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# Form **990-PF**

EXTENDED TO NOVEMBER 15, 20 Return of Private Foundation

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

► Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0052

Depa	rtment	of the Treasury		social security numbers or				2013
Intern	al Rev	enue Service		m 990-PF and its separate			s.gov/form990pf.	Open to Public Inspection
		dar year 2015 or tax year b	eginning		, and er	iding	Т	<del> </del>
Nar	ne of	foundation					A Employer identification	n number
_							00 656560	
		SHAPIRO FAM					22-6767630	)
		nd street (or P O box number if n		address)		Room/suite	B Telephone number	
		HIGHWOOD AVE					201-568-07	
		own, state or province, coun AFLY, NJ 076		ostal code			C If exemption application is p	pending, check here
G	heck	all that apply:	nitial return	Initial return of a fe	ormer public c	harity	D 1 Foreign organization	s, check here
		F	inal return	Amended return				
		A	ddress change	Name change			Foreign organizations me check here and attach co	eeting the 85% test, omputation
H C	heck	type of organization:	Section 501(c)(3) ex	kempt private foundation			E If private foundation sta	itus was terminated
	] Se	ction 4947(a)(1) nonexempt	charitable trust	Other taxable private found	ation		under section 507(b)(1	
I Fa	ıır ma	rket value of all assets at en	d of year   J Accounti	ng method: X Cash	Accr	ual	F If the foundation is in a	60-month termination
		Part II, col (c), line 16)	🗀 01	ther (specify)		-	under section 507(b)(1	
	\$			mn (d) must be on cash	basis)			
Pa	art I	(The total of amounts in column necessarily equal the amounts	ns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net in		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants,		1,016,022.			N/A	(addit bdoto city)
	2		s not required to attach Sch. B					
	3	Interest on savings and tempora	шу					
	4	Dividends and interest from	ı securities	30,701.	3	0,701.		STATEMENT 1
	5a	Gross rents						
	ь	Net rental income or (loss)						
20	6a	Net gain or (loss) from sale of as	sets not on line 10	34,796.				
	b	Gross sales price for all assets on line 6a	2,183,498.					
Revenige	7	Capital gain net income (from Pa	art IV, line 2)		3	4,796.		
€œ	8	Net short-term capital gain					I RECEIV	
<u> </u>	9	Income modifications						188
00	10a	Gross sales less returns and allowances					0CT 2 1	2016
SCANNED	b	Less Cost of goods sold					12 001 4 -	SE SE
2	C	Gross profit or (loss)			ļ		W Com	
Z	11	Other income					OGUEN	e Ul
<del>\</del>	12	Total. Add lines 1 through	11	1,081,519.	6	<u>5,497.</u>		
Š	13	Compensation of officers, direct		0.		0.		0.
•	l l	Other employee salaries an	-					<u> </u>
<b>9</b> 8	1	Pension plans, employee be	enefits					
nse		Legal fees	amam o	2.750	ļ	2 7 5 0	<u> </u>	
<b>uj perviedo</b> Expenses	1	Accounting fees	STMT 2	3,750.		3,750.		0.
2 Ú	i .	Other professional fees						
g Z LJU Administrative	17	Interest	STMT 3	1,086.		762.		
L Je nistra	18	Taxes	SIMI 3	1,000.		/02.		0.
ᅼᇋ	19	Depreciation and depletion Occupancy			-			<del> </del>
<b>~</b> 5	20	Travel, conferences, and m	actions					<del> </del>
) P	22	Printing and publications	eeungs					
동	23	Other expenses	STMT 4	15,725.	1	5,508.		<del>                                     </del>
9107 9 7 Operating and Admi	24	Total operating and admin		10,140.	<del>                                     </del>	<u>., , , , , , , , , , , , , , , , , , , </u>	<del></del>	0.
ĕra	-"	expenses Add lines 13 thr		20,561.	2	0,020.	1	0.
o	25	Contributions, gifts, grants	•	579,750.		<u> </u>		579,750.
		Total expenses and disbut	•	3,3,,30.				3,7,730.
	-0	Add lines 24 and 25	Jonionto	600,311.	2	0,020.		579,750.
	27		2:		<del>                                     </del>	-,020	<u> </u>	373,730.
		Excess of revenue over expense		481,208.				
	1	Net investment income (if r			4	5,477.		
		Adjusted net income (if neg					N/A	

LHA For Paperwork Reduction Act Notice, see instructions.

D	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of y	year
	art	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	45,591.	81,896.	81,896.
	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	1		
		disqualified persons	ţ		
	7	Other notes and loans receivable			1
		Less; allowance for doubtful accounts		ì	
ß	8	Inventories for sale or use		-	
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	i	Investments - corporate bonds			
	l	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 5	1,530,212.	1,975,115.	1,898,539.
	14	Land, buildings, and equipment; basis			
	' '	Less accumulated depreciation			
	15	Other assets (describe ►			
		Total assets (to be completed by all filers - see the			
	'	instructions. Also, see page 1, item I)	1,575,803.	2,057,011.	1,980,435.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
뎙	21	Mortgages and other notes payable			
Ë		Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
auc	25	Temporarily restricted			
Net Assets or Fund Balances	1	Permanently restricted			
pq		Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31			
Š	27	Capital stock, trust principal, or current funds	1,575,803.	2,057,011.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Asi	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
<u>K</u> et	30	Total net assets or fund balances	1,575,803.	2,057,011.	
_				<u> </u>	
	31	Total liabilities and net assets/fund balances	1,575,803.	2,057,011.	
	art	III Analysis of Changes in Net Assets or Fund B	alances		<u> </u>
<u>_</u>	art				
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	•	st agree with end-of-year figure reported on prior year's return)		1	1,575,803.
_		r amount from Part I, line 27a		2	481,208.
		r increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3		4	2,057,011.
		eases not included in line 2 (itemize)		5	0.
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	2,057,011.
					Form <b>990-PF</b> (2015)

Beginning of year

22-6767630

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THE SHAPIRO FAMILY FOUNDATION

2,214,933.

579,750.

7

8

7 Add lines 5 and 6

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

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.

	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		0 / 0 /			Page 4
_		340	- <u>See i</u>	ıısıru	Ctioi	15)
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%	_1_	<u> </u>		<u>9</u>	<u> 10.</u>
	of Part I, line 27b		•			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		İ			
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			9	10.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5_			_ 9	10.
6	Credits/Payments:					
a	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 6a		ĺ			
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)  6c 2,000.					
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d	7			2.0	00.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				21.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		-	1 0	69.
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	11			<u>., .</u>	0.
	rt VII-A Statements Regarding Activities					<u> </u>
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		1	Yes	No
	any political campaign?			1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)	12		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe			"		
	distributed by the foundation in connection with the activities	u 0,				
_	Did the foundation file Form 1120-POL for this year?			,,		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1c		
u	(1) On the foundation. $\triangleright$ \$ 0					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
٠						
•	managers. \(\bigsis \\$ \) \(\bigsis \) \(\bigsis \) \(\bigsis \) Has the foundation engaged in any activities that have not previously been reported to the IRS?					v
2	If "Yes," attach a detailed description of the activities.			2		<u>X</u>
2	·	_				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ır		,		v
4.				3		_ <u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3.1	I/A	4a		_ <u></u> _
-	If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, discolution, or substantial contraction during the year?	1/	1/ A	4b		v
Э	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T			5		<u>X</u>
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	iaw				
_	remain in the governing instrument?			6		_X_
1	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	X	
0.	. Catas the states to which the foundation reserve or with which it is received (see state at least).					
06	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	NJ of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
				,	<b>.</b>	
^	of each state as required by General Instruction G? If "No," attach explanation	- de -		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	nuar				<b>.</b>
40	year 2015 or the taxable year beginning in 2015 (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			10		X
			FOI	m <b>990</b>		(2015)

		Τ	Yes	No
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		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ DIANE SHAMAS, FOUNDATION MANAGER Telephone no. ▶ 201-50			_
	Located at ► 252 HIGHWOOD AVENUE, TENAFLY, NJ ZIP+4 ►0'	<u> 7670</u>		<del></del>
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 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	ŀ
	securities, or other financial account in a foreign country?	16	<u> </u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
Pá	foreign country ► art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	ــــــــــــــــــــــــــــــــــــــ	_	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	Yes	No
12	During the year did the foundation (either directly or indirectly);		163	140
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		}	
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
ı	o 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)?	16		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			v
9	before the first day of the tax year beginning in 2015?  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c		X
2	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? Yes X No			
	If "Yes," list the years			
1	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.		:	:
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3				
	during the year?			
	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? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)  N/A	2		
A	Form 4720, to determine if the foundation had excess business holdings in 2015.)  N/A  Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		v
	b Did the foundation livest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a	<del>                                     </del>	X_
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		х
_		nm <b>99</b>	) DE	

Part VII-B   Statements Regarding Activities for Which F		equired (control	<u> 22-07070</u> ued)	30	Pa	ige <b>6</b>
5a During the year did the foundation pay or incur any amount to:	This Trace Hay be in	oqui ou (contini	1	<u>-</u> -		
<ol> <li>Carry on propaganda, or otherwise attempt to influence legislation (section)</li> </ol>	1045(0))2	□ v.	s X No			
(2) Influence the outcome of any specific public election (see section 4955); o			15 LAL 110		ŀ	
any voter registration drive?	i to carry on, directly or mone		s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes'	)		s X No	- 1	ĺ	
(4) Provide a grant to an individual for days, study, or other similar purposes		19	3 (25) 110			
4945(d)(4)(A)? (see instructions)	r described in section	□ v <sub>e</sub>	s X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or fo		3 22 10			
the prevention of cruelty to children or animals?	or conductional purposes, or it		s X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the excentions described in		.5 (22) 110			
section 53.4945 or in a current notice regarding disaster assistance (see instru		, riogulationo	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 fr		ned	, _			
expenditure responsibility for the grant?		/A Ye	s 🗆 No			
If "Yes," attach the statement required by Regulations section 53.4945		,				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to						
a personal benefit contract?		Ye	s X No		}	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6ь		Х
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	helter transaction?	Y6	s X No			
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
Part VIII Information About Officers, Directors, Trust		nagers, Highly	/	-	•	
Paid Employees, and Contractors						
List all officers, directors, trustees, foundation managers and their		( ) ( )	(d) 0	1 .		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	ac	<b>e)</b> Expei count, c	nse other
	to position	`enter'-0-)	compensation	<u> </u> ;	allowand	ces
SHIRLEY SHAPIRO	TRUSTEE					
252 HIGHWOOD AVENUE	0.00					_
TENAFLY, NJ 07670	0.00	0.	0.	<u> </u>		<u>0.</u>
	FOUNDATION MA	NAGER	ļ	ļ		
257 KIM HUBBARD ROAD	0.00	_	_			^
PUTNEY, VT 05346	0.00	0.	0.	<del>'</del>		<u>0.</u>
				<del> </del>		
	-					
Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."	<del>!</del>	-		
	(b) Title, and average		(d) Contributions to employee benefit plans	(	e) Expe	nse
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	ac	count, c allowanc	
NONE						
	]					
					•	
				$\perp$		
						_
				<u> </u>		
	]					
	<u>                                     </u>	<u> </u>	<u> </u>			
Total number of other employees paid over \$50,000						

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Part VIII Information About Officers, Directors, Trustees, Foundation Ma Paid Employees, and Contractors (continued)	nagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<del> </del>
	······	
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information	tion such as the	<del></del>
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Mon dudin du tino	Expenses
1 N/A		
2		
3		
<u>,</u>		···
4		
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 and	2	Amount
1 N/A	2.	Amount
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

<u>''</u>	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1,459,386.
	Average of monthly cash balances	1b	1,459,386. 103,699.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,563,085.
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	1,563,085.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	23,446.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,539,639.
6	Minimum investment return. Enter 5% of line 5	6	76,982.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	ıd certain	
1	Minimum investment return from Part X, line 6	1	76,982.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	910.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	76,072.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	76,072.
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	76,072.
Р	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u>579,750.</u>
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	<del>_</del>
3	Amounts set aside for specific charitable projects that satisfy the:		
а		3a	· · · · · · · · · · · · · · · · · · ·
b	,	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	579,750.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	579,750.
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	nualifies f	or the section

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

## Part XIII Undistributed Income (see instructions)

·	(a) Corpus	(b) Years prior to 2014	(c) 2014	<b>(d)</b> 2015
1 Distributable amount for 2015 from Part XI, line 7				76,072.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			O.	
<b>b</b> Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 226, 344.				
<b>b</b> From 2011 264,039.				
c From 2012 267,591.	İ			
d From 2013 296,756.				
e From 2014 506,461.				
f Total of lines 3a through e	1,561,191.		· · · · · · · · · · · · · · · · · · ·	
4 Qualifying distributions for 2015 from	İ			
Part XII, line 4: ► \$ 579,750.				
a Applied to 2014, but not more than line 2a			0.	
<b>b</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.			<del></del>
d Applied to 2015 distributable amount	500 600			76,072.
e Remaining amount distributed out of corpus	503,678.			
5 Excess distributions carryover applied to 2015 (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.				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,064,869.			
<b>b</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 instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				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	226,344.			
9 Excess distributions carryover to 2016	4 000 505			
Subtract lines 7 and 8 from line 6a	1,838,525.	<del></del>		
10 Analysis of line 9:				
a Excess from 2011 264,039.				
b Excess from 2012 267,591.				
c Excess from 2013 296, 756.				
d Excess from 2014 506, 461. e Excess from 2015 503, 678.				
e Excess from 2015 503,678.				5 000 DE (00 to)

orm 990-PF (2015) THE SHA	PIRO FAMILY	FOUNDATION		22-6'	767630 Page 10
Part XIV Private Operating For	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2015, enter the date of t	he ruling			
b Check box to indicate whether the found	ation is a private operatin	g foundation described i	n section	4942(j)(3) or	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) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					<del></del>
each year listed					
b 85% of line 2a				<del></del>	
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					<del></del>
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			,		<del>                                     </del>
alternative test relied upon:					
a "Assets" alternative test - enter (1) Value of all assets					
` '	<u> </u>				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					<del> </del>
c "Support" alternative test - enter:					
<ol><li>(1) Total support other than gross investment income (interest,</li></ol>					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					<del></del>
(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				1.4-000	
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t		ructions.)			·
1 Information Regarding Foundation	_				
a List any managers of the foundation wh			tributions received by the	e foundation before the cl	ose of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	section 507(d)(2).)			
SEE STATEMENT 6		-			
b List any managers of the foundation wh			(or an equally large port	ion of the ownership of a	partnership or
other entity) of which the foundation ha	s a 10% or greater interes	SI.			
NONE					
2 Information Regarding Contribut					
Check here 🕨 🗓 if the foundation of	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited red	juests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indi-	viduals or organizations i	under other conditions, o	complete items 2a, b, c, ai	nd d.
a The name, address, and telephone num	ber or e-mail address of	the person to whom app	ications should be addre	essed:	
<b>b</b> The form in which applications should t	oe submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s such as hy geographic	al areas, charitable fields	kinds of institutions or	other factors:	
a rany restrictions of illimitations off award	s, sacir as by yeograpilic	ai ai cas, chai ilavie lielus	, amus or matitutions, Of	onici iacittis.	

THE SHAPIRO FAMILY FOUNDATION

Form 990-PF (2015)

Page 10

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year AIDS PROJECT OF VERMONT NONE OTHER PUBLIC GENERAL 15 GROVE STREET CHARITY BRATTLEBORO VT 05302 GENERAL 500. OTHER PUBLIC AMERICAN BALLET THEATRE NONE GENERAL 890 BROADWAY CHARITY NEW YORK, NY 10003 6,000. NONE OTHER PUBLIC AMERICAN CANCER SOCIETY GENERAL CHARITY 19 WEST 56TH STREET NEW YORK, NY 10019 499. OTHER PUBLIC ARTBRIDGE NONE GENERAL 526 W 26TH AT CHARITY NEW YORK, NY 10001 1,000. BERGEN PERFORMING ARTS NONE OTHER PUBLIC GENERAL CHARITY 30 NORTH VAN BRUNT STREET ENGLEWOOD NJ 07631 1,500. SEE CONTINUATION SHEET(S) ➤ 3a Total 579 750. b Approved for future payment NONE Total **▶** 3b

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

Enter gross amounts unless otherwise indicated.	Unrelated business income			ided by section 512, 513, or 514	(e)	
-	(a) Business	<b>(b)</b> Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code		code	Amount	Tanedon income	
a			<del> </del>			
ь						
c			-			
d	<u> </u>		<u> </u>		<del></del>	
e						
f			<u> </u>			
g Fees and contracts from government agencies			ļ			
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments					·	
4 Dividends and interest from securities					<u>30,701.</u>	
5 Net rental income or (loss) from real estate:					<u> </u>	
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal			1			
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory					<u>34</u> ,796.	
9 Net income or (loss) from special events					<u> </u>	
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a						
b		· · · · · · · · · · · · · · · · · · ·	<b>!</b>			
			<b>†</b>			
c						
d e						
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	65,497.	
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		1	13	65,497.	
(See worksheet in line 13 instructions to verify calculations.)				· · · · · · · · · · · · · · · · · · ·	00,407.	
Part XVI-B Relationship of Activities t	o the Acc	omplishment of Ex	cemp	ot Purposes	····	
Line No. Explain below how each activity for which inco		- <del></del>			allohment of	
the foundation's exempt purposes (other than			COILLI	buted importantly to the accom	pusiment or	
4			NTD	וייידו.דיידו ייי סיי	TD CITE A	
1 INVESTMENT INCOME IS AT 2 PROGRAM OF SUPPORTING V		**				
THE TRUSTEES TO BE WORT						
4 ADDITIONAL FINANCIAL SU						
5 ORGANIZATIONS AT LEAST			ويدي	BELLECT BOCK C	TAKITABUE	
ORGANIZATIONS AT LEAST	ANNUAL	шт•				
					· <del>····································</del>	
					<del></del>	
		<del></del>			<del></del>	
		<del></del>			<del></del>	
					· · · · · · · · · · · · · · · · · · ·	
				<del></del>		
I						

Part	AVII	Exempt Organ		isters to a	ing Transactions a	ing Relations	ilps with Noncha	iritable	е	
1 D	id the ord			of the following	g with any other organization	on described in section	on 501(c) of	_	Yes	No
	-	•			7, relating to political organ		) 1 30 1(c) oi		103	140
	•	from the reporting founda	• • • • •		- · ·	nzations.				
	I) Cash	work and reporting records		as o should be seen	,u			1a(1)		Х
•	2) Other	assets						1a(2)		X
•	•	sactions:						19757		
-		of assets to a noncharital	ble exempt organiza	ation				1b(1)		X
•	,	ases of assets from a no						1b(2)		X
•	•	l of facilities, equipment,		3				1b(3)		X
•	•	oursement arrangements						1b(4)		Х
•	•	or loan guarantees						1b(5)		X
•	•	mance of services or me	mbership or fundra	ising solicitatio	ns			1b(6)		X
c S	haring of	facilities, equipment, ma	uling lists, other ass	ets, or paid em	ployees			10		X
d If	the answ	ver to any of the above is	"Yes," complete the	following sche	dule. Column (b) should al	ways show the fair m	arket value of the goods,	other ass	sets.	
					ed less than fair market valu				•	
С	olumn (d	) the value of the goods,	other assets, or ser	vices received.						
( <b>a)</b> Line	no	(b) Amount involved	(c) Name o	of noncharitable	exempt organization	(d) Description	of transfers, transactions, and	sharing ar	rangemei	nts
				N/A						
								_		
										-
									**	
		·								
					·					
2a	s the four	dation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organi	zations described				
		501(c) of the Code (other	•		. •		Г	Yes	X	No
		mplete the following sch	•	,			_			, 110
	700, 00	(a) Name of org			(b) Type of organization	1 (	c) Description of relations	ship		
		N/A	<u> </u>		( ) / /	,	<u>-/</u>	· · · · · · · · · · · · · · · · · · ·		
					-					
							<del></del>			
							<del></del>			
		<del></del>					·-·· · · · · · · · · · · · · · · · · ·			
	Under	penalties of perjury, I declare	that I have examined th	nis return, includin	g accompanying schedules and	statements, and to the t	pest of my knowledge			
Sigi	and be	elief, it is true, correct, and cor	mplete Declaration of p	oreparer (other than	n taxpayer) is based on all inform	nation of which preparer	ret	ay the IRS ourn with th	e prepare	er l
Her		Thuley,	Many		110/16/16	TRUSTE		own below X Yes		7 I
	Sian	ature of officer or trustee	3 12 17		Date	Title	<u> </u>	AL Tes		J No
		Print/Type preparer's na		Preparer's s	ugnature X	Date	Check If PTIN			
		CATHERINE		(MI)	188 Line	Blistie	self- employed			
Paid	t	O'BRIEN	· ·	CATHER	INE J. O'BR	0/14/16		0387	120	
	parer	Firm's name BAR	TSH C O'I	<u>CATHER</u> BRIEN	THE O. O. DK	<del>                                     </del>	Firm's EIN ► 13-3			
-	Only	THIN S HAINE P DAK	топ « О г	DIATEM				24TO	02	
	,	Firm's address ▶ 57	2 NODER 1	עזיות ע ∩ מם	v					
							Dhana na O1 4 4	20 0	<i>-</i>	
		WH	<u> IITE PLAII</u>	IN CON	T0002		Phone no. 914-4	<u> </u>	<u> </u>	

### Schedule B

(Form 990, 990-EZ.

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990

OMB No 1545-0047

**Employer identification number** Name of the organization THE SHAPIRO FAMILY FOUNDATION 22-6767630 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** 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 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 33 1/3% 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 lf 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),

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) (2015)

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 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

#### THE SHAPIRO FAMILY FOUNDATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if	fadditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RACHEL APPELOF  160 FAIRFIELD WOODS RD  FAIRFIELD, CT 06825	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SHIRLEY SHAPIRO  252 HIGHWOOD AVENUE  TENAFLY, NJ 07670	\$ 373,647.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SHIRLEY SHAPIRO  252 HIGHWOOD AVENUE  TENAFLY, NJ 07670	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SHIRLEY SHAPIRO  252 HIGHWOOD AVENUE  TENAFLY, NJ 07670	\$\$62,964.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	SHIRLEY SHAPIRO  252 HIGHWOOD AVENUE  TENAFLY, NJ 07670	\$\$66,651.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
523452 10-:	SHIRLEY SHAPIRO  252 HIGHWOOD AVENUE  TENAFLY, NJ 07670	\$ 63,335.  Schedule B (Form	Person Payroll Noncash X (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2015)

Employer identification number

#### THE SHAPIRO FAMILY FOUNDATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SHIRLEY SHAPIRO  252 HIGHWOOD AVENUE  TENAFLY, NJ 07670	\$\$65,657.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ELAINE APPELLOF  100 WAKEMAN LANE  SOUTHPORT, CT 06890	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<del></del>		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

#### THE SHAPIRO FAMILY FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed			
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received	
2	3826 SHS ISHARES RUSSELL 1000 GRW				
		\$_	373,647.	10/15/15	
(a) No. rom art I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received	
3	3776 SHS ISHARES RUSSELL 1000 VALUE				
		\$_	373,446.	10/15/15	
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received	
4	447 SHS ISHARES RUSSELL 2000 GRW				
	27729.508 SHS CLEARBRIDGE ENERGY	\$_	62,964.	10/15/15	
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received	
5	695 SHS ISHARES RUSSELL 2000 VALUE ETF				
		\$_	66,651.	10/15/15	
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received	
6	685 SHS ISHARES RUSSELL MIDCAP G				
		\$_	63,335.	10/15/15	
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received	
7	925 SHS ISHARES RUSSELL MIDCAP V				
<u>_</u>		\$_	65,657.		

Employer identification number

## THE SHAPIRO FAMILY FOUNDATION

Part II	Noncash Property (see instructions) Use duplicate copies of Part I	I 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
	89 SHS POWERSHARES	_	_ <del></del>
8		_	
		\$10,022.	12/23/15
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	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)		(c)	
No. from Part I	(b)  Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No.	//->	(c)	(4)
from Part I	(b)  Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	

Name of organization Employer identification number 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 (c). THE SHAPIRO FAMILY FOUNDATION Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold P - Purchase D - Donation 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) ISHARES RUSSELL MIDCAP G 1a 147 SHS 10/08/1410/16/15 b 161 SHS ISHARES RUSSELL MIDCAP G 10/08/14<u>10/16/1</u>5 P c 57 SHS ISHARES RUSSELL MIDCAP G D 10/15/15VARIOUS d 411 SHS ISHARES RUSSELL MIDCAP V P 10/08/1410/16/15 e 94 SHS ISHARES RUSSELL MIDCAP V 10/15/1510/16/15 D f 41 SHS ISHARE RUSSELL 2000 VALUE P 10/01/14VARIOUS g 305 SHS ISHARE RUSSELL 2000 VALUE P 10/01/14VARIOUS h 285 SHS ISHARE RUSSELL 2000 VALUE 10/15/15/10/16/15 D + 41 SHS VANGUARD DEVELOPED MKT P |01/16/14|02/25/15 58 SHS VANGUARD SHORT TERM BOND P 10/28/1412/09/15 k 38 SHS VANGUARD TOTAL BOND MKT P 10/28/1412/09/15 | 647 SHS ISHARE RUSSELL 1000 GRW 09/30/14 VARIOUS D m 374 SHS ISHARE RUSSELL 1000 GRW P 10/08/14/10/14/15 n 1176 SHS ISHARE RUSSELL 1000 GRW P 10/08/1410/16/15 o 122 SHS ISHARE RUSSELL 1000 GRW P 08/19/1510/16/15 (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 13,594. 12,852. 742. a 14,889. 14,075. 814. b 5,272. 5,270. 2. С 29,150 567. 28,583. d 6,667. 6,672. -5. е 4,187 3,802. 385. f 29,04728,450 597. g 27,232. 27,332. -100. h 1,661. 1,704. -43. 4,631 4,666. -35. 3,086 3,140. -54. 64,380 59,284. 5,096. 36,082 34,037 2,045. m 115,024 107,025 7,999. n 11,933. 12,305 -372.Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (i) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (1), if any 742. a 814. b 2. C 567. d -5<u>.</u> 385. f 597. Q -100. h -43. -35. -54<u>.</u> 5,096. 2,045. m 7,999. n -372.{ If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Capital Gains and Los	ses in tax on massiment income				
(a) List and	describe the kind(s) of property solo	d, e.g., real estate,	(b) How acquired	(c) Date acquired (mo., day, yr.)	(d) Date sold
	<del></del>		D - Donalion	ļ , , , , , , , , , , , , , , , , , , ,	·
			D	10/15/15	
			P P	10/08/14 10/08/14	
			P	VARIOUS	
			D	10/15/15	
			P	10/08/14	
			P	10/08/14	
			P	08/19/15	
197 SHS ISHARE	RUSSELL 2000 GR	OWTH	D	10/15/15	
		TS	D	12/23/13	
			D		09/24/15
		TTACHED	P	VARIOUS	VARIOUS
	JIVIDENDS			+	<del></del>
<u>n</u>				+	
0	(f) Depreciation allowed	(a) Cost or other hasis		n) Gain or (loss)	
(e) Gross sales price	(or allowable)	plus expense of sale		plus (f) minus (g)	
a 134,898.		125,992.			8,906.
		40,520.		-	
c 108,865.		109,146.			-281.
d 15,948.		16,695.			-747.
e 128,516.		128,373.			143.
		7,419.	<del></del>		595.
	8,014.       7,419         14,767.       13,431         703.       747         27,705.       27,749				1,336.
					-44.
					-44.
					$\frac{-646.}{130.}$
					7,579.
		2/203/00/1			987.
n					
0					
Complete only for assets showing	ig gain in column (h) and owned by	the foundation on 12/31/69		sses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (I) over col. (J), If any	Gains (excess but	of col. (h) gain ove not less than "-0-")	r col. (k),
a					8,906.
b					-756.
<u>C</u>	<del> </del>				-281.
<u>d</u>	<u> </u>				<u>-747.</u>
<u>e</u>					143.
1					595. 1,336.
<u>9</u> h					$\frac{1,336.}{-44.}$
1			<del>-7</del>		$\frac{-44}{-44}$
1					-646.
k					130.
l					7,579.
m	SHS   ISHARE RUSSELL   1000   VALUE				987.
n					
0			<del></del>		
• O	f If gain, also ente	er in Part I, line 7			24 72 7
		, I	2		<u>34,796.</u>
		nd (6):			
If gain, also enter in Part I, line 8,		ŗļ	3	N/A	

3 Grants and Contributions Paid During the		1	Τ	
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
	or substantial contributor	recipient	-	
AMP SUNSHINE AND CAMP SNOWFLAKE	NONE	OTHER PUBLIC	GENERAL	
РО ВОХ 99		CHARITY		
RIDGEWOOD, NJ 07451				15,000
CENTER FOR FOOD ACTION	NONE	OTHER PUBLIC	GENERAL	
192 WEST DEMAREST AVE		CHARITY		
ENGLEWOOD, NJ 07631				10,000
CHAI LIFELINE	NONE	OTHER PUBLIC	GENERAL	
151 WEST 30TH STREET		CHARITY		
NEW YORK, NY 10001			<del>-</del>	500
CHILDREN'S THERAPY CENTER	NONE	OTHER PUBLIC	GENERAL	
29-01 BERKSHIRE ROAD		CHARITY		
FAIR LAWN, NJ 07410				197,867
CLASSICAL SOUTH FLORIDA	NONE	OTHER PUBLIC	GENERAL	
330 SW SECOND STREET, SUITE #207		CHARITY		
FT LAUDERDALE, FL 33312				200
COMMUNITY CHEST	NONE	OTHER PUBLIC	GENERAL	
122 SOTH VANBRUNT ST		CHARITY		
ENGLEWOOD, NJ 07631				250
DOCTORS WITHOUT BORDERS	NONE	OTHER PUBLIC	GENERAL	
6 EAST 39TH STREET		CHARITY		
NEW YORK NY 10016	<u> </u>			3,000
ENGLEWOOD HOSPITAL	NONE	OTHER PUBLIC	GENERAL	
350 ENGLE ST E		CHARITY		
ENGLEWOOD, NJ 07631				50,000
CONGREGATION ADATH ISRAEL	NONE	OTHER PUBLIC	GENERAL	
115 HUNTINGTON RD		CHARITY		
NEWTON, CT 06470		-		10,000
HADASSAH	NONE	OTHER PUBLIC	GENERAL	
50 W 58ST		CHARITY		
NEW YORK, NY 10019  Total from continuation sheets				570 251

3 Grants and Contributions Paid During the		7	<del></del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
HEIFER INTL	NONE	OTHER PUBLIC	GENERAL	
L WORLD AVE		CHARITY		
LITTLE ROCK, AR 72202		-	<u></u>	2,000
HOLY APOSTLES SOUP KITCHEN	NONE	OTHER PUBLIC	GENERAL	
296 9TH AVE		CHARITY		
NEW YORK, NY 10001		-		3,000
HOPKINS	NONE	OTHER PUBLIC	GENERAL	
986 FORREST RD		CHARITY		
NEW HAVEN, CT 06333				2,000
HOSPITAL FOR SPECIAL SURGERY	NONE	OTHER PUBLIC	GENERAL	
535 EAST 70TH STREET		CHARITY		
NEW YORK, NY 10021				1,000
ISRAEL 2.0.	NONE	OTHER PUBLIC	GENERAL	
B HAMPTON ROAD		CHARITY		ļ
CLIFTON, NJ 07012				17,000
	ļ			
JCC THURNAUER SCHOOL OF MUSIC	NONE	OTHER PUBLIC	GENERAL	
411 E CLINTON AVENUE		CHARITY		
TENAFLY, NJ 07670				10,000
JEWISH AGENCY FOR ISRAEL	NONE	OTHER PUBLIC	GENERAL	
633 THIRD AVE NEW YORK, NY 10017		CHARITY		5,000
1001.				3,000
TEMTON MICEUM	NONE	OWNED DUDI TO	OUNDD AT	
JEWISH MUSEUM 1109 5TH AVE	NONE	OTHER PUBLIC CHARITY	GENERAL	
NEW YORK, NY 10128		CHANTI		1,500
10M., M. 1010				1,300
JEWISH FAMILY SERVICE	NONE	OTHER PUBLIC	GENERAL	
1485 TEANECK RD	TOTAL	CHARITY	SEMERAL	
TEANECK, NJ 07666				1,500
JEWISH FEDERATION OF NORTHERN NJ	NONE	OTHER PUBLIC	GENERAL	
50 EISENHOWER DR	[	CHARITY		
PARAMUS, NJ 07652				7,000
Total from continuation sheets			•	7,300

3 Grants and Contributions Paid During the	fear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
EWISH FEDERATION OF PALM BEACH	NONE	OTHER PUBLIC	GENERAL	
601 COMMUNITY DRIVE		CHARITY		
JEST PALM BEACH, FL 33417				1,000
SEWISH HOME AT ROCKLEIGH	NONE	OTHER PUBLIC	GENERAL	
O LINK DR ROCKLEIGH, NJ 07647		CHARITY		10,000
JEWISH NATIONAL FUND 42 EAST 69TH STREET	NONE	OTHER PUBLIC CHARITY	GENERAL	
NEW YORK, NY 10021			_	1,000
JEWISH THEOLOGICAL SEMINARY OF	NONE	OTHER PUBLIC	GENERAL	
MERICA 080 BROADWAY		CHARITY		
NEW YORK, NY 10027				3,500
EAGUE OF WOMEN VOTERS OF NJ	NONE	OTHER PUBLIC	GENERAL	
EDUCATION FUND		CHARITY		
PRENTON, NJ 08608				500
MARBEATZE TORAH INSTITUTE	NONE	OTHER PUBLIC	GENERAL	
1719 AVENUE P BROOKLYN, NY 11229		CHARITY		262
, 11 11 11 11 11 11 11 11 11 11 11 11 11				202
MARCH OF DIMES	NONE	OTHER PUBLIC	GENERAL	
1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605		CHARITY		100
MASORTI FOUNDATION FOR CONSERVATIVE	NONE	OTHER PUBLIC	GENERAL	
JUDAISM OF ISRAEL		CHARITY		
475 RIVERSIDE DR #832 NEW YORK, NY 10115				1 000
NEW TORK, NI 10113				1,200
MEMORIAL SLOAN KETTERING	NONE	OTHER PUBLIC	GENERAL	
1275 YORK AVE		CHARITY		_
NEW YORK, NY 10021				500
METROPOLITAN OPERA	NONE	OTHER PUBLIC	GENERAL	
LINCOLN CENTER		CHARITY		
NEW YORK, NY 10023 Total from continuation sheets		<u> </u>		10,063

Part XV   Supplementary Information				<del></del>
3 Grants and Contributions Paid During the		<del>-</del>		
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
Name and address (nome of business)	or substantial contributor	recipient		
MORRIS ARTS	NONE	OTHER PUBLIC	GENERAL	
14 MAPLE AVENUE		CHARITY		
MORRISTOWN, NJ 07960				1,000
MUSEUM OF MODERN ART	NONE	OTHER PUBLIC	GENERAL	
11 WEST 53RD STREET		CHARITY		
NEW YORK, NY 10001			-	472
NATIONAL AUDOBON SOCIETY	NONE	OTHER PUBLIC	GENERAL	
200 TRILLUM LANE		CHARITY		
ALBANY, NY 12203				200
NATIONAL DANGE CONSTRUCTION ACCORD	l.o			
NATIONAL PARKS CONSERVATION ASSOC	NONE	OTHER PUBLIC	GENERAL	
777 6TH STREET NW WASHINGTON, DC 20001		CHARITY		
MASHINGTON, DC 20001				50
NATL MUSEUM OF AMERICAN INDIANS	NONE	OTHER PUBLIC	GENERAL	
PO BOX 23473	[101.2	CHARITY		
WASHINGTON DC 20026				1,000
NCLR	NONE	OTHER PUBLIC	GENERAL	
870 MARKET STREET		CHARITY		
SAN FRANCISCO, CA 94102				200
NEW ENGLAND YOUTH THEATRE	NONE	OTHER PUBLIC	GENERAL	
PO BOX 6394		CHARITY		
BRATTLEBORO, VT 05302				10,000
MEW EXTRETED VOLUMEER STAR DEPM	NOVE	OMITTE PURITA		
NEW FAIRFIELD VOLUNTEER FIRE DEPT. PO BOX 8307	NONE	OTHER PUBLIC	GENERAL	
NEW FAIRFIELD CT 06333		CHARITY		240
NEW TAINTIBED, CT VOJOS				249
NEW YORK-PRESBYTERIAN HOSPITAL	NONE	OTHER PUBLIC	GENERAL	
622 WEST 168TH STREET		CHARITY		
NEW YORK, NY 10032				1,500
NEW FAIRFIELD LAND TRUST	NONE	OTHER PUBLIC	GENERAL	
4 BRUSH HILL RD		CHARITY		
FAIRFIELD, CT 06812				250
Total from continuation sheets				

Part XV Supplementary Informatio				<u></u>
3 Grants and Contributions Paid During the		<u></u>		
Recipient Name and address (home or hyppess)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
NEW HORIZON SERVICE DOGS	NONE	OTHER PUBLIC	GENERAL	
1590 LAUREL PARK CT		CHARITY		
ORANGE CITY FL 32763				1,000
PLANNED PARENTHOOD	NONE	OTHER PUBLIC	GENERAL	
810 7TH AVE		CHARITY		
NEW YORK, NY 10019	<del></del>			300
PREP FOR PREP	NONE	OTHER PUBLIC	GENERAL	
325 WEST 71ST STREET		CHARITY		
NEW YORK, NY 10023				10,000
SMILE TRAIN	NONE	OTHER PUBLIC	GENERAL	
245 5TH AVENUE		CHARITY		
NEW YORK, NY 10016			<del></del>	4,000
SOLOMON SCHECHTER DAY SCHOOL OF	NONE	OTHER PUBLIC	GENERAL	
BERGEN COUNTY	NONE	CHARITY	SENERAB	
BERGEN AVENUE				
NEW MILFORD, NJ 07646				51,000
SPECTRUM FOR LIVING DEVELOPMENT INC	NONE	OTHER PUBLIC	GENERAL	
210 RIVERDALE RD #3		CHARITY		
RIVER VALE, NJ 07675				3,500
TEMPLE EMANU-EL	NONE	OTHER PUBLIC	GENERAL	
180 PIERMONT ROAD		CHARITY		
CLOSTER NJ 07624				55,198
TENAFLY FIREMANS ASSOC	NONE	OTHER PUBLIC	GENERAL	
PO BOX 511		CHARITY		
TENAFLY, NJ 07670		-		250
TENAFLY NATURE CENTER	NONE	OTHER PUBLIC	GENERAL	
313 HUDSON AVENUE		CHARITY		
TENAFLY NJ 07670				100
TENAFLY VOLUNTEER AMBULANCE	NONE	OTHER PUBLIC	GENERAL	
PO BOX 355		CHARITY		
TENAFLY NJ 07670			_ 1	250
Total from continuation sheets				

3 Grants and Contributions Paid During the		- <del></del>		<u> </u>
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
Name and address (nome of business)	or substantial contributor	recipient		
THE ART SCHOOL AT THE OLD CHURCH	NONE	OTHER PUBLIC	GENERAL	1
661 PIERMONT RD		CHARITY		
DEMAREST, NJ 07627	-			100
'HIRTEEN/WNET	NONE	OTHER PUBLIC	GENERAL	
150 WEST 33RD STREET		CHARITY		
NEW YORK, NY 10001				1,500
JEWISH THEOLOGICAL SEMINARY - TORAH	NONE	OTHER PUBLIC	GENERAL	
rund		CHARITY		
3080 BROADWAY				
NEW YORK, NY 10027		<u> </u>		50,000
UNITED SYNAGOGUE OF CONSERVATIVE	NONE	OTHER PUBLIC	GENERAL	
JUDAISM		CHARITY		
820 SECOND AVENUE				
NEW YORK, NY 10017				100
VANTAGE HEALTH SYSTEM	NONE	OTHER PUBLIC	GENERAL	
93 WEST PALISADE AVENUE		CHARITY		
ENGLEWOOD, NJ 07631				1,000
TOWN & VILLAGE SYNAGOGUE 334 E 14TH ST	NONE	OTHER PUBLIC CHARITY	GENERAL	
NEW YORK NY 10003		CHARTT		1,000
				2,000
WLIW21	NONE	OTHER PUBLIC	GENERAL	
825 EIGHT AVENUE	NONE	CHARITY	SHILIKALI	
NEW YORK, NY 10019				500
WNYC	NONE	OTHER PUBLIC	GENERAL	
160 VARICK ST		CHARITY		
NEW YORK, NY 10013		<del> </del>		500
WOMEN'S RIGHTS INFO CENTER	NONE	OTHER PUBLIC	GENERAL	
108 WEST PALISADE AVE		CHARITY		
ENGLEWOOD, NJ 07631				250
ong				
ORT AMERICA	NONE	OTHER PUBLIC	GENERAL	
315 PARK AVE S NEW YORK, NY 10010		CHARITY		2,786
Total from continuation sheets			<u> </u>	2,780

Part XV Supplementary Informat  3 Grants and Contributions Paid During th				<del> </del>
Recipient	If recipient is an individual.			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
WORLD WILDLIFE FUND	NONE	OTHER PUBLIC	GENERAL	
1250 24TH ST NW		CHARITY		
WASHINGTON, DC 20090				500
YES FOUNDATION	NONE	OTHER PUBLIC	GENERAL	
30600 THELGRAPH RD	NONE	CHARITY	GENERAL	
BINGHAM FARMS, MI 48025				800
				000
ZIDDISH BOOK CENTER	NONE	OTHER PUBLIC	GENERAL	
LO21 WEST ST		CHARITY		
AMHERST, MA 01002		<u> </u>		1,000
CAMP RAMAH	NONE	OTHER PUBLIC	GENERAL	
3080 BROADWAY		CHARITY		
NEW YORK, NY 10027				54
BRATTLEBORO JEWISH COMM	NONE	OTHER PUBLIC	GENERAL	
151 GREENLEAF ST		CHARITY	GENERAL	
BRATTLEBORO VT 05303				2,000
COLUMBIA DEPT OF OPTHAMOLOGY	NONE	OTHER PUBLIC	GENERAL	
635 W 165TH ST	NONE	CHARITY	GENERAL	
NEW YORK, NY 10032				2,500
				2,300
Total from continuation sheets				

FORM 990-PF	DIVIDENDS	AND INTER	EST F	ROM SECUR	ITIES ST	<b>PATEMENT</b>	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) REVENUE ER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUST NET INC	
MORGAN STANLEY #8374 MORGAN STANLEY	31,624.	. (	0.	31,624.	31,624.		
#9463	64.	, (	0.	64.	64.		
TO PART I, LINE 4	31,688.	,	0	31,688.	31,688.		
FORM 990-PF	<del></del>	ACCOUNTI	NG FE	ES	S	PATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
ACCOUNTING		3,750.		3,750.			0.
TO FORM 990-PF, PG 1	, LN 16B	3,750.		3,750.			0.
FORM 990-PF		TAX	ES		S'	TATEMENT .	 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- 'INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
EXCISE TAX FOREIGN TAX	_	32 <b>4.</b> 762.		0. 762.			0.
TO FORM 990-PF, PG 1	, LN 18	1,086.	-	762.			0.

TOTAL TO FORM 990-PF, PART II, LINE 13

FORM 9,90-PF	OTHER I	STATEMENT				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(C) ADJUSTED NET INCOM		
GIFTS NJ FEE ADVISORY FEES	187 30 15,508	•	0. 0. 508.			0.
TO FORM 990-PF, PG 1, LN 23	15,725	. 15,	15,508.			0.
FORM 990-PF	OTHER IN	VESTMENTS			STATEMENT	
DESCRIPTION		ALUATION METHOD	вос	OK VALUE	FAIR MARKE VALUE	ET
VANGUARD FTSE DEVELOPED MKTS FUND ISHARES RUSSELL 1000 GRW FUND		COST COST		0. 247,654.	243,8	0.
ISHARES RUSSELL 1000 GRW FOND		COST		247,574.		
ISHARES RUSSELL 2000 GRW FUND		COST		39,052.	38,9	
ISHARES RUSSELL 2000 VALUE FUND ISHARES RUSSELL MIDCAP G		COST COST		39,319. 58,065.	37,6 57,7	
ISHARES RUSSELL MIDCAP G ISHARES RUSSELL MIDCAP V ETF		COST		58,984.	57,0 57,0	
SPDR BARCALYS CAPITAL		COST		0.	3,,0	0
CAPITAL INTERNATIONAL		COST		0.		0
VANGUARD FTSE DEVEL MKTS		COST		0.		0
VANGUARD FTSE EMERGING MKTS		COST COST		0.	220 4	0
VANGUARD ST BOND VANGUARD ST BOND		COST		231,028. 193,786.	228,4 190,2	
INVESCO PREMIER		COST		0.	100,2	0
HARTFORD FIN SERS		COST		0.		
DEUTSCHE X-TRACKERS		COST	190,96		180,3	
ISHARES CORE EAFE		COST		191,273.	180,1	
ISHARES CORE EMERGING		COST COST		167,698. 102,099.	141,2	
ISHARES IBOXX ISHARES TIPS BOND		COST		79,732.		
PIMSO ENHANCED SHRT MKT		COST		78,561.	78,3	
VANGUARD TOTAL INTL BOND		COST		39,305.	39,1	
POWERSHARES		COST		10,022.	9,9	

1,898,539.

1,975,115.

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

SHIRLEY SHAPIRO DIANE SHAMAS