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Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2015

Name of the organization 14 NIEU J MIRIAM MICHAEL TOUNDATION Employer Identification number 22-686 1957						
Organizati	on type (check on	ie):				
Filers of:		Section:			FR	ECEIVED
Form 990 o	or 990-EZ	☐ 501(c)() (enter number) org onexempt charitable tro organization	anization	12T	25 2010 182
		4947(a)(1) no	onexempt charitable tr	ust not treated as a pr	rivatie dun	OGDEN, UT
		☐ 527 political	organization			OGUEIN
Form 990-F	PF /	501(c)(3) exempt private foundation				
		4947(a)(1) no	onexempt charitable tr	ust treated as a private	e foundatio	on
		501(c)(3) tax	able private foundation	ı		
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 Ru	ήα					
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 Ru	les					
ree 13	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½ % 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.					
CO	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.					
co co du G e	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. A 990-EZ, or	n organization that 990-PF), but it mu	t is not covered b	by the General Rule and on Part IV, line 2, of its	I/or the Special Rules Form 990; or check th	does not i	file Schedule B (Form 990, 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).

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	8 (Form 990, 990-EZ, or 990-PF) (2015) organization		Page 2	
1) 1	ELA YRIAN YICHAEL TOUNDATION		mployer identification number	
Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space i	s needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	DANIEL MICHAEL 446 WORWICKE AVE 184150K NJ 07666-2926	\$ 21200 -	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	MIRIAM GICHAEL 446 WARWICK AVE TEANECK C/J 07666-2426	\$ 21260 -	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	727	RECEIVED 708 \$ JUL 2 5 2016 00 OGDEN, UT	Person	
(a) No.	(b) Name, address, and ZIP + 4	Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(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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	Form 990, 990-EZ, or 990-PF) (2015) rganization		Page C Employer identification number
C/B/	DIEN - MINIAM MICHAEL STUN	00502	22-6861957
Part II	Noncash Property (see instructions). Use duplicate copi	es 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
	$(Mod \Sigma)$	\$	
(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
		s	
(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	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

	(Porm 990, 980-EZ, or 990-PF) (2015)				Page 4			
\sim	organization VIEL & VIRIAM MIC	HASL TOU	NO SETION		Employer identification number			
Part III	Exclusively religious, charitable, e	etc., contributions t	o organizations de	escribed in	n section 501(c)(7), (8), or			
	(10) that total more than \$1,000 for	or the year from any	one contributor.	Complete	columns (a) through (e) and			
	the following line entry. For organize contributions of \$1,000 or less for t	ations completing Pa the vear. (Enter this in	irt III, enter the tota nformation once. S	ı ot <i>exciusi</i> ee instruct	ions) • • —			
	Use duplicate copies of Part III if ad							
(a) No.	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I		(0) 030 0) giit		(4, -5,				
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	1 10 15							
ļ								
	(e) Transfer of gift							
Į	Transferee's name, address, and ZIP + 4 Relation				onship of transferor to transferee			
1								
(a) No. from	(b) Purpose of gift	(c) Use	(c) Use of gift		(d) Description of how gift is held			
Part I								
		***************************************			***************************************			
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ŀ	(e) Transfer of gift							
1			.					
]	Transferee's name, address, a	Relation	Relationship of transferor to transferee					
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-/a\ Na		ı 						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held			
				·				
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ţ	(e) Transfer of gift							
j	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
}	Transferee's name, address, and ZIP + 4 Relation				ilister of to trainstened			
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1		***************************************						
(a) No.			4 44	() 7				
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, a	Relatio	nship of tra	nsferor to transferee				
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}								
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July 12, 2016 LTR 2697C 0 R 22-6865957 201512 44

Input Op: 0425876270 00040545

DANIEL AND MIRIAM MICHAEL FOUNDATION 446 WARWICK AVE TEANECK NJ 07666



047853

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer or Trustee

Title