

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation THE SHAPIRO FOUNDATION		A Employer identification number 04-3541595	
Number and street (or P O box number if mail is not delivered to street address) 661 HIGHLAND AVE NO 103A		Room/suite	B Telephone number (see instructions) (818) 610-2900
City or town, state or province, country, and ZIP or foreign postal code NEEDHAM, MA 02494		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name 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"/>	
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		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 148,634,436	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 )	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	33,500,000			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments	1,941,340	1,941,340		
	4 Dividends and interest from securities . . .	2,994,957	2,561,935		
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-5,505,627			
	b Gross sales price for all assets on line 6a 6,862,296				
	7 Capital gain net income (from Part IV, line 2) . . .		0		
	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) . . . . .	97,390	-379,849		
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	33,028,060	4,123,426		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages . . . . .	225,000	0		180,000
	15 Pension plans, employee benefits . . . . .	18,501	0		14,801
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .	14,663	0		0
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .	2,861,065	2,861,065		0
	18 Taxes (attach schedule) (see instructions) . . .	1,125,213	710		52,437
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .	49,319	0		0
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	243,035	174,157		0
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	4,536,796	3,035,932		247,238
	25 Contributions, gifts, grants paid . . . . .	8,610,659			8,610,659
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	13,147,455	3,035,932		8,857,897
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	19,880,605			
	b <b>Net investment income</b> (if negative, enter -0-)		1,087,494		
	c <b>Adjusted net income</b> (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 (a) Book Value	End of year (b) Book Value (c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	579,681	57,218	57,218
	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) . . . . .	119,413,032	139,252,644	148,397,302
	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 ▶ _____)	89,525	179,916	179,916	
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	120,082,238	139,489,778	148,634,436	
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 ▶ _____)	20,042	23,947	
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	20,042	23,947	
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	120,062,196	139,465,831	
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	120,062,196	139,465,831		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	120,082,238	139,489,778		

**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	120,062,196
2	Enter amount from Part I, line 27a . . . . .	2	19,880,605
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	139,942,801
5	Decreases not included in line 2 (itemize) ▶ _____	5	476,970
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	139,465,831

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>		3,401,179	-3,401,179
<b>b</b> 6,862,296		4,975,165	1,887,131
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (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	
<b>a</b>			-3,401,179
<b>b</b>			1,887,131
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>2</b>	-1,514,048
<b>3</b> 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	<b>3</b>	

**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))
2017	6,661,154	130,175,119	0 051171
2016	5,452,367	109,297,556	0 049886
2015	3,721,908	74,480,553	0 049972
2014	3,101,403	60,658,500	0 051129
2013	2,822,301	53,760,964	0 052497

<b>2</b> Total of line 1, column (d)	<b>2</b>	0 254655
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0 050931
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	<b>4</b>	167,805,088
<b>5</b> Multiply line 4 by line 3	<b>5</b>	8,546,481
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	10,875
<b>7</b> Add lines 5 and 6	<b>7</b>	8,557,356
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	8,945,325

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 instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	10,875
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	10,875
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	10,875
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	0
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	25,000
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	25,000
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	<b>8</b>	448
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	<b>10</b>	13,677
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> 13,677 <b>Refunded</b>	<b>11</b>	0

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> 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? . . . . .	<b>1a</b>	No
<b>b</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 <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> 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		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers  \$ 0		
<b>2</b> 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	<b>2</b>	No
<b>3</b> 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 . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	Yes
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	Yes
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> 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 . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) MA		
<b>b</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 .	<b>8b</b>	Yes
<b>9</b> 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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV . . . . .	<b>9</b>	No
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	<b>10</b>	Yes

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	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. . . . .	<b>11</b>		<b>No</b>
<b>12</b>	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. . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.THESHAPIROFOUNDATION.ORG	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► THE ORGANIZATION Telephone no ► (818) 610-2900			

Located at ► 661 HIGHLAND AVE NO 103A NEEDHAM MA ZIP+4 ► 02494


<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	► <b>15</b>		
<b>16</b>	At any time during calendar year 2018, 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? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

**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.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(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 checked="" type="checkbox"/> Yes <input 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? ( <b>Exception.</b> 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>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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. . . . .	<b>1b</b>		<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . .			
<b>c</b>	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 2018? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	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 <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .	<b>2b</b>		
<b>c</b>	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 ► 20____, 20____, 20____, 20____			
<b>3a</b>	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>b</b>	If "Yes," did it have excess business holdings in 2018 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 2018). . . . .	<b>3b</b>		<b>No</b>
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 2018?	<b>4b</b>		<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

		Yes	No
<b>5a</b>	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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> 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.		<b>5b</b>
	Organizations relying on a current notice regarding disaster assistance check here. 	<input type="checkbox"/>	
<b>c</b>	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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870		<b>No</b>
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**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	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
EDWARD L SHAPIRO 661 HIGHLAND AVE NO 103A NEEDHAM, MA 02494	TRUSTEE 1 00	0	0	0
BARBARA J SHAPIRO 661 HIGHLAND AVE NO 103A NEEDHAM, MA 02494	TRUSTEE 1 00	0	0	0

**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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LAWRENCE L TOBIN 661 HIGHLAND AVE NO 103A NEEDHAM, MA 02494	FDTN DIRECTOR 40 00	225,000	18,500	0

**Total** number of other employees paid over \$50,000.  0

**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		
<b>Total</b> 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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**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
<b>1</b> INVESTMENT IN MA JVS PFS - A PAY FOR SUCCESS INITIATIVE THAT WILL INCREASE EMPLOYMENT OPPORTUNITIES FOR LIMITED ENGLISH SPEAKERS AND HELP THEM PROGRESS UP THE ECONOMIC LADDER BY PROVIDING WORKFORCE DEVELOPMENT SERVICES. PAY FOR SUCCESS PROVIDES A TOOL FOR RESULTS-BASED GOVERNMENT FINANCING, LEVERAGING EVIDENCE-BASED NONPROFITS AND PRIVATE CAPITAL TO ENABLE GOVERNMENT AND SOCIETY TO RESPOND TO CHRONIC SOCIAL ISSUES	27,138
<b>2</b> LOAN TO SOCIAL FINANCE CT FAMILY OPIOID - THE ORGANIZATION FURTHERS CHARITABLE PURPOSES BY LESSENING THE BURDENS OF THE STATE OF CONNECTICUT BY PROMOTING FAMILY STABILITY AND REDUCING FOSTER CARE UTILIZATION FOR FAMILIES IMPACTED BY PARENTAL SUBSTANCE USE	60,290
All other program-related investments. See instructions	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ►	87,428

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	169,415,761
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	944,734
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	170,360,495
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	170,360,495
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	2,555,407
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	167,805,088
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	8,390,254

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	8,390,254
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	10,875
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	24,807
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	35,682
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	8,354,572
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	8,354,572
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	8,354,572

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	8,857,897
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	87,428
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	8,945,325
<b>5</b>	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.	<b>5</b>	10,875
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	8,934,450

**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 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				8,354,572
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .	2,822,301			
<b>b</b> From 2014. . . . .	216,891			
<b>c</b> From 2015. . . . .	219,549			
<b>d</b> From 2016. . . . .	146,814			
<b>e</b> From 2017. . . . .	979,468			
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	4,385,023			
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 8,945,325				
<b>a</b> Applied to 2017, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2018 distributable amount. . . . .				8,354,572
<b>e</b> Remaining amount distributed out of corpus	590,753			
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,975,776			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .	2,822,301			
<b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .	2,153,475			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .	216,891			
<b>b</b> Excess from 2015. . . . .	219,549			
<b>c</b> Excess from 2016. . . . .	146,814			
<b>d</b> Excess from 2017. . . . .	979,468			
<b>e</b> Excess from 2018. . . . .	590,753			

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

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> 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. . .					
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

<b>1 Information Regarding Foundation Managers:</b>	
<b>a</b> 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>b</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	
<b>2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:</b>	
Check here <input checked="" type="checkbox"/> 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.	
<b>a</b> The name, address, and telephone number or email address of the person to whom applications should be addressed	
<b>b</b> The form in which applications should be submitted and information and materials they should include	
<b>c</b> Any submission deadlines	
<b>d</b> 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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b>			<b>▶ 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	

## Enter gross amounts unless otherwise indicated

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions )
<b>1</b> Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	1,941,340	
<b>4</b> Dividends and interest from securities. . . .	900000	433,022	14	2,561,935	
<b>5</b> Net rental income or (loss) from real estate					
a Debt-financed property. . . . .					
b Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	-5,505,627	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue					
a PASSTHROUGH ORDINARY INCOME _____	900000	477,239	01	-379,849	
b _____					
c _____					
d _____					
e _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). .		910,261		-1,382,201	0
<b>13</b> Total. Add line 12, columns (b), (d), and (e). . . . .					-471,940

[illegible]

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash.	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets.	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization.	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets.	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements.	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees.	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations.	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	*****	2019-11-11	*****	May the IRS discuss this return with the preparer shown below? (see instr )? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LENNY ESMOND CPA		2019-11-11		P00037472
	Firm's name ▶ ESMOND & ASSOCIATES INC Firm's address ▶ 23901 CALABASAS RD 1010 CALABASAS, CA 91302				

**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)				
<b>a</b> <i>Paid during the year</i>				
A KID'S BRAIN TUMOR CURE 98 RANDOM FARMS DRIVE CHAPPAQUA, NY 10514	NONE	PUBLIC CHARITY	RESEARCH	3,097
ACS ATHENS RODNEY SQUARE 1000 NORTH KING STREET WILMINGTON, DE 19801	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	137,500
AFRICAN LEADERSHIP FOUNDATION 545 SANSOME ST 7TH FLOOR SAN FRANCISCO, CA 94111	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
AGAHOZO-SHALOM YOUTH VILLAGE INC 498 SEVENTH AVENUE 15TH FL NEW YORK, NY 10018	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	25,000
AMERICAN CANCER SOCIETY 250 WILLIAMS STREET NW ATLANTA, GA 30303	NONE	PUBLIC CHARITY	RESEARCH	100
AMERICAN JUNIOR GOLF ASSOCIATION 1980 SPORTS CLUB DRIVE BRASELTON, GA 30517	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	250
<b>Total . . . . . ▶ 3a</b>				8,610,659



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)				
<b>a</b> <i>Paid during the year</i>				
ANTIDEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	NONE	PUBLIC CHARITY	RELIGIOUS	820
ASCEND INITIATIVE (RADCLIFFE) VIA CONVERGENCE NETWORK 3904 NORTH DRUID HILLS RD 336 DECATUR, GA 30033	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	50,000
B FOUNDATION101 ROCKLAND CIRCLE WILMINGTON, DE 19803	NONE	PUBLIC CHARITY	MEDICAL RESEARCH	50
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
BEAVER COUNTRY DAY SCHOOL 791 HAMMOND ST CHESTNUT HILL, MA 02467	NONE	PUBLIC CHARITY	EDUCATION	125,000
BETH ISRAEL DEACONESS MEDICAL CENTER 148 CHESTNUT STREET NEEDHAM, MA 02492	NONE	PUBLIC CHARITY	RESEARCH	5,000
BIJANEPISCOPAL CITY MISSIONJCRC 138 TREMONT STREET BOSTON, MA 02111	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	25,000
<b>Total . . . . .</b> ► <b>3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
BIRTHRIGHT79A MAIN STREET FRAMINGHAM, MA 01702	NONE	PUBLIC CHARITY	RELIGIOUS	10,000
BOSTON BULLPEN PROJECT PO BOX 920512 NEEDHAM, MA 02492	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	5,000
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	NONE	PUBLIC CHARITY	RESEARCH	450,000
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
BOSTON FOUNDATION 75 ARLINGTON ST 1000 BOSTON, MA 02116	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	1,000
BOSTON MEDICAL CENTER CORPORATION 1 BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118	NONE	PUBLIC CHARITY	RESEARCH	266,000
BOSTON PARTNERS IN EDUCATION 44 FARNSWORTH ST 7 BOSTON, MA 02110	NONE	PUBLIC CHARITY	EDUCATION	1,000
<b>Total . . . . .</b> ► <b>3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
BRAC (ROHINGYA) 110 WILLIAM STREET 18TH FLOOR NEW YORK, NY 10038	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	100,000
BRANDEIS UNIVERSITY JEWISH IDENTITY FUND 415 SOUTH STREET WALTHAM, MA 02453	NONE	PUBLIC CHARITY	RELIGIOUS	33,000
BRIDGE THE GAP FAMILY HEALTH HAITI HOPE HAITI 121 N FITZHUGH ST N ROCHESTER, NY 14614	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	500
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
BRIDGE2RWANDA 1818 N TAYLOR ST SUITE B PMB 322 LITTLE ROCK, AR 72207	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	37,412
BROTHERS FOR LIFE 270 SOUTH HANFORD ST SUITE 207 SEATTLE, WA 98134	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	25,000
CATHOLIC CHARITIES OF BOSTON 275 W BROADWAY BOSTON, MA 02127	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	5,000
<b>Total . . . . .</b> ► <b>3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	NONE	PUBLIC HOSPITAL	MEDICAL TREATMENT	4,720
CHILDREN'S HOSPITAL LEAGUE 401 PARK DRIVE SUITE 602 BOSTON, MA 02115	NONE	PUBLIC CHARITY	MEDICAL RESEARCH	2,500
COLLEGE UNBOUND325 PUBLIC ST PROVIDENCE, RI 02905	NONE	PUBLIC CHARITY	EDUCATION	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
COMBINED JEWISH PHILANTHROPIES 126 HIGH STREET BOSTON, MA 02110	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	118
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
<b>Total . . . . .</b> ► <b>3a</b>				8,610,659



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)				
<b>a</b> <i>Paid during the year</i>				
DANA FARBERJIMMY FUND 450 BROOKLINE AVENUE BOSTON, MA 02215	NONE	PUBLIC CHARITY	RESEARCH	23,538
DC SCORES 1140 CONNECTICUT AVE NW SUITE 1200 WASHINGTON, DC 20036	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	2,352
DRUGS FOR NEGLECTED DISEASES 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	2,500
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
DUET50 MILK STREET BOSTON, MA 02110	NONE	PUBLIC CHARITY	EDUCATION	100,000
EDESIA550 ROMANO VINEYARD WAY NORTH KINGSTOWN, RI 02852	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	25,000
ENGLISH FOR NEW BOSTONIANS 105 CHAUNCY STREET BOSTON, MA 02111	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	25,000
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
FACING HISTORY AND OURSELVES 16 HURD ROAD BROOKLINE, MA 02445	NONE	PUBLIC CHARITY	EDUCATION	5,000
FAMILIES FIRST 9 GALEN STREET SUITE 400 WATERTOWN, MA 02472	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	2,500
FOUNDATION FOR METROWEST 3 ELIOT STREET NATICK, MA 01760	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	1,000
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
FRANCISCAN CHILDREN'S HOSPITAL 30 WARREN ST BRIGHTON, MA 02135	NONE	PUBLIC CHARITY	MEDICAL RESEARCH	20,000
FRIENDS OF YEMIN ORDE 4340 EAST-WEST HWY SUITE 202 BETHESDA, MD 20814	NONE	PUBLIC CHARITY	RELIGIOUS	50,000
GANN ACADEMY333 FOREST STREET WALTHAM, MA 02452	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	5,000
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
GATEWAYS333 NAHANTON STREET NEWTON, MA 02459	NONE	PUBLIC CHARITY	EDUCATION	1,800
GLOBAL EMERGENCY RESPONSE 1199 NORTH FAIRFAX STREET SUITE 300 ALEXANDRIA, VA 22314	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	5,000
GLOBAL IMPACT 1199 NORTH FAIRFAX ST SUITE 300 ALEXANDRIA, VA 22314	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	285,000
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
HELP REFUGEES VIA CHOOSE LOVE INC FAO GEOFF BOEHM 45 WEST 36TH STREET 6TH FLOOR NEW YORK, NY 10018	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	50,000
HIAS1300 SPRING STREET SUITE 500 SILVER SPRING, MD 20910	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	125,000
HONEST REPORTING165 E 56TH ST NEW YORK, NY 10022	NONE	PUBLIC CHARITY	RELIGIOUS	1,800
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY, MA 02119	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	401,700
HOTLINE FOR REFUGEES & MIGRANTS (VIA PEF ISRAEL ENDOWMENT) 630 3RD AVE NEW YORK, NY 10017	NONE	PUBLIC CHARITY	RELIGIOUS	25,000
HUMANITY RISES INC 346 CONGRESS ST UNIT 402 BOSTON, MA 02210	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	20,000
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	1,000,000
IRAP (FORMERLY URBAN JUSTICE CENTER) ONE BATTERY PARK PLAZA 4TH FLOOR NEW YORK, NY 10004	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	25,000
ISRAAID 7700 OLD GEORGETOWN RD SUITE 700 BETHESDA, MD 20814	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	175,000
<b>Total . . . . . ▶ 3a</b>				8,610,659



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)				
<b>a</b> <i>Paid during the year</i>				
ISRAELI AMERICAN COUNCIL 1320 CENTRE ST 301 NEWTON, MA 02459	NONE	PUBLIC CHARITY	RELIGIOUS	1,000
ISRAELI DANCE FESTIVAL 88 TAPPAN STREET BROOKLINE, MA 02445	NONE	PUBLIC CHARITY	RELIGIOUS	252
JEW CER COMMUNITY FUNDING 4647 KINGSWELL AVENUE SUITE 148 LOS ANGELES, CA 90027	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	14,000
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> Paid during the year				
JEWISH BIG BROTHERS BIG SISTERS OF GREATER BOSTON 333 NAHANTON STREET NEWTON, MA 02459	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	100,000
JEWISH FAMILY AND CHILDREN'S SERVICES 1430 MAIN STREET WALTHAM, MA 02451	NONE	PUBLIC CHARITY	RELIGIOUS	10,220
JEWISH TEEN INITIATIVE BOSTON 6 COMMUNITY ROAD MARBLEHEAD, MA 01945	NONE	PUBLIC CHARITY	EDUCATION	5,400
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
JEWISH VOCATIONAL SERVICE (JVS) 75 FEDERAL STREET BOSTON, MA 02110	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	5,252
JFS OF METROWEST 475 FRANKLIN STREET 101 FRAMINGHAM, MA 01702	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	1,800
JFS OTTAWA (BVOR FUND) VIA JEWISH FEDERATION 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	394,125
<b>Total . . . . .</b> ► <b>3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
JUVENILE DIABETES 60 WALNUT STREET WELLESLEY, MA 02481	NONE	PUBLIC CHARITY	RESEARCH	5,000
LEKET ISRAELPO BOX 2090 TEANECK, NJ 07666	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	54
MAOZ INCPO BOX 535788 GRAND PRAIRIE, TX 75053	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	200,000
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
MARK'S NORTHEASTERN FURNITURE FOUNDATION 111 MILK ST 10 WESTBOROUGH, MA 01581	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	500
MASSCHALLENGE 21 DRYDOCK AVENUE FLOOR 6 BOSTON, MA 02210	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	10,000
MAYYIM HAYYIM 1838 WASHINGTON STREET NEWTON, MA 02466	NONE	PUBLIC CHARITY	RELIGIOUS	2,500
<b>Total . . . . .</b> ► <b>3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
MEDEAST VIA HABIBI INTERNATIONAL USA 5309 LINCOLN AVENUE CYPRESS, CA 90630	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	25,000
MOVING TRADITIONS 261 OLD YORK ROAD JENKINTOWN, PA 19046	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	540
MT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	NONE	PUBLIC CHARITY	MEDICAL RESEARCH	1,000
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
MUSEUM OF FINE ARTS BOSTON 465 HUNTINGTON AVE BOSTON, MA 02115	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	5,000
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL ST SUITE 200 NEWTON, MA 02458	NONE	PUBLIC CHARITY	RESEARCH	250
NEEDHAM ATHLETIC BOOSTERS CLUB INC 609 WEBSTER STREET NEEDHAM, MA 02492	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	250
<b>Total . . . . .</b> ► <b>3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION ONE PATRIOT PLACE FOXBOROUGH, MA 02035	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	500
NEW HORIZONS21 WARREN AVENUE WOBURN, MA 01801	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	10,000
NEWPROFIT 200 CLARENDON STREET 44TH FLOOR BOSTON, MA 02116	NONE	PUBLIC CHARITY	EDUCATION	250,000
<b>Total . . . . .</b> ► <b>3a</b>				8,610,659



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)				
<b>a</b> <i>Paid during the year</i>				
ONE VOICEPO BOX 1577-OCS NEW YORK, NY 10113	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	250
OPEN AVENUES FOUNDATION 50 MILK ST 15TH FLOOR BOSTON, MA 02110	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	5,000
PARTNERS IN HEALTH 888 COMMONWEALTH AVENUE 3RD FLOOR BOSTON, MA 02215	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	500,000
<b>Total . . . . .</b> ► <b>3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
POSSE FOUNDATION14 WALL STREET NEW YORK, NY 10005	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	513
PRINCIPE PRODUCTIONS 390 RIVERSIDE DRIVE APARTMENT 8C NEW YORK, NY 10025	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	10,000
PROJECT BREAD - THE WALK FOR HUNGER INC 145 BORDER ST EAST BOSTON, MA 02128	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	50
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
RALLY FOUNDATION FOR CHILDHOOD CANCER RESEARCH 5775 GLENRIDGE DRIVE NE BUILDING B 370 ATLANTA, GA 30328	NONE	PUBLIC CHARITY	RESEARCH	1,000
REFUGEPOINT 689 MASSACHUSETTS AVE 2ND FL CAMBRIDGE, MA 02139	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	252,000
RELIGIOUS ACTION COMMITTEE (RAC) (URJ) 2027 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	NONE	PUBLIC CHARITY	RELIGIOUS	3,600
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> Paid during the year				
ROOT CAPITAL INC 1301 BISHOP ALLEN DR 2ND FL CAMBRIDGE, MA 02139	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	25,000
ROXBURYPRESBYTERIAN CHURCH SOCIAL IMPACT CENTER 328 WARREN STREET ROXBURY, MA 02119	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	5,000
SECOND STEP INCPO BOX 600213 NEWTONVILLE, MA 02460	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
SNHU DREAMERS INITIATIVE 2500 N RIVER RD HOOKSETT, NH 03106	NONE	PUBLIC CHARITY	EDUCATION	45,200
SOCIAL FINANCE 10 MILK STREET SUITE 1010 BOSTON, MA 02108	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	175,000
SPARKSHARE50 MILK ST 15TH FL BOSTON, MA 02109	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	7,500
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
SQUASHBUSTERS 795 COLUMBUS AVENUE ROXBURY CROSSING, MA 02120	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	1,000
SUMMITS EDUCATION51 MELCHER ST BOSTON, MA 02210	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	50,000
TEACH FOR AMERICA 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	NONE	PUBLIC CHARITY	EDUCATION	25,000
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
TEAM IMPACT500 VICTORY ROAD QUINCY, MA 02171	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	25,000
TEMPLE BETH ELOHIM 31 MT EBO ROAD NORTH BREWSTER, NY 10509	NONE	PUBLIC CHARITY	RELIGIOUS	43,454
TENACITY38 EVERETT STEEET SUITE 50 BOSTON, MA 02134	NONE	PUBLIC CHARITY	EDUCATION	127,500
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
THE CHILDREN'S ROOM 1210 MASSACHUSETTS AVENUE ARLINGTON, MA 02476	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	5,000
THE CRISIS GROUP 155 EAST 44TH STREET NEW YORK, NY 10017	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	12,500
THE HOME PROJECT134 E 40TH STREET NEW YORK, NY 10016	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	295,000
<b>Total . . . . . ▶ 3a</b>				8,610,659



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)				
<b>a</b> <i>Paid during the year</i>				
THE MATCH FOUNDATION INC 215 FOREST HILLS STREET JAMAICA PLAIN, MA 02139	NONE	PUBLIC CHARITY	EDUCATION	250,000
THE RASHI SCHOOL 8000 GREAT MEADOW ROAD DEDHAM, MA 02026	NONE	PUBLIC CHARITY	RELIGIOUS	63,080
THE SAMARATINS OF CAPE COD PO BOX 65 FLAMOUTH, MA 02541	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	75,000
<b>Total . . . . .</b> ► <b>3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
THE SHALEM FOUNDATION 845 THIRD AVENUE SIXTH FLOOR NEW YORK, NY 10022	NONE	PUBLIC CHARITY	RELIGIOUS	25,000
THE TREVOR PROJECTPO BOX 69232 WEST HOLLYWOOD, CA 90069	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	100
TINOKOT (ISRAEL BABY HUG) (VIA PEF ISRAEL ENDOWMENT) 630 3RD AVE NEW YORK, NY 10017	NONE	PUBLIC CHARITY	RELIGIOUS	1,000
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
UCLA ANDERSON 110 WESTWOOD PLAZA LOS ANGELES, CA 90024	NONE	PUBLIC CHARITY	EDUCATION	200,000
UNICEF125 MAIDEN LANE NEW YORK, NY 10038	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	320,500
UNITAFTEL AVIV FOUNDATION 1201 BROADWAY 507 NEW YORK, NY 10001	NONE	PUBLIC CHARITY	RELIGIOUS	400,960
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF OTTAWA (REFUGEE HUBGRSI) VIA FRIENDS OF THE UNIVERSITY 1725 I ST NW STE 800 WASHINGTON, DC 20006	NONE	PUBLIC UNIVERSITY	EDUCATION	315,000
UNIVERSITY OF VERMONT UNIVERSITY OF VERMONT BURLINGTON, VT 05405	NONE	PUBLIC UNIVERSITY	EDUCATION	5,000
WHARTON SCHOOL3620 LOCUST WALK PHILADELPHIA, PA 19104	NONE	PUBLIC UNIVERSITY	EDUCATION	325,000
<b>Total . . . . . ▶ 3a</b>				8,610,659

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)				
<b>a</b> <i>Paid during the year</i>				
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	PUBLIC CHARITY	EDUCATION	52
YEAR UP INC 45 MILK STREET 9TH FLOOR BOSTON, MA 02109	NONE	PUBLIC CHARITY	EDUCATION	200,000
YOUTH VILLAGES 400 W CUMMINGS PARK 5200 WOBURN, MA 01801	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	5,000
<b>Total . . . . .</b> ► <b>3a</b>				8,610,659

**TY 2018 Accounting Fees Schedule****Name:** THE SHAPIRO FOUNDATION**EIN:** 04-3541595

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	14,663	0		0

## TY 2018 Investments Corporate Stock Schedule

**Name:** THE SHAPIRO FOUNDATION

**EIN:** 04-3541595

### Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
PAR GROUP, L.P.	139,252,644	148,397,302

**TY 2018 Other Assets Schedule****Name:** THE SHAPIRO FOUNDATION**EIN:** 04-3541595**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PROGRAM RELATED INVESTMENT - MASSACHUSETTS PATHWAYS	38,300	65,438	65,438
PROGRAM RELATED INVESTMENT - SOCIAL FINANCE CT FAMILY OPIOID	51,225	114,478	114,478



**TY 2018 Other Decreases Schedule**

**Name:** THE SHAPIRO FOUNDATION  
**EIN:** 04-3541595

Description	Amount
PRIOR PERIOD ASSET ADJUSTMENT	476,970

**TY 2018 Other Expenses Schedule****Name:** THE SHAPIRO FOUNDATION**EIN:** 04-3541595**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DEDUCTIONS RELATED TO PORTFOLIO INCOME	174,157	174,157		0
OFFICE EXPENSE	15,698	0		0
MEALS	22,522	0		0
INSURANCE	30,658	0		0

## TY 2018 Other Income Schedule

**Name:** THE SHAPIRO FOUNDATION

**EIN:** 04-3541595

### Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
PASSTHROUGH ORDINARY INCOME	97,390	-379,849	97,390

**TY 2018 Other Liabilities Schedule****Name:** THE SHAPIRO FOUNDATION**EIN:** 04-3541595

Description	Beginning of Year - Book Value	End of Year - Book Value
PAYROLL TAXES PAYABLE	42	42
PENSION PLAN PAYABLE	20,000	23,905

# TY 2018 Substantial Contributors Schedule

**Name:** THE SHAPIRO FOUNDATION

**EIN:** 04-3541595

Name	Address
EDWARD L SHAPIRO	661 HIGHLAND AVE NO 103A NEEDHAM, MA 02494
BARBARA J SHAPIRO	661 HIGHLAND AVE NO 103A NEEDHAM, MA 02494

**TY 2018 Taxes Schedule****Name:** THE SHAPIRO FOUNDATION**EIN:** 04-3541595

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES	732,957	0		0
FOREIGN TAXES	710	710		0
MASSACHUSETTS TAXES	326,000	0		0
PAYROLL TAXES	65,546	0		52,437

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491317017719							
<div>Schedule B (Form 990, 990-EZ, or 990-PF) 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>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information</div>			<div>OMB No 1545-0047</div> <div>2018</div>						
<div>Name of the organization</div> <div>THE SHAPIRO FOUNDATION</div>				<div>Employer identification number</div> <div>04-3541595</div>							
<div>Organization type (check one)</div>											
<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>						<div>Section:</div> <div><div><input type="checkbox"/> 501(c)( ) (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> 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></div>					
<div>Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b>.</div> <div><b>Note.</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions</div>											
<div>General Rule</div> <div><input checked="" type="checkbox"/> 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</div>											
<div>Special Rules</div> <div><div><input type="checkbox"/> For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 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</div><div><input type="checkbox"/> 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 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III</div><div><input type="checkbox"/> 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc , purpose Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$</div></div>											
<div><b>Caution.</b> An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it <b>must</b> 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)</div>											
<div>For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF</div> <div>Cat No 30613X</div> <div>Schedule B (Form 990, 990-EZ, or 990-PF) (2018)</div>											

<b>Employer identification number</b>
04-3541595

<b>Part I</b>	<b>Contributors</b> (See instructions) Use duplicate copies of Part I if additional space is needed
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EDWARD L SHAPIRO	\$ 33,500,000	Person <input checked="" type="checkbox"/>
	661 HIGHLAND AVE NO 103A		Payroll <input type="checkbox"/>
	NEEDHAM, MA 02494		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 )



Employer identification number

04-3541595

Part II	Noncash Property
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

<b>Name of organization</b> THE SHAPIRO FOUNDATION	<b>Employer identification number</b> 04-3541595
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<b>Part III</b>	<b>Exclusively</b> 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 <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(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
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee