



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**

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

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

▶ Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

**2014**

Open to Public Inspection

For calendar year 2014 or tax year beginning , 2014, and ending , 20

Name of foundation <b>THE AMY &amp; MARK SHIRVAN FAMILY FDN</b>		A Employer identification number <b>22-3510223</b>
Number and street (or P O box number if mail is not delivered to street address)	Room/suite	B Telephone number (see instructions) <b>(973) 779-3434</b>
249 CHURCHILL ROAD		
City or town, state or province, country, and ZIP or foreign postal code <b>TENAFLY, NJ 07670</b>		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 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>373,618.</b>		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 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)
1 Contributions, gifts, grants, etc., received (attach schedule)		10,000.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		6,354.	6,354.		ATCH 1
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		3,911.			
b Gross sales price for all assets on line 6a		9,380.			
7 Capital gain net income (from Part IV, line 2)			3,911.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11		20,265.	10,265.		
13 Compensation of officers, directors, trustees, etc.		0			
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees (attach schedule)					
b Accounting fees (attach schedule)					
c Other professional fees (attach schedule)					
17 Interest					
18 Taxes (attach schedule) (see instructions) [2]		344.	125.		
19 Depreciation (attach schedule) and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses (attach schedule) ATCH 3.		3,334.	3,334.		
24 Total operating and administrative expenses. Add lines 13 through 23.		3,678.	3,459.		
25 Contributions, gifts, grants paid		8,665.			8,665.
26 Total expenses and disbursements. Add lines 24 and 25		12,343.	3,459.		8,665.
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements		7,922.			
b Net investment income (if negative, enter -0-)			6,806.		
c Adjusted net income (if negative, enter -0-)					

SCANNED MAY 29 2015

RECEIVED  
MAY 22 2015  
IRS  
OGDEN, UT

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 . . . . .		11,049.	7,665.	7,665.
	2	Savings and temporary cash investments . . . . .		5,521.	17,919.	17,919.
	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 . . . . .				
	10 a	Investments - U.S. and state government obligations (attach schedule) . . . . .				
	b	Investments - corporate stock (attach schedule) ATCH 4 . . . . .	161,657.	158,896.	306,416.	
	c	Investments - corporate bonds (attach schedule) . . . . .				
	Liabilities	11	Investments - land, buildings, and equipment basis ▶ . . . . .			
		Less accumulated depreciation ▶ (attach schedule) . . . . .				
12		Investments - mortgage loans . . . . .				
13		Investments - other (attach schedule) . . . . . ATCH 5 . . . . .	33,996.	35,653.	41,618.	
14		Land, buildings, and equipment basis ▶ . . . . .				
		Less accumulated depreciation ▶ (attach schedule) . . . . .				
15		Other assets (describe ▶ . . . . .)				
16		<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . .	212,223.	220,133.	373,618.	
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 ▶ . . . . . ATCH 6 . . . . .)	65.			
23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	65.	0			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted . . . . .				
	25	Temporarily restricted . . . . .				
	26	Permanently restricted . . . . .				
	Foundations that do not follow SFAS 117, . . . ▶ <input checked="" type="checkbox"/> check here and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds . . . . .				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .				
	29	Retained earnings, accumulated income, endowment, or other funds . . . . .	212,158.	220,133.		
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	212,158.	220,133.		
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	212,223.	220,133.		

**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	212,158.
2	Enter amount from Part I, line 27a . . . . .	2	7,922.
3	Other increases not included in line 2 (itemize) ▶ ATCH 7 . . . . .	3	53.
4	Add lines 1, 2, and 3 . . . . .	4	220,133.
5	Decreases not included in line 2 (itemize) ▶ . . . . .	5	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	6	220,133.

Form 990-PF (2014)

**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>1a</b> SEE PART IV SCHEDULE					
<b>b</b>					
<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>					
<b>b</b>					
<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					
(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>2</b> Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$			<b>2</b>	3,911.	
<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>	0	

**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.

(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))
2013	9,315.	308,678.	0.030177
2012	6,900.	261,240.	0.026412
2011	10,702.	232,709.	0.045989
2010	9,760.	217,891.	0.044793
2009	8,190.	170,970.	0.047903
<b>2</b> Total of line 1, column (d)			<b>2</b> 0.195274
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			<b>3</b> 0.039055
<b>4</b> Enter the net value of noncharitable-use assets for 2014 from Part X, line 5			<b>4</b> 339,611.
<b>5</b> Multiply line 4 by line 3			<b>5</b> 13,264.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			<b>6</b> 68.
<b>7</b> Add lines 5 and 6			<b>7</b> 13,332.
<b>8</b> Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions			<b>8</b> 8,665.

**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)		1	136.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	
3 Add lines 1 and 2 . . . . .		3	136.
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	136.
6 Credits/Payments			
a 2014 estimated tax payments and 2013 overpayment credited to 2014 . . . . .	6a		
b Exempt foreign organizations - tax withheld at source . . . . .	6b		
c Tax paid with application for extension of time to file (Form 8868) . . . . .	6c		
d Backup withholding erroneously withheld . . . . .	6d		
7 Total credits and payments. Add lines 6a through 6d . . . . .	7		0
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached . . . . .	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .	9		136.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . . .	10		
11 Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

**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? . . . . .		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? . . . . . If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year? . . . . .		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T		X
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? . . . . .	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NJ, _____		
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 . . . . .		X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	X	

Form 990-PF (2014)

**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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions).	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address <input type="checkbox"/> N/A				
14	The books are in care of <input type="checkbox"/> AMY AND MARK SHIRVAN Telephone no <input type="checkbox"/> 201-567-1494			
Located at <input type="checkbox"/> 249 CHURCHILL ROAD TENAFLY, NJ ZIP+4 <input type="checkbox"/> 07670				
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 <input type="checkbox"/> 15				
16	At any time during calendar year 2014, 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, (formerly TD F 90-221) If "Yes," enter the name of the foreign country <input type="checkbox"/>				

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/>	1b	
Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>			
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 2014? <input type="checkbox"/>	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," list the years <input type="checkbox"/> 2013			
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	X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <input type="checkbox"/>		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2014 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 2014) <input type="checkbox"/>	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? <input type="checkbox"/>	4b	X

Form 990-PF (2014)

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

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☒ No(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ Nob 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)? ☐ Yes ☒ NoOrganizations relying on a current notice regarding disaster assistance check here ☐ **5b**c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☒ No

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

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ Nob Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No **6b** X

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ Nob If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **7b****Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(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
ATCH 8		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
NONE		0	0	0

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

Form 990-PF (2014)

**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		0
Total number of others receiving over \$50,000 for professional services . . . . .		▶

**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 N/A	
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 NONE	
2	
All other program-related investments See instructions	
3 NONE	
Total. Add lines 1 through 3 . . . . .	▶

Form 990-PF (2014)

**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>	326,330.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	18,453.
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	344,783.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	344,783.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	5,172.
<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>	339,611.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	16,981.

**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>	16,981.
<b>2a</b>	Tax on investment income for 2014 from Part VI, line 5	<b>2a</b>	136.
<b>b</b>	Income tax for 2014. (This does not include the tax from Part VI)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	136.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	16,845.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	16,845.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	16,845.

**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>	8,665.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	
<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>	8,665.
<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>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	8,665.

**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

Form 990-PF (2014)

Page 9

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
<b>1</b> Distributable amount for 2014 from Part XI, line 7 . . . . .				16,845.
<b>2</b> Undistributed income, if any, as of the end of 2014				
<b>a</b> Enter amount for 2013 only . . . . .			13,695.	
<b>b</b> Total for prior years 20 <u>12</u> , 20 <u>11</u> , 20 <u>10</u> . . . . .				
<b>3</b> Excess distributions carryover, if any, to 2014				
<b>a</b> From 2009 . . . . .				
<b>b</b> From 2010 . . . . .				
<b>c</b> From 2011 . . . . .				
<b>d</b> From 2012 . . . . .				
<b>e</b> From 2013 . . . . .				
<b>f</b> Total of lines 3a through e . . . . .				
<b>4</b> Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ <u>8,665.</u>				
<b>a</b> Applied to 2013, but not more than line 2a . . . . .			8,665.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) . . . . .				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) . . . . .				
<b>d</b> Applied to 2014 distributable amount . . . . .				
<b>e</b> Remaining amount distributed out of corpus . . . . .				
<b>5</b> Excess distributions carryover applied to 2014 . . . . . (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5 . . . . .				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<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 . . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount - see instructions . . . . .				
<b>e</b> Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount - see instructions . . . . .			5,030.	
<b>f</b> Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				16,845.
<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) . . . . .				
<b>8</b> Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9</b> Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . .	0			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2010 . . . . .				
<b>b</b> Excess from 2011 . . . . .				
<b>c</b> Excess from 2012 . . . . .				
<b>d</b> Excess from 2013 . . . . .				
<b>e</b> Excess from 2014 . . . . .				

Form 990-PF (2014)

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

NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling . . . . .

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(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 . . . . .

Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011
b 85% of line 2a . . . . .				
c Qualifying distributions from Part XII, line 4 for each year listed . . . . .				
d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .				
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .				
3 Complete 3a, b, or c for the alternative test relied upon				
a "Assets" alternative test - enter				
(1) Value of all assets . . . . .				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .				
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .				
c "Support" alternative test - enter				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .				
(3) Largest amount of support from an exempt organization . . . . .				
(4) Gross investment income . . . . .				

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**1 Information Regarding Foundation Managers:**

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

ATTACHMENT 9

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.

N/A

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

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

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

ATCH 10

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

ATCH 11

c Any submission deadlines

NONE

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

NONE

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i> SEE SCHEDULE 1 ATTACHED	NONE	PC	CHARITABLE	8,665.
<b>Total</b> . . . . . ► <b>3a</b>				8,665.
<i>b Approved for future payment</i>				
<b>Total</b> . . . . . ► <b>3b</b>				

Enter gross amounts unless otherwise indicated

Line No.

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions.)

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

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	<b>1a(1)</b>	X
	(2) Other assets	<b>1a(2)</b>	X
<b>b</b>	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	<b>1b(1)</b>	X
	(2) Purchases of assets from a noncharitable exempt organization	<b>1b(2)</b>	X
	(3) Rental of facilities, equipment, or other assets	<b>1b(3)</b>	X
	(4) Reimbursement arrangements	<b>1b(4)</b>	X
	(5) Loans or loan guarantees	<b>1b(5)</b>	X
	(6) Performance of services or membership or fundraising solicitations	<b>1b(6)</b>	X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	<b>1c</b>	X
<b>d</b>	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) of the Code (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.

**Sign  
Here**

Signature of officer or trustee

5/13/15  
Date

► DIRECTOR  
Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name  
BARBARA TAIBI

Preparer's signature *Bamban Tail*

Date	05/15/2015
------	------------

Check <input type="checkbox"/> if self-employed	PTIN P00179526
---	-------------------

Firm's name ► EISNERAMPER LLP

Firm's EIN ▶ 13-1639826

Firm's address ▶ 111 WOOD AVE SO STE 600  
ISELIN, NJ

08830-2700

Phone no 732-243-7000

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

**2014**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**Name of the organization**

THE AMY &amp; MARK SHIRVAN FAMILY FDN

**Employer identification number**

22-3510223

**Organization type (check one)****Filers of:****Section:**

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization THE AMY &amp; MARK SHIRVAN FAMILY FDN

Employer identification number  
22-3510223**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	THE STANLEY & SYLVIA SHIRVAN FOUNDATION 23 FARVIEW ROAD TENAFLY, NJ 07670	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Name of organization THE AMY &amp; MARK SHIRVAN FAMILY FDN

Employer identification number

22-3510223

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization THE AMY &amp; MARK SHIRVAN FAMILY FDN

Employer identification number

22-3510223

**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
	----- ----- -----		----- ----- -----

**FORM 990-PF - PART IV****CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME**

Kind of Property		Description				Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	Gain or (loss)	
		TOTAL CAPITAL GAIN DISTRIBUTIONS				1,043.	
8,318.		220.000 SHS SOLD OF CARNIVAL CP NEW PAIR 5,459.				03/23/2000 2,859.	08/18/2014
19.		.668 SHS SOLD OF CDK GLOBAL INC COM 10.				09/13/2004 9.	09/30/2014
TOTAL GAIN (LOSS) .....						<u>3,911.</u>	

THE AMY & MARK SHIRVAN FAMILY FDN

22-3510223

ATTACHMENT 1

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
DIVIDENDS	6,354.	6,354.
TOTAL	<u>6,354.</u>	<u>6,354.</u>

THE AMY & MARK SHIRVAN FAMILY FDN

22-3510223

ATTACHMENT 2

FORM 990PF, PART I - TAXES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>
FOREIGN TAXES PAID	125.	125.
FEDERAL EXCISE TAX	219.	
TOTALS	<u>344.</u>	<u>125.</u>

THE AMY & MARK SHIRVAN FAMILY FDN

22-3510223

ATTACHMENT 3

FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	REVENUE AND EXPENSES <u>PER BOOKS</u>	NET INVESTMENT <u>INCOME</u>
INVESTMENT FEE	3,334.	3,334.
TOTALS	<u>3,334.</u>	<u>3,334.</u>

THE AMY & MARK SHIRVAN FAMILY FDN

22-3510223

ATTACHMENT 4

FORM 990PF, PART II - CORPORATE STOCK

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
PLEASE SEE ATTACHED STATEMENT	158,896.	306,416.
TOTALS	<u>158,896.</u>	<u>306,416.</u>

THE AMY & MARK SHIRVAN FAMILY FDN

22-3510223

ATTACHMENT 5

FORM 990PF, PART II - OTHER INVESTMENTS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
PLEASE SEE ATTACHED STATEMENT	35,653.	41,618.
TOTALS	<u>35,653.</u>	<u>41,618.</u>

ATTACHMENT 6FORM 990PF, PART II - OTHER LIABILITIESDESCRIPTIONENDING  
BOOK VALUE

DUE TO BROKER

TOTALS

ATTACHMENT 7FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCESDESCRIPTIONAMOUNT

ADJUSTMENT FOR PY BOOK TO TAX DIFFERENCE 53.

TOTAL 53.

THE AMY & MARK SHIRVAN FAMILY FDN

22-3510223

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 8

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
AMY SHIRVAN 249 CHURCHILL ROAD TENAFLY, NJ 07670	DIRECTOR 1 00	0	0	0
MARK SHIRVAN 249 CHURCHILL ROAD TENAFLY, NJ 07670	DIRECTOR 2 00	0	0	0
	GRAND TOTALS	<u>0</u>	<u>0</u>	<u>0</u>

ATTACHMENT 9

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

AMY SHIRVAN  
MARK SHIRVAN

ATTACHMENT 10

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

MARK SHIRVAN - DIRECTOR  
249 CHURCHILL ROAD  
TENAFLY, NJ 07670  
201-567-1494

AMY SHIRVAN - DIRECTOR  
249 CHURCHILL ROAD  
TENAFLY, NJ 07670  
201-567-1494

ATTACHMENT 11

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

WRITTEN REQUEST STATING THE PURPOSE AND USE OF FUNDS. REQUEST TO BE  
MADE TO DIRECTORS AT ADDRESS OF THE FOUNDATION.

THE AMY & MARK SHIRVAN FAMILY FDN

22-3510223

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

ATTACHMENT 12

<u>DESCRIPTION</u>	<u>BUSINESS CODE</u>	<u>AMOUNT</u>	<u>EXCLUSION CODE</u>	<u>AMOUNT</u>	<u>RELATED OR EXEMPT FUNCTION INCOME</u>
CONTRIBUTION FROM STANLEY & SYLVIA FOUNDATION			41	10,000	
TOTALS				<u>10,000.</u>	

**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T.  
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.  
► Information about Schedule D and its separate instructions is at [www.irs.gov/form1041](http://www.irs.gov/form1041).

OMB No 1545-0092

**2014**

Name of estate or trust

THE AMY & MARK SHIRVAN FAMILY FDN

Employer identification number

22-3510223

**Note:** Form 5227 filers need to complete **only** Parts I and II

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2013 Capital Loss Carryover Worksheet . . . . .				<b>6</b> ( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back . . . . . ►				<b>7</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .	19.	10.		9.
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .	8,318.	5,459.		2,859.
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				
<b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .				<b>12</b>
<b>13</b> Capital gain distributions . . . . .				<b>13</b> 1,043.
<b>14</b> Gain from Form 4797, Part I . . . . .				<b>14</b>
<b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2013 Capital Loss Carryover Worksheet . . . . .				<b>15</b> ( )
<b>16</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back . . . . . ►				<b>16</b> 3,911.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2014

**Part III Summary of Parts I and II****Caution:** Read the instructions before completing this part.(1) Beneficiaries'  
(see instr.)(2) Estate's  
or trust's

(3) Total

17	Net short-term gain or (loss) . . . . .	17			
18	Net long-term gain or (loss):				
a	Total for year . . . . .	18a			3,911.
b	Unrecaptured section 1250 gain (see line 18 of the wrkst) . . . .	18b			
c	28% rate gain . . . . .	18c			
19	Total net gain or (loss). Combine lines 17 and 18a. . . . . ▶	19			3,911.

**Note:** If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and do not complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

**Part IV Capital Loss Limitation**

20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:	20	( )
a	The loss on line 19, column (3) or b \$3,000 . . . . .		

**Note:** If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if

- Either line 18b, col (2) or line 18c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

**Form 990-T trusts.** Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col (2) or line 18c, col (2) is more than zero.

21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34). . .	21			
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero. . . . .	22			
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . .	23			
24	Add lines 22 and 23 . . . . .	24			
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶	25			
26	Subtract line 25 from line 24. If zero or less, enter -0- . . . . .	26			
27	Subtract line 26 from line 21. If zero or less, enter -0- . . . . .	27			
28	Enter the smaller of the amount on line 21 or \$2,500 . . . . .	28			
29	Enter the smaller of the amount on line 27 or line 28 . . . . .	29			
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% . . . . . ▶	30			
31	Enter the smaller of line 21 or line 26 . . . . .	31			
32	Subtract line 30 from line 26. . . . .	32			
33	Enter the smaller of line 21 or \$12,150. . . . .	33			
34	Add lines 27 and 30 . . . . .	34			
35	Subtract line 34 from line 33. If zero or less, enter -0- . . . . .	35			
36	Enter the smaller of line 32 or line 35 . . . . .	36			
37	Multiply line 36 by 15%. . . . . ▶	37			
38	Enter the amount from line 31 . . . . .	38			
39	Add lines 30 and 36 . . . . .	39			
40	Subtract line 39 from line 38. If zero or less, enter -0- . . . . .	40			
41	Multiply line 40 by 20% . . . . . ▶	41			
42	Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . .	42			
43	Add lines 37, 41, and 42 . . . . .	43			
44	Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . .	44			
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . . ▶	45			

Schedule D (Form 1041) 2014

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

THE AMY &amp; MARK SHIRVAN FAMILY FDN

Social security number or taxpayer identification number

22-3510223

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note.** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)  
☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS  
☐ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	.668 SHS SOLD OF CDK GLOBAL INC COM	09/13/2004	09/30/2014	19.	10.			9.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				19.	10.			9.

**Note.** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on other side

THE AMY &amp; MARK SHIRVAN FAMILY FDN

Social security number or taxpayer identification number

22-3510223

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

**Part II** **Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note.** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a, you are not required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☒ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	220.000 SHS SOLD OF CARNIVAL CP NEW PAIR	03/23/2000	06/18/2014	8,318.	5,459.			2,859.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if <b>Box D</b> above is checked), line 9 (if <b>Box E</b> above is checked), or line 10 (if <b>Box F</b> above is checked) ▶				8,318.	5,459.			2,859.

**Note.** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

		2014	AMY & MARK SHIRVAN FAMILY FOUNDATION RECAP									
Check #	Date	Recipient			Address					Amount		
		Valley National Bank										
1205	1/15/2014	Temple Emanuel of Closter			Piermont Road, Closter NJ					\$ 375 00		
1206	1/28/2014	Kaplan JCC on the Palisades			411 East Clinton Avenue Tenafly, NJ 07670					\$ 180 00		
1207	5/1/2014	"Play for Pink"			175 East 74th Street, #17-B New York, NY 10021					\$ 600 00		
1208	5/1/2014	National Tay Sachs Association			2001 Beacon Street, Suite 204 Boston, MA 02135					\$ 150 00		
1209	5/8/2014	United States Treasury									\$ 219 00	
1210	7/20/2014	The Staff Sergeant Joseph D'Augustine Memorial Fund			PO Box 192, Waldwick, NJ 07463					\$ 300 00		
1211	7/16/2014	The Andiamo Motorcycle Run			23 Hardenburgh Ave. Haworth, NJ 07641					\$ 500 00		
1212	9/23/2014	Morgan Stanley									\$ 10,000 00	
1213	9/23/2014	"Play for Pink"			175 East 74th Street, #17-B New York, NY 10021					\$ 200 00		
1214	12/20/2014	Tenafly Volunteer Ambulance Association			P O Box 355 Tenafly, NJ 07670					\$ 100 00		
1215	12/20/2014	Tenafly P B A. Local 376			P O Box 376, Tenafly, NJ 07670					\$ 50 00		
1216	12/20/2014	The Center for Food Action			192 West Demarest Avenue Englewood, NJ 07631					\$ 360 00		
1217	12/20/2014	The Community Chest			122 South Van Brunt Street, Englewood, NJ 07631					\$ 250 00		
1218	12/20/2014	The Arnold P. Gold Foundation			619 Palisade Avenue, 1st Floor Englewood Cliffs, NJ 07632					\$ 500 00		
1219	12/20/2014	Jewish Family Service			1485 Teaneck Road Teaneck, NJ 07666					\$ 180 00		
1220	12/20/2014	St. Jude Childrens Hospital			501 St. Jude Place Memphis, TN 38105					\$ 360 00		
1221	12/20/2014	Tenafly Firemen's Association			P O Box 511, Tenafly, NJ 07670					\$ 100 00		
1222	12/20/2014	Center for Hope & Safety Shelter our Sisters			12 Overlook Ave. Rochelle Park, NJ					\$ 100 00		
1223	12/20/2014	Camp Dream Street			411 East Clinton Avenue Tenafly, NJ 07670					\$ 250 00		
1224	12/20/2014	Herfer International			PO Box 8058 Little Rock, AK 72203-8058					\$ 360 00		
1225	12/20/2014	The Englewood Hospital Medical Center Foundation			350 Engle Street, Englewood, NJ					\$ 1,000 00		
1226	12/20/2014	Wounded Warrior Project			P O Box 758517 Topeka, Kansas 66675					\$ 250 00		
1227		VOID										
1228	12/20/2014	The Englewood Hospital Medical Center Foundation			350 Engle Street, Englewood, NJ					\$ 2,500 00		

## Account Detail

Portfolio Management Basic Securities Account  
944-107487-042AMY & MARK SHIRVAN FAMILY  
FOUNDATION INC

Investment Objectives †: Capital, Appreciation, Income

Investment Advisory Account

† Inform us if your investment objectives, as defined in the Expanded Disclosures, change

## HOLDINGS

This section reflects positions purchased/sold on a trade date basis, and includes positions purchased and omits positions sold in the current month. 'Market Value' and 'Unrealized Gain/(Loss)' are representative values as of the last business day of the statement period and may not reflect the value that could be obtained in the market. Fixed Income securities are sorted by maturity or pre-refunding date, and alphabetically within date. Estimated Annual Income (EAI) is calculated on a pre-tax basis and does not include any reduction for applicable non-US withholding taxes, if any. EAI for certain securities may include return of principal or capital gains which could overstate such estimates. For securities that have a defined maturity date within the next 12 months, EAI is reflected only through maturity date. Actual income or yield may be lower or higher than the estimates. Estimated yield reflects only the income generated by an investment, and does not reflect changes in its price. Structured products, identified in the Security Description column, appear in various statement product categories. When displayed, accrued interest, annual income and yield for structured products with a contingent income feature (such as Range Accrual Notes or Contingent Income Notes) are estimates and assume specified accrual conditions are met during the relevant period and payment in full of all contingent interest. For Floating Rate Securities, the accrued interest, annual income and yield are estimates based on the current floating coupon rate and may not reflect historic rates within the accrual period. Treasury regulations require that we report on Form 1099-B, after the close of the tax year, your adjusted cost basis on the sale of covered securities acquired on or after January 1, 2011, and classify the gain or loss as either long-term or short-term. These regulations also require that we make basis adjustments on covered securities due to wash sales, certain corporate actions and transfers by gift or inheritance, which will be reflected on your Form 1099-B. Cost basis is reflected on statements for informational purposes and should not be used in the preparation of your income tax returns. Refer to the Expanded Disclosures for additional information.

## CASH, BANK DEPOSIT PROGRAM AND MONEY MARKET FUNDS

Cash, Bank Deposit Program and Money Market Funds are generally displayed on a settlement date basis. You have the right to instruct us to liquidate your bank deposit balance(s) or shares of any money market fund balance(s) at any time and have the proceeds of such liquidation remitted to you. Estimated Annual Income, Accrued Interest and APY% will only be displayed for fully settled positions.

Description	Value	Estimated Annual Income	7-Day Current Yield %	Annual Percentage Yield %
CASH	\$41.21			
MS LIQUID ASSET FUND	17,878.01	1.79	0.010	—

  

	Percentage of Assets %	Market Value	Estimated Annual Income Accrued Interest
CASH, BDP, AND MMFS	4.9%	\$17,919.22	\$1.79 \$0.00

Money market funds seek to maintain a share price of \$1.00, therefore the dollar amounts listed equal the number of shares. Additional information concerning these transactions is available upon request. For more information about the pricing of Money Market Funds, please see the Expanded Disclosures. The money market funds reflected above include the balances in your automatic sweep feature, if any, and may include other money market funds that have been purchased in your account.

## Account Detail

Portfolio Management Basic Securities Account  
944-107487-042AMY & MARK SHIRVAN FAMILY  
FOUNDATION INC

## STOCKS

## COMMON STOCKS

Security Description	Trade Date	Quantity	Unit Cost	Total Cost	Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Dividend Yield %
ABBOTT LABORATORIES (ABT)	1/6/00	140 000	\$15 705	\$2 196 68	\$6 302 80	\$4 104 12 LT		
	2/15/07	25 000	25 334	633 34	1 125 50	492 16 LT		
	<b>Total</b>	<b>165 000</b>		<b>2,832 02</b>	<b>7,428 30</b>	<b>4,596 28 LT</b>	<b>158 00</b>	<b>2 12</b>
Share Price \$45 020, Next Dividend Payable 02/2015								
ABBVIE INC COM (ABBV)	1/6/00	140 000	17 031	2,384 29	9,161 60	6 777 31 LT		
	2/15/07	25 000	27 472	686 80	1 636 00	949 20 LT		
	<b>Total</b>	<b>165 000</b>		<b>3,071 09</b>	<b>10,797 60</b>	<b>7 726 51 LT</b>	<b>323 00</b>	<b>2 99</b>
Share Price \$65 440, Next Dividend Payable 02/2015								
ACCENTURE PLC IRELAND CL A (ACN)	6/7/06	154 000	27 364	4 214 04	13,753 74	9,539 70 LT	314 00	2 26
Share Price \$89 310, Next Dividend Payable 05/2015								
ANHEUSER BUSCH INBEV SA SPON (BUD)	7/31/13	60 000	95 803	5 748 20	6,739 20	991 00 LT	160 00	2 37
Share Price \$112 320								
APPLE INC (AAPL)	9/29/11	91 000	56 797	5,168 54	10,044 58	4 876 04 LT	171 00	1 70
Share Price \$110 380, Next Dividend Payable 02/2015								
AUTOMATIC DATA PROCESSING INC (ADP)	9/13/04	146 000	32 749	4,761 30	12,172 02	7,390 72 LT	286 00	2 34
Share Price \$83 370, Next Dividend Payable 01/01/15								
BB & T CORP (BBT)	7/19/01	170 000	36 700	6 239 00	6 611 30	372 30 LT		
	2/15/07	40 000	43 838	1 753 50	1 555 60	(197 90) LT		
	<b>Total</b>	<b>210 000</b>		<b>7,992 50</b>	<b>8,166 90</b>	<b>174 40 LT</b>	<b>202 00</b>	<b>2 47</b>
Share Price \$38 890, Next Dividend Payable 03/2015								
BERKSHIRE HATHAWAY CL B NEW (BRK'B)	12/17/99	100 000	35 000	3,500 00	15,015 00	11,515 00 LT	—	—
Share Price \$150 150								
CDK GLOBAL INC COM (CDK)	9/13/04	48 000	14 215	682 30	1,956 48	1 274 18 LT	23 00	1 17
Share Price \$40 760, Next Dividend Payable 03/2015								
CISCO SYS INC (CSCO)	3/6/01	140 000	24 202	3,386 29	3 894 10	506 81 LT		
	10/15/04	250 000	18 659	4 664 75	6 953 75	2 289 00 LT		
	<b>Total</b>	<b>390 000</b>		<b>8 053 04</b>	<b>10,847 85</b>	<b>2 794 81 LT</b>	<b>296 00</b>	<b>2 72</b>
Share Price \$27 815, Next Dividend Payable 01/2015								
COCA COLA CO (KO)	10/16/08	160 000	22 190	3,550 40	6,755 20	3,204 80 LT	195 00	2 88
Share Price \$42 220, Next Dividend Payable 03/2015								
CORPORATE EXEC BOARD CO (CEB)	10/19/07	47 000	76 010	3,572 47	3,408 91	(163 56) LT		
	3/20/08	110 000	40 076	4 408 36	7 978 30	3,569 94 LT		
	<b>Total</b>	<b>157 000</b>		<b>7 980 83</b>	<b>11,387 21</b>	<b>3 406 36 LT</b>	<b>165 00</b>	<b>1 44</b>
Share Price \$72 530, Next Dividend Payable 03/2015								

## Account Detail

Portfolio Management Basic Securities Account  
944-107487-042AMY & MARK SHIRVAN FAMILY  
FOUNDATION INC

## STOCKS

## COMMON STOCKS (CONTINUED)

Security Description	Trade Date	Quantity	Unit Cost	Total Cost	Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Dividend Yield %
EBAY INC (EBAY)	10/19/07	150 000	36 918	5,537 63	8,418 00	2 880 37 LT	—	—
Share Price \$56 120								
FASTENAL CO (FAST)	10/16/08	192 000	18 168	3 485 34	9,131 52	5 643 18 LT	192 00	2 10
Share Price \$47 560, Next Dividend Payable 02/2015								
FRANKLIN ELECTRIC CO (FELE)	7/30/97	275 000	6 406	1 761 72	10,320.75	8 559 03 LT	99 00	0 95
Share Price \$37 530, Next Dividend Payable 02/2015								
GENERAL ELECTRIC CO (GE)	3/14/01	95 000	42 020	3,991 90	2 400 65	(1 591 25) LT		
	12/23/03	65 000	30 950	2 011 75	1,642 55	(369 20) LT		
	10/15/04	75 000	33 460	2 509 50	1 895 25	(614 25) LT		
	2/15/07	90 000	36 145	3 253 08	2 274 30	(978 78) LT		
	Total	325 000		11 766 23	8,212 75	(3 553 48) LT	299 00	3 64
Share Price \$25 270, Next Dividend Payable 01/26/15								
HARLEY DAVIDSON INC (HOG)	12/22/03	130 000	46 844	6,089 71	6 568 30	2,478 59 LT		
	2/15/07	20 000	68 826	1 376 52	1,318 20	(58 32) LT		
	Total	150 000		7,466 23	9,886 50	2,420 27 LT	165 00	1 66
Share Price \$65 910, Next Dividend Payable 03/2015								
HOME DEPOT INC (HD)	10/16/00	89 000	37 293	3,319 10	9 542 33	6,023 23 LT		
	12/23/03	57 000	34 550	1,969 35	5,983 29	4 013 94 LT		
	Total	146 000		5,288 45	15,325 62	10,037 17 LT	274 00	1 78
Share Price \$104 970, Next Dividend Payable 03/2015								
INTL BUSINESS MACHINES CORP (IBM)	10/21/99	41 000	91 688	3,759 19	6 578 04	2,818 85 LT		
	12/8/04	14 000	97 040	1,358 56	2 246 16	867 60 LT		
	Total	55 000		5 117 75	8,824 20	3 706 45 LT	242 00	2 74
Share Price \$160 440, Next Dividend Payable 03/2015								
JOHNSON & JOHNSON (JNJ)	3/14/01	100 000	46 935	4,693 50	10 457 00	5 763 50 LT		
	2/15/07	50 000	65 781	3,289 04	5 228 50	1 939 46 LT		
	Total	150 000		7,982 54	15,685 50	7 702 96 LT	420 00	2 67
Share Price \$104 570, Next Dividend Payable 03/2015								
PFIZER INC (PFE)	2/8/02	186 000	39 900	7,421 40	5,793 90	(1 627 50) LT		
	12/23/03	59 000	34 310	2,024 29	1,837 85	(186 44) LT		
	2/15/07	150 000	26 522	3 975 23	4,672 50	694 27 LT		
	Total	395 000		13,420 92	12,304.25	(1 119 67) LT	442 00	3 59
Share Price \$31 150, Next Dividend Payable 03/2015								
SCHLUMBERGER LTD (SLB)	12/19/12	29 000	70 964	2,057 97	2,476 89	416 92 LT		
	12/9/13	46 000	88 340	4,063 64	3 928 86	(134 78) LT		

# Morgan Stanley

CLIENT STATEMENT | For the Period December 1-31, 2014

Page 8 of 16

## Account Detail

Portfolio Management Basic Securities Account  
944-107487-042

AMY & MARK SHIRVAN FAMILY  
FOUNDATION INC

### STOCKS

#### COMMON STOCKS (CONTINUED)

Security Description	Trade Date	Quantity	Unit Cost	Total Cost	Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Dividend Yield %
	Total	75 000		6,121 61	6,405 75	284 14 LT	120 00	1 87
Share Price \$85 410 Next Dividend Payable 01/09/15								
STRYKER CORP (SYK)	10/19/07	75 000	73 340	5,500 50	7,074 75	1,574 25 LT	104 00	1 47
Share Price \$94 330 Next Dividend Payable 01/30/15								
TARGET CORPORATION (TGT)	2/15/07	165 000	62 696	10,344 86	12,525 15	2,180 29 LT	343 00	2 73
Share Price \$75 910 Next Dividend Payable 03/20/15								
TELEFLEX INC (TFX)	9/6/97	120 000	31 313	3,757 50	13,778 40	10 020 90 LT 1	163 00	1 16
Share Price \$114 820 Next Dividend Payable 03/20/15								
TJX COS INC NEW (TJX)	7/8/02	260 000	9 890	2,571 40	17,830 80	15,259 40 LT	182 00	1 02
Share Price \$66 580 Next Dividend Payable 03/20/15								
VALSPAR CORP (VAL)	10/20/99	184 000	16 156	2,972 75	15,912 32	12 939 57 LT	221 00	1 38
Share Price \$86 480 Next Dividend Payable 03/20/15								
W W GRAINGER INC (GWW)	8/18/14	34 000	241 768	8,220 11	8,666 26	446 15 ST	147 00	1 69
Share Price \$254 890 Next Dividend Payable 03/20/15								
WALGREENS BOOTS ALLIANCE INC (WBA)	12/31/14	145 000	— Pending Corp Action		11,049 00	N/A	196 00	1 77
Share Price \$76 200								
		Percentage of Assets %	Total Cost		Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Yield %
STOCKS		83 7%	\$158,895 80		\$306 415 60	\$136,024 65 LT \$446 15 ST	\$5,902 00 \$0 00	1 93%

### MUTUAL FUNDS

#### OTHER MUTUAL FUNDS

"Total Purchases vs. Market Value" is provided to assist you in comparing your "Total Purchases" excluding reinvested distributions with the current value of the mutual fund positions in your account.

"Cumulative Cash Distributions" when shown may reflect distributions on shares no longer held in the account. It may not reflect all distributions received in cash due to but not limited to investments made prior to addition of this information on statements, securities transfers, timing of recent distributions, and certain adjustments made in your account.

"Net Value Increase/ (Decrease)" reflects the difference between your total purchases, and the sum of the current value of the fund's shares and cash distributions shown. This calculation is for informational purposes only and does not reflect your total unrealized gain or loss nor should it be used for tax purposes.

Security Description	Trade Date	Quantity	Unit Cost	Total Cost	Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Dividend Yield %
AMERICAN EUROPACIFIC GRW F2 (AEPFX)	11/6/09	289 013	\$38 061	\$11 000 00	\$13 589 39	\$2,589 39 LT		
Purchases		289 013		11 000 00	13,589 39	2,589 39 LT		
Long Term Reinvestments		23 535		950 06	1 106 76	156 70 LT		
Short Term Reinvestments		5 191		246 51	244 05	(2 43) ST		

Security Mark  
at Right

## Account Detail

Portfolio Management Basic Securities Account  
944-107487-042AMY & MARK SHIRVAN FAMILY  
FOUNDATION INC

## MUTUAL FUNDS

## OTHER MUTUAL FUNDS (CONTINUED)

Security Description	Trade Date	Quantity	Unit Cost	Total Cost	Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Dividend Yield %
<b>Total</b>		317.742		12,196.57	14,940.23	2,746.09 LT (2.43) ST	251.00	1.68
Total Purchases vs Market Value				11,000.00	14,940.23			
Net Value Increase/(Decrease)					3,940.23			
<i>Share Price \$47.020, Enrolled In MS Dividend Reinvestment, Capital Gains Reinvest</i>								
<b>HENDERSON INTL OPPORT I (HFOIX)</b>	11/6/09	251.636	19.670	5,000.00	6,610.48	1,610.48 LT		
	12/19/12	271.244	21.520	5,837.18	7,125.58	1,288.40 LT		
<b>Purchases</b>		522.880		10,837.18	13,736.06	2,898.88 LT		
Long Term Reinvestments		14.429		312.13	379.05	66.92 LT		
Short Term Reinvestments		7.062		167.91	185.52	(2.39) ST		
<b>Total</b>		544.371		11,337.22	14,300.63	2,965.80 LT (2.39) ST	82.00	0.57
Total Purchases vs Market Value				10,837.18	14,300.63			
Net Value Increase/(Decrease)					3,463.45			
<i>Share Price \$26.270, Enrolled In MS Dividend Reinvestment, Capital Gains Reinvest</i>								
<b>THORNBURG INTL VALUE I (TGVIX)</b>	11/6/09	199.362	25.080	5,000.00	5,464.51	464.51 LT		
	12/19/12	195.679	25.230	5,524.03	5,363.56	(160.47) LT		
<b>Purchases</b>		395.041		10,524.03	10,828.07	304.04 LT		
Long Term Reinvestments		13.732		373.08	376.39	3.31 LT		
Short Term Reinvestments		42.791		1,222.59	1,172.90	(49.69) ST		
<b>Total</b>		451.564		12,119.70	12,377.37	307.35 LT (49.69) ST	196.00	1.58
Total Purchases vs Market Value				10,524.03	12,377.37			
Net Value Increase/(Decrease)					1,853.34			
<i>Share Price \$27.410, Enrolled In MS Dividend Reinvestment, Capital Gains Reinvest</i>								
<b>MUTUAL FUNDS</b>			Percentage of Assets %	Total Cost	Market Value	Unrealized Gain/(Loss)	Estimated Annual Income	Yield %
			11.4%	\$35,653.49	\$41,618.23	\$6,019.24 LT \$(54.51) ST	\$529.00 \$0.00	1.27%