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Form

990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation THE SHAPIRO FOUNDATION C/O - ESMOND & ASSOCIATES INC		A Employer identification number 04-3541595	
Number and street (or P O box number if mail is not delivered to street address) 23901 CALABASAS ROAD SUITE 1010		B Telephone number (see instructions) (818) 610-2900	
City or town, state or province, country, and ZIP or foreign postal code CALABASAS, CA 913023308		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 111,041,585		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		Revenue and expenses per (a) books	Net investment (b) income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	40,000,000		
	2	Check <input type="checkbox"/> if the foundation is not required to attach Sch B			
	3	Interest on savings and temporary cash investments	162,076	162,076	
	4	Dividends and interest from securities	725,504	720,725	
	5a	Gross rents			
	b	Net rental income or (loss) _____			
	6a	Net gain or (loss) from sale of assets not on line 10	8,833,383		
	b	Gross sales price for all assets on line 6a 8,833,383			
	7	Capital gain net income (from Part IV, line 2) . . .		8,374,428	
	8	Net short-term capital gain			
	9	Income modifications			
	10a	Gross sales less returns and allowances			
Operating and Administrative Expenses	b	Less Cost of goods sold			
	c	Gross profit or (loss) (attach schedule)			
	11	Other income (attach schedule)	-13,978	-12,343	
	12	Total.Add lines 1 through 11	49,706,985	9,244,886	
	13	Compensation of officers, directors, trustees, etc	0	0	0
	14	Other employee salaries and wages			
	15	Pension plans, employee benefits			
	16a	Legal fees (attach schedule).			
	b	Accounting fees (attach schedule).	3,200	0	0
	c	Other professional fees (attach schedule)			
	17	Interest	323,487	323,445	0
	18	Taxes (attach schedule) (see instructions) . . .	193,063	23,801	0
	19	Depreciation (attach schedule) and depletion . .			
	20	Occupancy			
	21	Travel, conferences, and meetings.	16,884	0	0
	22	Printing and publications			
	23	Other expenses (attach schedule).	48,942	0	0
	24	Total operating and administrative expenses. Add lines 13 through 23	585,576	347,246	0
	25	Contributions, gifts, grants paid	3,721,908		3,721,908
	26	Total expenses and disbursements.Add lines 24 and 25	4,307,484	347,246	3,721,908
	27	Subtract line 26 from line 12			
	a	Excess of revenue over expenses and disbursements	45,399,501		
	b	Net investment income (if negative, enter -0-)		8,897,640	
	c	Adjusted net income(if negative, enter -0-) . . .			

Part II		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments	1,675,504	30,852,648	30,852,648	
	3	Accounts receivable ▶ _____				
		Less allowance for doubtful accounts ▶ _____				
	4	Pledges receivable ▶ _____				
		Less allowance for doubtful accounts ▶ _____				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).				
	7	Other notes and loans receivable (attach schedule) ▶ _____				
		Less allowance for doubtful accounts ▶ _____				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments—U S and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)	48,915,357	65,137,714	80,188,937	
	c	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis ▶ _____				
	Less accumulated depreciation (attach schedule) ▶ _____					
12	Investments—mortgage loans.					
13	Investments—other (attach schedule)					
14	Land, buildings, and equipment basis ▶ _____					
	Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)					
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	50,590,861	95,990,362	111,041,585		
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule).				
	22	Other liabilities (describe ▶ _____)				
	23	Total liabilities(add lines 17 through 22)	0	0		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds	0	0		
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0		
	29	Retained earnings, accumulated income, endowment, or other funds	50,590,861	95,990,362		
	30	Total net assets or fund balances(see instructions)	50,590,861	95,990,362		
	31	Total liabilities and net assets/fund balances(see instructions)	50,590,861	95,990,362		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1	50,590,861
2	Enter amount from Part I, line 27a	2	45,399,501
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	95,990,362
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	95,990,362

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1 a	PASSTHROUGH FROM PAR GROUP, L P	P		
b	PASSTHROUGH FROM PAR GROUP, L P	P		
c	PASSTHROUGH FROM PAR GROUP, L P	P		
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 251,028		12,551	238,477
b 8,582,234		446,404	8,135,830
c 121			121
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			238,477
b			8,135,830
c			121
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	8,374,428
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) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	3,101,403	60,658,500	0 051129
2013	2,822,301	53,760,964	0 052497
2012	1,898,917	36,999,395	0 051323
2011	1,432,992	28,484,340	0 050308
2010	1,050,036	20,448,092	0 051351

2	Total of line 1, column (d).	2	0 256608
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 051322
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	74,480,553
5	Multiply line 4 by line 3.	5	3,822,491
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	88,976
7	Add lines 5 and 6.	7	3,911,467
8	Enter qualifying distributions from Part XII, line 4.	8	3,721,908

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1
Date of ruling or determination letter _____
(attach copy of letter if necessary—see instructions)

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

3

Add lines 1 and 2.

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

5

Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

b

Exempt foreign organizations—tax withheld at source.

6b

c

Tax paid with application for extension of time to file (Form 8868).

6c

d

Backup withholding erroneously withheld.

6d

7

Total credits and payments. Add lines 6a through 6d.

8

Enter any **penalty** for underpayment of estimated tax. Check here ☒ if Form 2220 is attached

9

Tax due. If the total of lines 5 and 8 is more than line 7, enter **amount owed**

10

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**.

11

Enter the amount of line 10 to be **Credited to 2015 estimated tax** **Refunded**

1	177,953
2	0
3	177,953
4	0
5	177,953
6a	
6b	
6c	
6d	
7	0
8	4,179
9	182,132
10	
11	

Part VII-A

Statements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

1b

No

c

Did the foundation file **Form 1120-POL** for this year?

1c

No

d

Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year
(1) On the foundation \$ _____ 0 (2) On foundation managers \$ _____ 0

e

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____ 0

2

Has the foundation engaged in any activities that have not previously been reported to the IRS?
If "Yes," attach a detailed description of the activities.

2

No

3

Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*

3

No

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year?

4a

Yes

b

If "Yes," has it filed a tax return on **Form 990-T** for this year?

4b

Yes

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year?
If "Yes," attach the statement required by General Instruction T.

5

No

6

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either
• By language in the governing instrument, or
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

6

Yes

7

Did the foundation have at least \$5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*

7

Yes

8a

Enter the states to which the foundation reports or with which it is registered (see instructions)
 MA _____

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

Yes

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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?
If "Yes," complete Part XIV

9

No

10

Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*

10

Yes

Part 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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶N/A	13	Yes	
14	The books are in care of ▶ESMOND ASSOCIATES INC Located at ▶23901 CALABASAS ROAD SUITE 1010 CALABASAS CA Telephone no ▶(818) 610-2900 ZIP+4 ▶913023308			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part 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
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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)? <input type="checkbox"/>	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 before the first day of the tax year beginning in 2015? <input type="checkbox"/>	1c		No
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))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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). <input type="checkbox"/>	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 ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i>) <input type="checkbox"/>	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2015?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

☐

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
EDWARD L SHAPIRO	TRUSTEE	0	0	0
C/O - 23901 CALABASAS ROAD	1 00			
SUITE				
1010				
CALABASAS, CA 913023308				
BARBARA J SHAPIRO	TRUSTEE	0	0	0
C/O - 23901 CALABASAS ROAD	1 00			
SUITE				
1010				
CALABASAS, CA 913023308				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total

number of other employees paid over \$50,000.

0

Form 990-PF (2015)

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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 information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	0

Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see 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	73,150,759
b	Average of monthly cash balances.	1b	2,464,016
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	75,614,775
e	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	75,614,775
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,134,222
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	74,480,553
6	Minimum investment return. Enter 5% of line 5.	6	3,724,028

Part XI

Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	3,724,028
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	177,953
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	43,716
c	Add lines 2a and 2b.	2c	221,669
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	3,502,359
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	3,502,359
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	3,502,359

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	3,721,908
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		
a	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	3,721,908
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	3,721,908

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

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				3,502,359
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.	99,518			
b From 2011.	428,395			
c From 2012.	327,437			
d From 2013.	2,822,301			
e From 2014.	216,891			
f Total of lines 3a through e.	3,894,542			
4 Qualifying distributions for 2015 from Part XII, line 4				
\$ 3,721,908				
a Applied to 2014, 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 2015 distributable amount.				3,502,359
e Remaining amount distributed out of corpus	219,549			
5 Excess distributions carryover applied to 2015	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,114,091			
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 2014 Subtract line 4a from line 2a Taxable amount—see instructions.			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	99,518			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	4,014,573			
10 Analysis of line 9				
a Excess from 2011.	428,395			
b Excess from 2012.	327,437			
c Excess from 2013.	2,822,301			
d Excess from 2014.	216,891			
e Excess from 2015.	219,549			

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed				
b	85% of line 2a				
c	Qualifying distributions from Part XII, line 4 for each year listed				
d	Amounts included in line 2c not used directly for active conduct of exempt activities				
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c				
3	Complete 3a, b, or c for the alternative test relied upon				
a	"Assets" alternative test—enter				
	(1) Value of all assets				
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.				
c	"Support" alternative test—enter				
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).				
	(3) Largest amount of support from an exempt organization				
	(4) Gross investment income				

Part XV **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	3,721,908
b Approved for future payment				
Total			3b	0

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1	Program service revenue					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments.					
3	Interest on savings and temporary cash investments			14	162,076	
4	Dividends and interest from securities. . .	900000	4,779	14	720,725	
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	900000	458,955	18	8,374,428	
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory . . .					
11	Other revenue a PASSTHROUGH ORDINARY INCOME	900000	-1,635	01	-12,343	
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal Add columns (b), (d), and (e). .		462,099		9,244,886	0
13	Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)			13		9,706,985

[illegible]

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

EDWARD L SHAPIRO
BARBARA J SHAPIRO

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
A KID'S BRAIN TUMOR CURE 98 RANDOM FARMS DRIVE CHAPPAQUA,NY 10514	NONE	PUBLIC CHARITY	RESEARCH	25,000
ACTION AGAINST HUNGER 247 WEST 37TH STREET 10TH FL NEW YORK,NY 10018	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	25,000
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVENUE FLOOR 17 CHICAGO,IL 60601	NONE	PUBLIC CHARITY	RESEARCH	10,000
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE 711 THIRD AVENUE NEW YORK,NY 10017	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	5,000
AMERICAN LUNG ASSOCIATION 460 TOTTEN POND ROAD 400 WALTHAM,MA 02451	NONE	PUBLIC CHARITY	RESEARCH	250
BETH ISRAEL DEACONESS MEDICAL CENTER 148 CHESTNUT STREET NEEDHAM,MA 02492	NONE	PUBLIC CHARITY	RESEARCH	1,000
BIRTHRIGHT 79A MAIN STREET FRAMINGHAM,MA 01702	NONE	PUBLIC CHARITY	RELIGIOUS	10,000
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON,MA 02115	NONE	PUBLIC CHARITY	RESEARCH	200,000
BROADWAY CARES 165 W 46TH STREET 1300 NEW YORK,NY 10036	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	250
BROTHERS FOR LIFE 270 SOUTH HANFORD ST SUITE 207 SEATTLE,WA 98134	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	5,000
BU CTE CENTER ONE SILBER WAY BOSTON,MA 02215	NONE	PUBLIC CHARITY	RESEARCH	10,000
CAREER COLLABORATIVE 77 SUMMER STREET 11TH FLOOR BOSTON,MA 02110	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	500
CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVENUE BOSTON,MA 02115	NONE	PUBLIC HOSPITAL	MEDICAL TREATMENT	6,500
CHILDREN'S HOSPITAL LEAGUE 401 PARK DRIVE SUITE 602 BOSTON,MA 02115	NONE	PUBLIC CHARITY	MEDICAL RESEARCH	8,925
COMBINED JEWISH PHILANTHROPIES 126 HIGH STREET BOSTON,MA 02110	NONE	PUBLIC CHARITY	RELIGIOUS	751,800
Total			 3a	3,721,908

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
COMMUNITY LEGAL SERVICES 405 MAIN STREET WORCESTER,MA 01608	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	50,000
COURAGEOUS PARENTS NETWORK 21 ROCHESTER ROAD NEWTON,MA 02458	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	10,000
DAM THAT CANCER 2201 E SIXTH STREET AUSTIN,TX 78702	NONE	PUBLIC CHARITY	RESEARCH	261
DANA FARBERJIMMY FUND 450 BROOKLINE AVENUE BOSTON,MA 02215	NONE	PUBLIC CHARITY	RESEARCH	17,360
DOCTORS WITHOUT BORDERS 333 7TH AVENUE 2ND FLOOR NEWYORK,NY 10001	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	150,000
EASTER SEALS 89 SOUTH STREET BOSTON,MA 02111	NONE	PUBLIC CHARITY	RESEARCH	2,500
FACING HISTORY AND OURSELVES 16 HURD ROAD BROOKLINE,MA 02445	NONE	PUBLIC CHARITY	EDUCATION	5,000
FOUNDATION FOR METROWEST 3 ELIOT STREET NATICK,MA 01760	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	1,250
FRIENDS OF YEMIN ORDE 4340 EAST-WEST HWY SUITE 202 BETHESDA,MD 20814	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	10,000
FSRI PO BOX 391594 MOUNTAIN VIEW,CA 94041	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	1,000
GANN ACADEMY 333 FOREST STREET WALTHAM,MA 02452	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	1,800
GATEWAYS 333 NAHANTON STREET NEWTON,MA 02459	NONE	PUBLIC CHARITY	EDUCATION	10,000
GREATER BOSTON FOOD BANK 70 S BAY AVENUE BOSTON,MA 02118	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	500
HABITAT FOR HUMANITY OF CAP COD 411 MASSACHUSEWTTTS 6A YARMOUTH PORT,MA 02675	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	500
HEBREW SENIOR LIFE 1200 CENTRE STREET BOSTON,MA 02131	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	50,500
Total				3,721,908

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
HEWBREW COLLEGE 160 HERRICK ROAD NEWTON CENTRE,MA 02459	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	1,800
HIAS 1300 SPRING STREET SUITE 500 SILVER SPRING,MD 20910	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	5,000
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY,MA 02119	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	202,000
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK,NY 10168	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	10,000
JEWISH BIG BROTHERS BIG SISTERS OF GREATER BOSTON 333 NAHANTON STREET NEWTON,MA 02459	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	1,000
JEWISH BIG BROTHERS BIG SISTERS OF GREATER BOSTON 333 NAHANTON STREET NEWTON,MA 02459	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	96,800
JEWISH FAMILY AND CHILDREN'S SERVICES 1430 MAIN STREET WALTHAM,MA 02451	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	50,000
JFS OF METROWEST 475 FRANKLIN STREET 101 FRAMINGHAM,MA 01702	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	5,000
JOE ANDRUZZI FOUNDATION 200 CHAUNCY STREET SUITE 208 MANSFIELD,MA 02048	NONE	PUBLIC CHARITY	RESEARCH	1,000
JUVENILE DIABETES 60 WALNUT STREET WELLESLEY,MA 02481	NONE	PUBLIC CHARITY	RESEARCH	3,745
MASSACHUSETTS AMATEUR SPORTS FOUNDATION 55 6TH ROAD WOBURN,MA 01801	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	523
MAYYIM HAYYIM 1838 WASHINGTON STREET NEWTON,MA 02466	NONE	PUBLIC CHARITY	RELIGIOUS	1,800
MOVING TRADITIONS 261 OLD YORK ROAD JENKINTOWN,PA 19046	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	500
NATIONAL PARK FOUNDATION 1110 VERMONT AVENUE WASHINGTON,DC 20005	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	250
NATIONALS YOUTH BASEBALL ACADEMY 3675 ELY PLACE SE WASHINGTON,DC 20019	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	10,000
Total				3,721,908

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
NEEDHAM COMMUNITY COUNCIL 570 HILLSIDE AVENUE NEEDHAM,MA 02494	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	50,000
NEEDHAM COMMUNITY FARM PO BOX 920877 NATICK,MA 02492	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	5,000
NEW ENGLAND PARALYZED VETERANS OF AMERICA 1600 PROVIDENCE HIGHWAY SUITE 143 WALPOLE,MA 02081	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	100
NEWPROFIT 200 CLARENDON STREET 44TH FLOOR BOSTON,MA 02116	NONE	PUBLIC CHARITY	EDUCATION	250,000
PARTNERS IN HEALTH 888 COMMONWEALTH AVENUE 3RD FLOOR BOSTON,MA 02215	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	700,000
PASS-THROUGH FROM PAR GROUP LP ONE INTERNATIONAL PLACE SUITE 2401 BOSTON,MA 02110	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	22
ROOM TO GROW 142 BERKELEY STREET BOSTON,MA 02116	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	500
ROSIE'S PLACE 889 HARRISON AVENUE BOSTON,MA 02118	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	1,000
SMART FROM THE START 141 STANDARD STREET MATTAPAN,MA 02126	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	10,000
SOCIAL FINANCE 10 MILK STREET SUITE 1010 BOSTON,MA 02108	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	10,000
ST JUDE 262 DANNY THOMAS PLACE MEMPHIS,TN 38105	NONE	PUBLIC CHARITY	RESEARCH	50
STEPPINGSTONE 522 NORTH MAIN STREET FALL RIVER,MA 02720	NONE	PUBLIC CHARITY	EDUCATION	2,500
TEMPLE BETH ELOHIM 31 MT EBO ROAD NORTH BREWSTER,NY 10509	NONE	PUBLIC CHARITY	RELIGIOUS	25,387
TENACITY 38 EVERETT STEEET SUITE 50 BOSTON,MA 02134	NONE	PUBLIC CHARITY	EDUCATION	103,500
THE CHILDREN'S ROOM 1210 MASSACHUSETTS AVENUE ARLINGTON,MA 02476	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	3,000
Total 3a				3,721,908

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
THE RASHI SCHOOL 8000 GREAT MEADOW ROAD DEDHAM,MA 02026	NONE	PUBLIC CHARITY	EDUCATION	53,130
THE SAMARATINS OF CAPE COD PO BOX 65 FLAMOUTH,MA 02541	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	500
UCLA ANDERSON 110 WESTWOOD PLAZA LOS ANGELES,CA 90024	NONE	PUBLIC CHARITY	EDUCATION	200,000
UNICEF 125 MAIDEN LANE NEW YORK,NY 10038	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	115,000
UNIVERSITY OF VERMONT UNIVERSITY OF VERMONT BURLINGTON,VT 05405	NONE	PUBLIC UNIVERSITY	EDUCATION	2,500
WGBH ONE GUEST STREET BOSTON,MA 02135	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	405
WHARTON SCHOOL 3620 LOCUST WALK PHILADELPHIA,PA 19104	NONE	PUBLIC UNIVERSITY	EDUCATION	425,000
ZIV MEDICAL CENTER 3300 NE 192ND STREET AVENTURA,FL 33180	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	5,000
Total.			3a	3,721,908

TY 2015 Accounting Fees Schedule**Name:** THE SHAPIRO FOUNDATION

C/O - ESMOND & ASSOCIATES INC

EIN: 04-3541595

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,200	0		0

TY 2015 Investments Corporate Stock Schedule

Name: THE SHAPIRO FOUNDATION

C/O - ESMOND & ASSOCIATES INC

EIN: 04-3541595

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PAR GROUP, L.P.	64,660,744	79,699,449
W.R. GRACE - 6,000 SHARES	476,970	489,488

TY 2015 Other Expenses Schedule

Name: THE SHAPIRO FOUNDATION

C/O - ESMOND & ASSOCIATES INC

EIN: 04-3541595

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DEDUCTIONS RELATED TO PORTFOLIO INCOME	45,535	0		0
PASSTHROUGH NONDEDUCTIBLE EXPENSES	56	0		0
PENALTIES	3,351	0		0

TY 2015 Other Income Schedule

Name: THE SHAPIRO FOUNDATION
C/O - ESMOND & ASSOCIATES INC
EIN: 04-3541595

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PASSTHROUGH ORDINARY INCOME	-13,978	-12,343	-13,978

TY 2015 Substantial Contributors
Schedule**Name:** THE SHAPIRO FOUNDATION

C/O - ESMOND & ASSOCIATES INC

EIN: 04-3541595

Name	Address
EDWARD L SHAPIRO	C/O - 23901 CALABASAS ROAD SUITE 1010 CALABASAS,CA 91302
BARBARA J SHAPIRO	C/O - 23901 CALABASAS ROAD SUITE 1010 CALABASAS,CA 91302

TY 2015 Taxes Schedule**Name:** THE SHAPIRO FOUNDATION

C/O - ESMOND & ASSOCIATES INC

EIN: 04-3541595

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES	148,465	0		0
FOREIGN TAXES	23,957	23,660		0
MASSACHUSETTS TAXES	20,500	0		0
INDIANA TAXES	141	141		0

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>THE SHAPIRO FOUNDATION</div> <div>C/O - ESMOND & ASSOCIATES INC</div>	<div>Employer identification number</div> <div>04-3541595</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>
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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, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization THE SHAPIRO FOUNDATION C/O - ESMOND & ASSOCIATES INC	Employer identification number 04-3541595
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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	EDWARD L SHAPIRO	\$ 40,000,000	Person <input checked="" type="checkbox"/>
	C/O - 23901 CALABASAS ROAD SUITE 10		Payroll <input type="checkbox"/>
	CALABASAS, CA 913023308		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Part II	<h2 style="margin: 0;">Noncash Property</h2> <p style="margin: 0;">(see instructions) Use duplicate copies of Part II if additional space is needed</p>
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Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization THE SHAPIRO FOUNDATION C/O - ESMOND & ASSOCIATES INC	Employer identification number 04-3541595
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
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