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

Schedule of Contributors

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

2015

OMB No. 1545 0017

Dupartment of the Treasury Internal Pevenue Service	 Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www. 	www.irs.gov/form990			
Name of the organization AMY	AND MARK SHIRVAN FAMILY FOUNDATION	Employer identification number			
INC	INC 22-3510223				
Organization type (check	•				
Filers of:	Section.				
Form 990 or 990-EZ	50 (c)(, (enter number) organization				
	4947(a)(1) nonexempt charitable trust not tre	ated as a private foundation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation	501(c)(3) taxable private foundation			
Check if your organization i	s 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 Ru	ile and a Special Rule. See instruction.			
General Rule					
X For an organization f	iling Form 990-990 EZ or 990 PF that received, during the year contrib- ne contributor. Complete Parts I and II. See instructions for determining.	utions totaling \$5,000 or more (in money or			
property) from any or	to commodity complete rails railed if See instructions to determining	a community stotal community			
Special Rules					
For an organization of	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)(received from any on	1) and 170(b)(1)(A)(a) that checked Schedule A (Form 990 or 990 EZ) Fart the contributor during the year total contributions of the greater of (1) \$5 line 1h, or (ii) Form 990 EZ, line 1. Complete Parts I and II.	II line 13 16a or 16b, and that			
during the year total	described in section 501(c)(7), (8) or (10) filing Form 990 or 990 EZ that contributions or more than \$1,000 exclusively for religious, charitable, so prevention of cruelly to children or animals. Complete Parts (11), and III.	received from any one contributor clentuic, literary, or oducational			
purposes, or for the p	prevention of crucity to criticien of animals toorspices have any in, and in				
For an organization o	described in section 501(c)(7) (8) or (10) filing Form 990 or 990 EZ that	received from any one contributor			
during the year cont	ributions exclusively for religious, charitable, etc., purposes, but no snon	contributions totaled more than			
	checked, enter here the total contributions that were received during the ose. Do not complete any of the parts unless the General Rule applies to				
	ively religious, charitable, etc., contributions totaling \$5,000 or more duri				
C aution . An organization	that is not covered by the General Eule and/or the Special Bules does in	ant file Schedule B (Form 990, 990 F7, or			

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not tile Schedule 8 (Form 990-EF), but it must answer 'No' on Part IV, line 2 of its Form 990-Or check the box on line H of its Frim 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule Name of org	B (Form 990-990 EZ, or 990 PF) (2015)	Page	1 of 1 of Part I
	ND MARK SHIRVAN FAMILY FOUNDATION	' '	510223
Rantus	Contributors (see instructions). Use duplicate acpies or Part Lit additional space	is needed	· · · · · · · · · · · · · · · · · · ·
(a) Number	(b) Name, address and ZIP + 4	(c) Total conInbutions	(d) Type of contribution
1	SYIV1A & STANLEY SHIRVAN FOUNDATION		Person X Payroll
	23 FARVIEW DR	\$10,000.	Noncash
	TENAFLY, NJ 0/670		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
;		\$	Person
!			(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
	·		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	 	 \$ _	Person Payroll Noncash
			(Complete Part II for noncash contributions)
(a) Number	(b) Name. address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person [] Payroll [] Noncash []
			(Complete Part II for noncash contributions.)
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	B (Form 990, 990-EZ or 990 PF) (2015)	Page	1 :0	1 of Part II
Name of orga	nization D MARK SHIRVAN FAMILY FOUNDATION		22-3510	ntification number
	Noncash Property (see instructions). Use duplicate copies of Part II in additional se	neco ie ne		
(a) No from Part I	(b) Description of noncash property given	FMV	(c) (or estimate) instructions)	(d) Date received
	N/A			
		-		
		ļ\$	-	
(a) No. from Part I	(b) Description of noncash property given		(c) (or estimate) instructions)	(d) Date received
		1		
		\$ 		
(a) No from Part I	(b) Description of noncash property given	FMV (sec	(c) (or estimate) instructions)	(d) Date received
		'		
(a) No from Part I	(b) Description of noncash property given	FMV (sec	(c) (or estimate) instructions)	(d) Date received
		1		
		15		<u> </u>
				
(a) No. from Part 1	(b) Description of noncash property given	FMV (see	(c) (or estimate) instructions)	(d) Date received
		ş		
(a) No from Part i	(b) Description of noncash property given	FMV (see	(c) (or estimate) instructions)	(d) Date received
]		
		\$		
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Schedule B (Form 990, 990-E7, or 990 PF) (2015)			Page 1 to 1 of Part III		
	MARK SHIRVAN FAMILY FOUNDAT	Employer identification number 22-3510223			
Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ne year from any one contributo ampleting Part III enter the total of (Enter this information once. See in	exclusively religious charitable, etc.,		
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	N/A				
	(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	Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. irom Part i	(b) Purpose of gift	(C) Use of guilt	(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 addres	s, and ZIP + 4	Relationship of transferor to transferee		
BAA		TEEA0704L 10/12/15	Schedule B (Form 990, 990-EZ, or 990-PF) (2015)		