

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

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"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <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) ▶ \$ 159,264,836		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(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)	54,026			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	2,518,046	2,518,046		
	4 Dividends and interest from securities	2,052,258	1,933,622		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	-4,491,764			
	b Gross sales price for all assets on line 6a _____ 33,645				
	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)	195,889	-1,879		
	12 Total. Add lines 1 through 11	328,455	4,449,789		
	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages	250,000	0		200,000
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	29,411	0		0
	c Other professional fees (attach schedule)				
	17 Interest	2,317,627	2,317,627		0
	18 Taxes (attach schedule) (see instructions)	368,670	184		9,789
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	6,545	0		0
	21 Travel, conferences, and meetings	42,361	0		0
	22 Printing and publications				
	23 Other expenses (attach schedule)	243,460	173,061		0
	24 Total operating and administrative expenses. Add lines 13 through 23	3,258,074	2,490,872		209,789
	25 Contributions, gifts, grants paid	8,135,498			8,135,498
	26 Total expenses and disbursements. Add lines 24 and 25	11,393,572	2,490,872		8,345,287
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-11,065,117			
	b Net investment income (if negative, enter -0-)		1,958,917		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	57,218	15,964,649	15,964,649
	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)	139,252,644	142,803,508	142,803,508
	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)	0	104,004	104,004
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	179,916	392,675	392,675	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	139,489,778	159,264,836	159,264,836	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	23,947	28,092	
	23 Total liabilities (add lines 17 through 22)	23,947	28,092	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	139,465,831	159,236,744	
	29 Total net assets or fund balances (see instructions)	139,465,831	159,236,744	
30 Total liabilities and net assets/fund balances (see instructions) .	139,489,778	159,264,836		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	139,465,831
2 Enter amount from Part I, line 27a	2	-11,065,117
3 Other increases not included in line 2 (itemize) ▶ _____	3	30,836,030
4 Add lines 1, 2, and 3	4	159,236,744
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	159,236,744

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.)
1 a PASSTHROUGH FROM PAR GROUP, L.P.	P		
b PASSTHROUGH FROM PAR GROUP, L.P.	P		
c PASSTHROUGH FROM CT FAMILY OPIOID	P		
d			
e			

(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)
a		594,576	-594,576
b		367,978	-367,978
c 33,645			33,645
d			
e			

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	
a			-594,576
b			-367,978
c			33,645
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	-928,909
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	8,934,450	167,805,088	0.053243
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

2 Total of line 1, column (d)	2	0.255401
3 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	3	0.051080
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	153,844,694
5 Multiply line 4 by line 3	5	7,858,387
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	19,589
7 Add lines 5 and 6	7	7,877,976
8 Enter qualifying distributions from Part XII, line 4	8	8,568,132

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)

1a	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	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	1	19,589
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	19,589
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	19,589
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	13,677
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	30,000
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	43,677
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	8	136
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	23,952
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 23,952 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 (2) On foundation managers. ▶ \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	Yes	
b If "Yes," has it filed a tax return on Form 990-T for this year?	Yes	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	Yes	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	Yes	

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.THESHAPIROFOUNDATION.ORG</u>	13	Yes	
14	The books are in care of ► <u>THE ORGANIZATION</u> Telephone no. ► <u>(818) 610-2900</u>			

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

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ► <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2019, 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?	16	Yes	No
	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.

1a	During the year did the foundation (either directly or indirectly):		Yes	No
	(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? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/>	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2019 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 2019.) <input type="checkbox"/>	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

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

		Yes	No
5a	During the year did the foundation pay or incur any amount to:		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<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	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b
	Organizations relying on a current notice regarding disaster assistance check here. ► <input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b
	If "Yes" to 6b, file Form 8870.		No
7a	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	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?		7b
8	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 30.00	0	0	0
BARBARA J SHAPIRO 661 HIGHLAND AVE NO 103A NEEDHAM, MA 02494	TRUSTEE 5.00	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	250,000	12,221	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		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 LOAN TO KIVA USER FUNDS - THE ORGANIZATION'S MISSION IS TO EXPAND FINANCIAL ACCESS TO HELP UNDERSERVED COMMUNITIES THRIVE BY CROWDFUNDING LOANS, UNLOCKING CAPITAL FOR THE UNDERSERVED, IMPROVING THE QUALITY AND COST OF FINANCIAL SERVICES, AND ADDRESSING THE UNDERLYING BARRIERS TO FINANCIAL ACCESS.	100,000
2 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.	97,845
All other program-related investments. See instructions.	
3 	25,000
Total. Add lines 1 through 3 ►	222,845

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	151,622,387
b	Average of monthly cash balances.	1b	4,461,116
c	Fair market value of all other assets (see instructions).	1c	104,004
d	Total (add lines 1a, b, and c).	1d	156,187,507
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	156,187,507
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	2,342,813
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	153,844,694
6	Minimum investment return. Enter 5% of line 5.	6	7,692,235

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

1	Minimum investment return from Part X, line 6.	1	7,692,235
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	19,589
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	23,857
c	Add lines 2a and 2b.	2c	43,446
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	7,648,789
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	7,648,789
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	7,648,789

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	8,345,287
b	Program-related investments—total from Part IX-B.	1b	222,845
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	8,568,132
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	19,589
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	8,548,543

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				7,648,789
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.	216,891			
b From 2015.	219,549			
c From 2016.	146,814			
d From 2017.	979,468			
e From 2018.	590,753			
f Total of lines 3a through e.	2,153,475			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>8,568,132</u>				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				7,648,789
e Remaining amount distributed out of corpus	919,343			
5 Excess distributions carryover applied to 2019. (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	3,072,818			
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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				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 2014 not applied on line 5 or line 7 (see instructions).	216,891			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	2,855,927			
10 Analysis of line 9:				
a Excess from 2015.	219,549			
b Excess from 2016.	146,814			
c Excess from 2017.	979,468			
d Excess from 2018.	590,753			
e Excess from 2019.	919,343			

Part XIV

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling.

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

b 85% of line 2a

c Qualifying distributions from Part XII, line 4 for each year listed

d Amounts included in line 2c not used directly for active conduct of exempt activities

e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.

Part XV

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

c Any submission deadlines:

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	8,135,498
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	2,518,046	
4 Dividends and interest from securities. . . .	900000	118,636	14	1,933,622	
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.			14	72,119	
8 Gain or (loss) from sales of assets other than inventory			18	-4,491,764	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a <u>PASSTHROUGH ORDINARY INCOME</u>	900000	198,223	01	-74,453	
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e). .		316,859		-42,430	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13		274,429

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

[illegible]

Part XVII

- | c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. | | 1c | No |
|---|--|----|----|
| d If the answer to any of the above is "Yes," complete the following schedule. Column (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 (d) the value of the goods, other assets, or services received. | | | |

[illegible]

- 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.

<p>Sign Here</p> <p>*****</p> <hr/> <p>Signature of officer or trustee</p>	<p>2020-08-19</p> <hr/> <p>Date</p>	<p>*****</p> <hr/> <p>Title</p>
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May the IRS discuss this return with the preparer shown below

(see instr.) ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LENNY ESMOND CPA		2020-08-19		P00037472
	Firm's name ▶ ESMOND & ASSOCIATES INC				Firm's EIN ▶ 20-3250475
	Firm's address ▶ 23901 CALABASAS RD 1010 CALABASAS, CA 91302				Phone no. (818) 610-2900

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

EDWARD L SHAPIRO
BARBARA J SHAPIRO

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ACS ATHENS RODNEY SQUARE 1000 NORTH KING STREET WILMINGTON, DE 19801	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	250,000
AGASSIZ VILLAGE 238 BEDFORD STREET NEW YORK, PA 19004	NONE	PUBLIC CHARITY	EDUCATION	1,000
ALIMA USAONE WHITEHALL ST 2ND FL NEW YORK, NY 10004	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	20,000
Total ▶ 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVENUE FLOOR 17 CHICAGO, IL 01701	NONE	PUBLIC CHARITY	RESEARCH	5,033
AMERICAN DIABETES ASSOCIATION 260 COCHITUATE ROAD 200 FRAMINGHAM, MA 01701	NONE	PUBLIC CHARITY	RESEARCH	500
AMERICAN FRIENDS OF MAOZ-SEAL INC 29 MERRILL ROAD NEWTON, MA 02459	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	100,000
Total ▶ 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN FRIENDS OF UJA OF GREATER TORONTO WITHUMSMITH BROWN PC 200 JEFFERSON PARK SUITE 400 WHIPPANY, NJ 07981	NONE	PUBLIC CHARITY	RELIGIOUS	329,839
AMERICAN MACULAR DEGENERATION FOUNDATION PO BOX 515 NORTHAMPTON, MA 01061	NONE	PUBLIC CHARITY	RESEARCH	500
AMERICAN PARKINSON DISEASE 135 PARKINSON AVENUE STATEN ISLAND, NY 10305	NONE	PUBLIC CHARITY	RESEARCH	1,000
Total ▶ 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICARES FOUNDATION 88 HAMILTON AVENUE STAMFORD, CT 06902	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	25,000
ANANIA'S MISSION 711 THOMSON PARK DRIVE CRANBERRY TWP, PA 16066	NONE	PUBLIC UNIVERSITY	INTERNATIONAL RELIEF	1,000
ANTI DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	NONE	PUBLIC CHARITY	RELIGIOUS	2,500
Total ▶ 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BEAUTIFUL DAY 10 DAVOL SQUARE UNIT 100 PROVIDENCE, RI 02903	NONE	PUBLIC CHARITY	EDUCATION	2,500
BEAVER COUNTRY DAY SCHOOL 791 HAMMOND ST CHESTNUT HILL, MA 02467	NONE	PUBLIC CHARITY	EDUCATION	150,000
BETH ISRAEL DEACONESS MEDICAL CENTER 148 CHESTNUT STREET NEEDHAM, MA 02492	NONE	PUBLIC CHARITY	RESEARCH	5,000
Total ► 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BIG APPLE CIRCUS 60 LINCOLN CENTER PLAZA NEW YORK, NY 10158	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	1,056
BOSTON BULLPEN PROJECT PO BOX 920512 NEEDHAM, MA 02492	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	7,500
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	NONE	PUBLIC CHARITY	RESEARCH	752,600
Total ► 3a				8,135,498

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOSTON FOUNDATION 75 ARLINGTON ST 1000 BOSTON, MA 02116	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	8,700
BOSTON MEDICAL CENTER CORPORATION 1 BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118	NONE	PUBLIC CHARITY	RESEARCH	255,000
BRIDGE2RWANDA 1818 N TAYLOR ST SUITE B PMB 322 LITTLE ROCK, AR 72207	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	29,450
Total ► 3a				8,135,498

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BROTHERS FOR LIFE 270 SOUTH HANFORD ST SUITE 207 SEATTLE, WA 98134	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	25,000
CHABAD OF CAPE COD 745 WEST MAIN STREET HYANNIS, MA 02601	NONE	PUBLIC CHARITY	RELIGIOUS	2,374
COMBINED JEWISH PHILANTHROPIES 126 HIGH STREET BOSTON, MA 02110	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	1,546
Total ► 3a				8,135,498

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CONGREGATION B'NAI TZEDEK 10621 S GLEN ROAD POTOMAC, MD 20854	NONE	PUBLIC CHARITY	RELIGIOUS	1,800
CROHN'S & COLITIS FOUNDATION 72 RIVER PARK STREET SUITE 202 NEEDHAM, MA 02494	NONE	PUBLIC CHARITY	RESEARCH	5,000
DANA FARBER JIMMY FUND 450 BROOKLINE AVENUE BOSTON, MA 02215	NONE	PUBLIC CHARITY	RESEARCH	33,050
Total ► 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DE NOVO CENTER FOR JUSTICE & HEALING 405 MAIN STREET WORCESTER, MA 01608	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	25,000
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	50,000
Total ▶ 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EMMA'S TORCH345 SMITH STREET BROOKLYN, NY 11231	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	5,000
EMORY1599 CLIFTON ROAD ATLANTA, GA 30322	NONE	PUBLIC CHARITY	EDUCATION	250
ENGLISH FOR NEW BOSTONIANS 105 CHAUNCY STREET BOSTON, MA 02111	NONE	PUBLIC CHARITY	EDUCATION	25,000
Total ▶ 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EPISCOPAL CITY MISSION 138 TREMONT STREET BOSTON, MA 02111	NONE	PUBLIC CHARITY	RELIGIOUS	6,000
FACING HISTORY AND OURSELVES 16 HURD ROAD BROOKLINE, MA 02445	NONE	PUBLIC CHARITY	EDUCATION	5,000
FRANCISCAN CHILDREN'S HOSPITAL 30 WARREN ST BRIGHTON, MA 02135	NONE	PUBLIC CHARITY	MEDICAL RESEARCH	20,000
Total ▶ 3a				8,135,498

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FRIENDS OF THE UNIVERSITY OF OTTAWA 1725 I ST NW STE 800 WASHINGTON, DE 20006	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	303,600
GEORGE WASHINGTON UNIVERSITY 2101 F STREET NW WASHINGTON, DC 20052	NONE	PUBLIC CHARITY	EDUCATION	15,000
GIVE33ORGPO BOX 3263 WASHINGTON, DC 20010	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	1,800
Total ► 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
GLBTQ LEGAL ADVOCATES 18 TREMONT STREET SUITE 950 BOSTON, MA 02108	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	1,000
GLOBAL IMPACT 1199 NORTH FAIRFAX ST SUITE 300 ALEXANDRIA, VA 22314	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	40,000
GLOBAL RESPONSE MANAGEMENT 463688 SR 200 SUITE 1 150 YULEE, FL 32097	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	50,000
Total ▶ 3a				8,135,498

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEBREW SENIOR LIFE 1200 CENTRE STREET BOSTON, MA 02131	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	75,000
HELP REFUGEES CHOOSE LOVE 45 WEST 36TH STREET 6TH FLOOR NEW YORK, NY 10018	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	385,915
HILLELS OF GEORGIA 735 GATEWOOD ROAD NE ATLANTA, GA 30322	NONE	PUBLIC CHARITY	RELIGIOUS	540
Total ► 3a				8,135,498

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HONEST REPORTING 165 E 56TH ST2ND FLOOR NEW YORK, NY 10022	NONE	PUBLIC CHARITY	RELIGIOUS	5,000
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY, MA 02119	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	420,886
HUMANITY RISES INC 346 CONGRESS ST UNIT 402 BOSTON, MA 02210	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	25,000
Total ▶ 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
INTEGRATED REFUGEE & IMMIGRANT SERVICES 235 NICOLL STREET 2ND FLOOR NEW HAVEN, CT 06511	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	5,000
INTERNATIONAL CRISIS GROUP 155 EAST 44TH STREET NEW YORK, NY 10017	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	612,500
JEWISH BIG BROTHERS BIG SISTERS OF GREATER BOSTON 333 NAHANTON STREET NEWTON, MA 02459	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	100,000
Total ▶ 3a				8,135,498

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JEWISH FAMILY SERVICES 1430 MAIN STREET WALTHAM, MA 02451	NONE	PUBLIC CHARITY	RELIGIOUS	14,300
JUVENILE DIABETES RESEARCH FUNDING 200 VESEY STREET 28TH FLOOR NEW YORK, NY 02459	NONE	PUBLIC CHARITY	RESEARCH	5,000
KIVA USER FUNDS 986 MISSION STREET 4TH FLOOR SAN FRANCISCO, CA 94104	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	10,000
Total ▶ 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MAYYIM HAYYIM LIVING WATERS 1838 WASHINGTON STREET NEWTON, MA 02466	NONE	PUBLIC CHARITY	RELIGIOUS	5,000
MILES4MIGRANTS3629 LAUREL STREET NEW ORLEANS, LA 70115	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	100,000
MULTIFAITH ALLIANCE FOR SYRIAN REFUGEES 6 EAST 43RD STREET FLOOR 22 NEW YORK, NY 10017	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	7,500
Total ▶ 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
MUSLIM YOUTH CAMP OF CALIFORNIA 6201 DEVON CT MADISON, WI 53711	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	105
NATIONAL BRAIN TUMOR SOCIETY INC 55 CHAPEL ST SUITE 200 NEWTON, MA 02458	NONE	PUBLIC CHARITY	RESEARCH	500
NATIONALS YOUTH BASEBALL ACADEMY 3675 ELY PLACE SE WASHINGTON, DC 20019	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	2,500
Total ▶ 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
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
PARTNERS IN HEALTH 888 COMMONWEALTH AVENUE 3RD FLOOR BOSTON, MA 02215	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	250,000
Total ▶ 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PAYPAL GIVING FUND 1250 I STREET NW UNIT 1202 WASHINGTON, DC 20005	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	500
POLITICAL ASYLUM IMMIGRATION REPRESENTATION PROJECT INC 98 NORTH WASHINGTON ST SUITE 106 BOSTON, MA 02114	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	100,000
REFUGEE HOME PROJECT 134 E 40TH STREET NEW YORK, NY 10016	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	287,800
Total ► 3a				8,135,498

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
REFUGEPOINT 689 MASSACHUSETTS AVE 2ND FL CAMBRIDGE, MA 02139	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	175,570
SCALABRINI INTERNATIONAL 307 E 60TH STREET NEW YORK, NY 10022	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	25,000
SCHOOL THE WORLD 376 BOYLSTON STREET SUITE 203 BOSTON, MA 02116	NONE	PUBLIC CHARITY	EDUCATION	253
Total ▶ 3a				8,135,498

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SHARE OUR STRENGTH 1030 15TH STREET NW SUITE 1100 W WASHINGTON, DC 20005	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	62,000
SOCIAL FINANCE 10 MILK STREET SUITE 1010 BOSTON, MA 02108	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	200,000
SOLES4SOULS319 MARTINGALE DRIVE OLD HICKORY, TN 37138	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	10,000
Total ▶ 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTHERN NEW HAMPSHIRE UNIVERSITY 2500 N RIVER RD HOOKSETT, NH 03106	NONE	PUBLIC CHARITY	EDUCATION	201,820
SPARKSHARE 50 MILK STREET 15TH FLOOR BOSTON, MA 02109	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	10,000
SQUASHBUSTERS 795 COLUMBUS AVENUE ROXBURY CROSSING, MA 02120	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	3,000
Total ▶ 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TALENT BEYOND BOUNDARIES 2000 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20036	NONE	PUBLIC CHARITY	INTERNATIONAL RELIEF	11,650
TEACH FOR AMERICA 25 BROADWAY 12TH FLOOR NEW YORK, NY 10004	NONE	PUBLIC CHARITY	EDUCATION	25,000
TEAM IMPACT500 VICTORY ROAD QUINCY, MA 02171	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	2,000
Total ▶ 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
TEMPLE BETH ELOHIM 31 MT EBO ROAD NORTH BREWSTER, NY 10509	NONE	PUBLIC CHARITY	RELIGIOUS	40,258
TENACITY38 EVERETT STEEET SUITE 50 BOSTON, MA 02134	NONE	PUBLIC CHARITY	EDUCATION	100,000
THE BASE150 SHIRLEY STREET ROXBURY, MA 02119	NONE	PUBLIC CHARITY	EDUCATION	500
Total ▶ 3a				8,135,498

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE CHILDREN'S ROOM 1210 MASSACHUSETTS AVENUE ARLINGTON, MA 02476	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	5,000
THE EXODUS INSTITUTE 1320 19TH STREET NW SUITE 600 WASHINGTON, DC 20036	NONE	PUBLIC CHARITY	RELIGIOUS	2,500
THE RASHI SCHOOL 8000 GREAT MEADOW ROAD DEDHAM, MA 02026	NONE	PUBLIC CHARITY	RELIGIOUS	513,500
Total ► 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
THE SHALEM FOUNDATION 845 THIRD AVENUE SIXTH FLOOR NEW YORK, NY 10022	NONE	PUBLIC CHARITY	RELIGIOUS	25,000
TRUSTBRIDGE FBO RESET UK 1901 ULMERTON ROAD SUITE 400 CLEARWATER, FL 33762	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	150,000
TRUSTEES OF TUFTS COLLEGE 163 PACHARD AVENUE MEDFORD, MA 02155	NONE	PUBLIC CHARITY	EDUCATION	10,000
Total ▶ 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UCLA FOUNDATION - 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	310,000
UNIVERSITY OF PENNSYLVANIA-WHARTON 3620 LOCUST WALK PHILADELPHIA, PA 19104	NONE	PUBLIC UNIVERSITY	EDUCATION	325,000
Total ▶ 3a				8,135,498

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	NONE	PUBLIC UNIVERSITY	EDUCATION	5,000
US HOLOCAUST MUSEUM 100 RAOUL WALLENBERG PL SW WASHINGTON, DC 20024	NONE	PUBLIC CHARITY	RELIGIOUS	5,000
USA FOR IOM 1752 N STREET NW SUITE 600 WASHINGTON, DC 20036	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	329,003
Total ▶ 3a				8,135,498

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WIKIMEDIA FOUNDATION INC PO BOX 98204 WASHINGTON, DC 20090	NONE	PUBLIC CHARITY	EDUCATION	50
YEAR UP INC 45 MILK STREET 9TH FLOOR BOSTON, MA 02109	NONE	PUBLIC CHARITY	EDUCATION	300,000
ZUMIX260 SUMMER STREET EAST BOSTON, MA 02128	NONE	PUBLIC CHARITY	DOMESTIC NEEDS	250
Total ▶ 3a				8,135,498

TY 2019 Accounting Fees Schedule**Name:** THE SHAPIRO FOUNDATION**EIN:** 04-3541595

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	29,411	0		0

TY 2019 All Other Program Related Investments Schedule**Name:** THE SHAPIRO FOUNDATION**EIN:** 04-3541595

Category	Amount
LOAN TO WORKAROUND - THE ORGANIZATION BRINGS ECONOMIC OPPORTUNITIES TO THE HIGHLY-EDUCATED AND INTERNET-CONNECTED SYRIAN REFUGEE BY PROVIDING FAIR, DIGNIFIED WORK WHILE ALSO SERVING THE GROWING NEED OF COMPANIES TO PREPARE DATA FOR MACHINE LEARNING ALGORITHMS.	25,000

TY 2019 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.	142,803,508	142,803,508

TY 2019 Investments - Other Schedule

Name: THE SHAPIRO FOUNDATION

EIN: 04-3541595

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
REFUGEE FILM PROJECT	AT COST	104,004	104,004

TY 2019 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	65,438	63,653	63,653
PROGRAM RELATED INVESTMENT - SOCIAL FINANCE CT FAMILY OPIOID	114,478	212,323	212,323
PROGRAM RELATED INVESTMENT - LOAN RECEIVABLE - KIVA USER FUNDS	0	100,000	100,000
SOCIAL FINANCE CT FAMILY OPIOID	0	-8,301	-8,301
PROGRAM RELATED INVESTMENT - WORKAROUND	0	25,000	25,000

TY 2019 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 -PASSTHROUGH PAR	173,061	173,061		0
DEDUCTIONS RELATED TO PORTFOLIO INCOME -PASSTHROUGH UP FUND	7,737	0		0
OFFICE EXPENSE	861	0		0
MEALS	16,130	0		0
INSURANCE	650	0		0
BANK FEES	510	0		0
OUTSIDE SERVICES	43,767	0		0
UTILITIES	744	0		0

TY 2019 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 - MA PATHWAYS	72,683	72,574	72,683
PASSTHROUGH ORDINARY INCOME - UP FUND	-564	0	-564
PASSTHROUGH ORDINARY INCOME	123,770	-74,453	123,770

TY 2019 Other Increases Schedule

Name: THE SHAPIRO FOUNDATION
EIN: 04-3541595

Description	Amount
UNREALIZED CHANGE IN VALUE OF INVESTMENTS	30,836,030

TY 2019 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	0
PENSION PLAN PAYABLE	23,905	0
CREDIT CARDS PAYABLE	0	28,092

**TY 2019 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 2019 Taxes Schedule**Name:** THE SHAPIRO FOUNDATION**EIN:** 04-3541595

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL TAXES	181,250	0		0
FOREIGN TAXES	184	184		0
MASSACHUSETTS TAXES	175,000	0		0
PAYROLL TAXES	12,236	0		9,789

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491280000130	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.			OMB No. 1545-0047 2019
Name of the organization THE SHAPIRO FOUNDATION				Employer identification number 04-3541595	

Organization type (check one):

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't 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 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 **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE SHAPIRO FOUNDATIONEmployer identification number
04-3541595**Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UTAH FILM CENTER 50 WEST BROADWAYSUITE 1125 SALT LAKE CITY, UT 84101	\$ 54,026	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization THE SHAPIRO FOUNDATION	Employer identification number 04-3541595
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(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
-		\$	

Name of organization THE SHAPIRO FOUNDATION	Employer identification number 04-3541595
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

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