HARVITH FUND | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 100 |
| RIENDS OF THE ISRAEL DEFENSE FORCES | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 5,000 |
| IISTORICAL SOCIETY OF CASEVILLE | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 50 |

| 3 Grants and Contributions Paid During the | e Year (Continuation) | | | |
|---|--|----------------------|------------------------------------|--------|
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| The time time technique in decimal control of | or substantial contributor | recipient | | |
| JEWISH COMMUNITY CENTER OF METRO | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 100 |
| JEWISH COMMUNITY RELATIONS | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 360 |
| JEWISH HOSPICE AND CHAPLAINCY | NONE | 501(c)(3) | CHARITABLE WITHOUT RESTRICTIONS | 25,600 |
| KADIMA | NONE | 501(c)(3) | CHARITABLE WITHOUT RESTRICTIONS | 150 |
| KARMANOS CANCER INSTITUTE | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 1,000 |
| KELLY'S KIDZ | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 2,000 |
| KIDS BEATING CANCER | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 200 |
| MALTZ MUSEUM OF JEWISH HERITAGE | none | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 5,000 |
| MICHIGAN ANIMAL RESCUE LEAGUE | NONE | 501(c)(3) | CHARITABLE WITHOUT RESTRICTIONS | 1,000 |
| NATIONAL MS SOCIETY | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 200 |

| Part XV Supplementary Informati | SHAPIRO CHARITA | 11001 | | 68151 |
|--|--|--------------------------------------|------------------------------------|--------|
| 3 Grants and Contributions Paid During the | | | | |
| Recipient | | | | |
| 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 | Purpose of grant or contribution | Amount |
| | or sussitivities of this order | - Toopion | | |
| NOTRE DAME | NONE | 501(C)(3) | CHARITABLE WITHOUT | |
| | | | RESTRICTIONS | 100 |
| PROSTATE CANCER FOUNDATION | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 10,000 |
| | | | RESTRICTIONS | 10,000 |
| SIGMA ALPHA MU FOUNDATION | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 200 |
| SINAI GUILD | NONE | 501(C)(3) | CHARITABLE WITHOUT | |
| | | | RESTRICTIONS | 100 |
| TEMPLE SHIR SHALOM | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 50 |
| U OF M CARDIOVASCULAR | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 50 |
| U OF M KELLOGG EYE CENTER | NONE | 501(C)(3) | CHARITABLE WITHOUT | |
| O OT A RESIDUOG BIE CENTER | NONE | 501(€)(3) | RESTRICTIONS | 50,000 |
| UNITED STATES HOLOCAUST MEMORIAL MUSEUM | NONE | 501(c)(3) | CHARITABLE WITHOUT RESTRICTIONS | 64,750 |
| USC SHOAH FOUNDATION | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 60,000 |
| | | | | |
| YAD EZRA | NONE | 501(C)(3) | CHARITABLE WITHOUT RESTRICTIONS | 950 |

MICKEY SHAPIRO CHARITABLE TRUST 30-6068151 Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient YESHIVATH BETH YEHUDAH NONE 501(C)(3) CHARITABLE WITHOUT RESTRICTIONS 5,000.

Total from continuation sheets

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

Employer identification number MICKEY SHAPIRO CHARITABLE TRUST 30-6068151 Organization type (check one): Filers of: Section: Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule 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** J 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.

□ 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.

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□ 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 section filing Form 990 or 990-EZ that met the 30 1/3% support test of the filing Form 990 or 990-EZ that met the 30 1/3% support test of the filing Form 990 or 990-EZ that met the 30 1/3% support test of the 1/2 that met the 30 1/3% support test of the 1/2 that met the 30 1/3% support test of the 1/2 that met the 30 1/3% support test of the 1/2 that met the 30 1/ 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., 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)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF). but it must answer "No" on Part IV, line 2, of its Form 990, or check the box 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)

Employer identification number

MICKEY SHAPIRO CHARITABLE TRUST

30-6068151

| Part I | Contributors (see instructions) Use duplicate copies of Part I | ıf addıtıonal space ıs needed | |
|------------|--|-------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | ASA SHAPIRO 3875 PINE HARBOR WEST BLOOMFIELD, MI 48323 | \$\$\$ | Person X Payroll |
| (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) 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) |

Name of organization

Employer identification number

MICKEY SHAPIRO CHARITABLE TRUST

30-6068151

| Part II | Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed | | | | | | |
|------------------------------|---|--|----------------------|--|--|--|--|
| (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 | | | | |
| | | \$ | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | | |
| | | | | | | | |

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

| Tale to Capital Gallis and Lo | sses for tax on investment income | | | | |
|--|--|--|---------------------------------------|--|---------------------------------|
| • (a) List and | i describe the kind(s) of property solution in the kind (s) of pro | d, e.g., real estate, | (b) How acquired P - Purchase | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr) |
| | | | D - Donation | (,) | (, cu,, ,. , |
| 10 1 · 243 SHS-DELA | WARE FIVERSIFIED | | <u> P</u> | 03/22/11 | |
| | MCO TOTAL RETURN | | P | 01/29/10 | |
| c 5184 SHS-DELAW | | | P | 10/22/09 | |
| | MAN FOCUSED FUND | | P | 03/17/10 | |
| | TOTAL RETURN FU | ND | P | 12/17/09 | 01/05/11 |
| f CAPITAL GAINS | DIVIDENDS | | | | |
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| 0 | | | | | |
| | (f) Depreciation allowed | (a) Cool or other house | | Cour on (1000) | |
| (e) Gross sales price | (or allowable) | (g) Cost or other basis plus expense of sale | |) Gain or (loss) ilus (f) minus (q) | |
| 12 | (c. anomabio) | | (0) p | ida (i) illiida (g) | |
| a 12. | | 12. | | | 0. |
| b 7,675. | | 7,881. | | | -206. |
| c 150,988. | | 142,509. | | | 8,479. |
| d 49,991. | | 44,224. | | | 5,767. |
| e 36,763. | | 37,129. | | | -366. |
| 1 3,552. | | | | | 3,552. |
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| 0 | | | | | |
| | ng gain in column (h) and owned by t | the foundation on 12/31/69 | //\ 1.00 | and (from onl (h)) | |
| Complete only for assets shown | | (k) Excess of col. (i) | | ses (from col (h)) of col (h) gain over | col (k) |
| (i) F.M.V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | over col. (j), if any | | ot less than "-0-") | 001. (11), |
| _ | 40 0. 1270 1700 | 0101 001. ()), 11 0113 | | ·-· | |
| a | | | | | 0. |
| b | | | | | -206. |
| C | | | | | 8,479. |
| d | | | | | 5,767. |
| е | | | | | <u>-366.</u> |
| f | | | | | 3,552. |
| 9 | | | | | |
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| k | | | | | |
| 1 | | | | | , |
| m | | | | - | |
| n | | | | | |
| 0 | | | | | |
| | | | | | |
| 2 Capital gain net income or (net ca | pital loss) { If gain, also enter If (loss), enter "-0 | in Part I, line 7 | 2 | | 17,226. |
| , | | , I | | | |
| If gain, also enter in Part I, line 8, | ss) as defined in sections 1222(5) an column (c) | u (o). | | | |
| If (loss) enter "-0-" in Part I line 8 | | I | , | NT / 7 | |

| FORM 990-PF INTEREST ON SAV | INGS AN | D TEM | PORARY C | ASH II | NVESTMENTS | STATEMENT | 1 | |
|--|------------------------|--|-----------------------------|-----------|------------------------------|---------------------|-----------|--|
| SOURCE | | | | | | AMOUNT | | |
| MERRILLL LYNCH #22711 MERRILLL LYNCH #22713 | | | | | | 9. 60. | | |
| TOTAL TO FORM 990-PF, PART I | , LINE | 3, CO | LUMN A | | | | 69. | |
| FORM 990-PF DIVIDEN | DS AND : | INTER | EST FROM | SECUI | RITIES | STATEMENT | 2 | |
| SOURCE | (| GROSS | AMOUNT | | ITAL GAINS IVIDENDS | COLUMN (A AMOUNT | .) | |
| MERRILL LYNCH #22711 MERRILL LYNCH #22713 | | • | 20,498. | | 3,552. | 16,9 | 46. 2. | |
| TOTAL TO FM 990-PF, PART I, | LN 4 = | | 20,500. | | 3,552. | 16,9 | 48. | |
| FORM 990-PF | | TAX | ES | | | STATEMENT | 3 | |
| DESCRIPTION | EXPENS | (A) (B) EXPENSES NET INVERPER BOOKS MENT INC | | EST- | (C) ADJUSTED NET INCOM | TED CHARITABL | | |
| FEDERAL | **** | 577. | 577. | | en | | 0. | |
| TO FORM 990-PF, PG 1, LN 18 | 577. | | 577. | | | | 0. | |
| FORM 990-PF | OTHER EXPENSES | | | STATEMENT | 4 | | | |
| DESCRIPTION | (A EXPENS PER BO | SES | (B) NET INVI MENT INC | | (C) ADJUSTED NET INCOM | | | |
| BROKER FEES | 5 | 5,179. | | ,179. | | | 0. | |
| TO FORM 990-PF, PG 1, LN 23 | 5,179. | | 5,179. | | | | 0. | |

| FORM 990-PF | CORPORATE STOCK | STATEMENT | | |
|-----------------------|--|-------------------------|-------------|---|
| DESCRIPTION | | BOOK VALUE | FAIR MARKET | r |
| VARIOUS MUTUAL FUNDS | 381,675. | 390,638. | | |
| TOTAL TO FORM 990-PF, | PART II, LINE 10B | 381,675. | . 390,638. | |
| FORM 990-PF | LIST OF SUBSTANTIAL CONTR PART VII-A, LINE 10 | | STATEMENT | 6 |
| NAME OF CONTRIBUTOR | ADDRESS | | | |
| ASA SHAPIRO | 3875 PINE H WEST BLOOMF | ARBOR IELD, MI 48323 | | |