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Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011

| For | ca | lendar year 2011 or tax year beginning | 7/1/: | 2011 , aı | nd ending | | 6/30/2012 | |
|-------------------|------|---|---------------|---------------------------------------|--|----------|---|--|
| Na | ne o | of foundation | | | | Α | Employer Identification nu | mber |
| МА | NDI | EL FOUNDATION | | | | | 22-2227 | |
| | | r and street (or P O box number if mail is not delivered to street addi | ress) | · | Room/suite | В | Telephone number (see inst | |
| 54 | OAI | K RIDGE DR | • | | . [| | • | |
| | | own, state, and ZIP code | | | I | 5 | If exemption application is pe | anding check here |
| vo | OR | HEES 1 | NJ | | 08043 | ľ | ii exemption application is pe | inding, check here |
| | | | | urn of a former p | | | Foreign organizations, che | eck here |
| _ | | | | d return | out officially | ľ | | _ |
| | | Address change Name | | | | | Foreign organizations mee check here and attach con | |
| н | Che | eck type of organization X Section 501(c)(3) exen | | | | _ | Gridat Horo and attach don | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| $\ddot{\Box}$ | | ection 4947(a)(1) nonexempt charitable trust Of | | | | E | If private foundation status w under section 507(b)(1)(A), c | |
| ᆕ | | | | ` | | _ | | |
| ' | | r market value of all assets at end J Accounting myear (from Part II, col. (c), | netn ecif | od: 💢 Cash | Accrual | F | If the foundation is in a 60-me under section 507(b)(1)(B), c | |
| | | e 16) ► \$ 786,277 (Part I, column (d) | | | ıs) | | under section con (s)(1)(s), c | Took Horo |
| Pa | rt I | | | a) Revenue and | | _ | | (d) Disbursements |
| - | | amounts in columns (b), (c), and (d) may not necessarily equal | ,, | expenses per | (b) Net investm | ent | '' | for chantable |
| | | the amounts in column (a) (see instructions)) | | books | income | | income | purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | | | -3 m - 2 m - | ., 5 | State State of State of | "LE SOME TO THE TOTAL THE TOTAL TO THE TOTAL |
| Z01Z | 2 | · · · · · · · · · · · · · · · · · | · * - Li | H- 4 | | ,, | · · · · · · · · · · · · · · · · · · · | 4 B 9 F 1 |
| | 3 | | | 1,900 | 1 | ,9 | 00 1,900 | 1 10 m Car |
| 9 | 4 | Dividends and interest from securities | | 15,489 | 15 | 5,4 | 15,489 | |
| € | 5 | a Gross rents | | · | | | 0 | |
| >_ | | b Net rental income or (loss) 15,533 | \$ a(| 等 清學 三萬 | The state of the state of | , .¢ | 明日本新年 二二級 | (系)(根) (1) (1) |
| 碧 | 6 | a Net gain or (loss) from sale of assets not on line 10 | | 18,602 | 小馒头 盖 | i, | | |
| <u>≘</u> ÿ | | b Gross sales price for all assets on line 6a 94,962. | 3 1 3 E | 设计划人工类 | は続ける場所 | | 強 さぎ 一本と意 | 2 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | 7 | Capital gain net income (from Part IV, line 2) | | (2) (A. 2015 M. 14) (A. 14) | 18 | 3,6 | 02 | |
| CAN REVENUE V | 8 | Net short-term capital gain | | " (1) | | | <u> </u> | o Salari Cara |
| ₹ | 9 | Income modifications | | San San American | A STATE OF THE STA | | 7. | The state of the s |
| | 10 | a Gross sales less returns and allowances 0 | <u> پولان</u> | | | : | 是1000000000000000000000000000000000000 | 200 |
| | | b Less Cost of goods sold 0 | ٠ د ، ، د | 的一次。 | | | 五四 "魔家"的身上。 | |
| | ١ | c Gross profit or (loss) (attach schedule) | | 0 | | | 8 | 5 |
| | 11 | | | 0 | | | 0 0 | |
| | 12 | | | 35,991 | 35 | 5,9 | 91 17,389 | |
| es | 13 | | | 0 | | | | |
| penses | 14 | · ' ' | | | | | | |
| | 15 | | | | | _ | | · |
| Administrative Ex | 16 | a Legal fees (attach schedule) RECEIVED | | 0 | | | 0 0 | |
| Š | | b Accounting fees (attach schedule) | 띩 | 0 | | _ | 0 0 | |
| aţi | 17 | c Other professional fees (attach schedule) Interest には、 | S | 950 | | 4 | 75 475 | 0 |
| str | 18 | Taxes (attach schedule) (see instructions) | S | 373 | | _ | 73 373 | 0 |
| Ë | 19 | | _ | 0 | | <u> </u> | 0 0 | 7 |
| Ξ | 20 | | | <u> </u> | | | | 1 |
| Ą | 21 | <u> </u> | | | | | | |
| ק | 22 | | | | | | - | |
| æ | 23 | - · · · · · · · · · · · · · · · · · · · | | 0 | | | 0 0 | 0 |
| ī | 24 | · · · · · · · · · · · · · · · · · · · | | | | _ | <u> </u> | |
| Operating and | - ' | Add lines 13 through 23 | | 1,323 | | 8 | 48848 | 0 |
| oe. | 25 | F | | 50,985 | | - | 3 | 50,985 |
| õ | 26 | | | 52,308 | 3 7 7 3 3 5 7 | 9 | 48 848 | |
| _ | 27 | ······································ | | | | | | |
| | ١ | a Excess of revenue over expenses and disbursements | | -16,317 | | - | | ' . ' . |
| | | b Net investment income (if negative, enter -0-) | - | , ,,,,,,,,, | 35 | 5,1 | 43 | , , , , |
| | | c Adjusted net income (if negative, enter -0-) | ٠. | · · · · · · · · · · · · · · · · · · · | 1 2 | , - | 16 541 | 1 |

Form 990-PF (2011)

| Da | rt II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End o | of year |
|---|----------|---|-----------------------|----------------|--|
| L G | | should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash—non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 48,062 | 19,658 | 19,658 |
| | 3 | Accounts receivable 0 | | 5. 万里,为1 | \$ 17 TO \$ 100 A 100 TO |
| | | Less allowance for doubtful accounts | | 0 | 0 |
| | 4 | Pledges receivable ▶0 | | 4.0 | 1137 |
| | | Less allowance for doubtful accounts | 0 | 0 | 0 |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | 0 | 0 | 0 |
| | 7 | Other notes and loans receivable (attach schedule) |) L | | |
| | | Less allowance for doubtful accounts | 0 | 0 | 0 |
| sts | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| Ä | 10 a | a Investments—U S and state government obligations (attach schedule) | 0 | 0 | <u>_</u> |
| | | b Investments—corporate stock (attach schedule) | 787,415 | 766,619 | 766,619 |
| | | c Investments—corporate bonds (attach schedule) | 0 | 0 | 0 |
| | 11 | Investments—land, buildings, and equipment basis | | | |
| | 4. | Less accumulated depreciation (attach schedule) | 0 | 0 | 0 |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | 0 | 0 | U Constitution of the cons |
| | 14 | Land, buildings, and equipment basis ▶ 0 | | | HERATERA DE LA COMP |
| | 45 | Less accumulated depreciation (attach schedule) ▶ 0 | 0 | 0 | 0 |
| | 15 | Other assets (describe) | U | | 0 |
| | 16 | Total assets (to be completed by all filers—see the instructions. Also, see page 1, item l) | 835,477 | 786,277 | 786,277 |
| | 17 | Accounts payable and accrued expenses | 030,411 | 100,211 | 700,211 |
| | 18 | Grants payable | | | |
| iabilities | 19 | Deferred revenue | | | |
| Ħ | 20 | Loans from officers, directors, trustees, and other disqualified persons | 0 | 0 | |
| ge | 21 | Mortgages and other notes payable (attach schedule) | 0 | | |
| | 22 | Other liabilities (describe) | 0 | 0 | "是"。 "是" |
| | 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | |
| | | Foundations that follow SFAS 117, check here | | | |
| es | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| ances | 24 | Unrestricted | | | |
| _ | 25 | Temporarily restricted | | | |
| <u> </u> | 26 | Permanently restricted | | | 1. 分,是一个学习 |
| Ĕ | | Foundations that do not follow SFAS 117, check here | | | |
| Ę | ŀ | and complete lines 27 through 31. | | | |
| ō | 27 | Capital stock, trust principal, or current funds | 402,865 | 386,548 | The same |
| ets | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | |
| SS(| 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| Ř | 30 | Total net assets or fund balances (see instructions) | 402,865 | 386,548 | |
| Net Assets or Fund Ba | 31 | Total liabilities and net assets/fund balances (see | | | |
| | <u> </u> | instructions) | 402,865 | 386,548 | |
| | rt III | Analysis of Changes in Net Assets or Fund Balances | | | T |
| 1 | | net assets or fund balances at beginning of year—Part II, column (a), line | e 30 (must agree with | _ | 402,865 |
| - · · · · · · · · · · · · · · · · · · · | | | | | |
| _ | | amount from Part I, line 27a | | 2 | -16,317 |
| 3 | | r increases not included in line 2 (itemize) | | 3 | 000.540 |
| 4 | | ines 1, 2, and 3 | | 4 | 386,548 |
| 5 | | eases not included in line 2 (itemize) | | 5 | 0 |
| ь | ıotal | net assets or fund balances at end of year (line 4 minus line 5)—Part II, o | column (b), line 30 | 6 | 386,548 |

| Form 990-PF (2011) MANDEL | FOUNDATION | | | | 22-2227811 | Page 3 |
|--|--|---|----------------------------------|-------------------------------------|---|-----------------------------------|
| | d Losses for Tax on Inves | stment Inco | me | | | |
| (a) List and describe the | e kind(s) of property sold (e g , real esta se, or common stock, 200 shs MLC Co | te, | (b) How acquired P—Purchase | (c) Date acquire (mo , day, yr) | 1 , , | |
| 1a See Attached Statement | | · | D—Donation | | | |
| b | | | - - | | | |
| С | | | | | | · · |
| d | | | | | | |
| е | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | or other basis bense of sale | | Gain or (loss) olus (f) minus (g) | |
| a 0 | | | . 0 | | | 0 |
| _b0 | 0 | | 0 | | | 0 |
| <u>c</u> 0 | 0 | | 0 | | | 0 |
| _d0 | 0 | · | 0 | | | 0 |
| <u>e</u> 0 | 0 | | 0 | | | 0 |
| (i) F M V as of 12/31/69 | ring gain in column (h) and owned (j) Adjusted basis | | on on 12/31/69 ess of col (i) | ** | (Col (h) gain minu ut not less than -0-) | |
| (1) 1 11 1 23 01 120 1700 | as of 12/31/69 | over co | ol (j), if any | Loss | es (from col (h)) | |
| a 0 | 0 | | 0 | | | 0 |
| <u>b</u> 0 | 0 | | 0 | | | 0 |
| <u>c</u> 0 | 0 | | 0 | | | 0 |
| <u>d</u> 0 | 0 | | 0 | | . <u> </u> | 0 |
| _e0 | Uj | oo onton in Di | 0 | | | 0 |
| 2 Capital gain net income or | | so enter in Pa enter -0- in Pa | | 2 | | 18,602 |
| 3 Net short-term capital gain | or (loss) as defined in section | | | | | |
| If gain, also enter in Part I, | line 8, column (c) (see instruc | tions). If (loss |), enter -0- | | | |
| | | | | 3 | | 0 |
| Part V Qualification Und | ler Section 4940(e) for Re | <u>duced Tax (</u> | <u>on Net Investm</u> | ent Income | | |
| (For optional use by domestic plane) If section 4940(d)(2) applies, le Was the foundation liable for the If "Yes," the foundation does not | eave this part blank. ne section 4942 tax on the dist | ributable amo | ount of any year in | | |] No |
| | ount in each column for each | · | ' | making any e | ntries | - - |
| (a) | | l see the | | making any c | (d) | |
| Base period years | (b) Adjusted qualifying distribution | s Net value | (c) of nonchantable-use a | ssets | Distribution ratio | |
| Calendar year (or tax year beginning ii 2010 | 1) | ,200 | |),310 | (b) divided by col | (c)) 0.079232 |
| 2009 | | ,200 ,595 | | 2,646 | | 0.07 <i>9232</i> 0.077482 |
| 2008 | | ,800 | | ,397 | | 0.077 7 02 0.072708 |
| 2007 | | ,647 | | 0,337 | | 0 074003 |
| 2006 | | ,822 | | 3,513 | | 0.069060 |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ,,,,,,, | | |
| 2 Total of line 1, column (d) | | | | . 2 | i | 0.372485 |
| | or the 5-year base period—div | | | | | |
| the number of years the for | undation has been in existence | e if less than | 5 years | . 3 | | 0 074497 |
| | | | | | | |
| 4 Enter the net value of nonc | charitable-use assets for 2011 | from Part X, I | ine 5 | . 4 | | C |
| | | | | | | |
| 5 Multiply line 4 by line 3 . | | | | . 5 | | 0 |
| 6 Enter 1% of net investment | t income (1% of Part I, line 27t | o) | | . 6 | | |
| | | | | | | |
| 7 Add lines 5 and 6 | | · · · · · · | | 7 | | 0 |
| 8 Enter qualifying distribution | ns from Part XII, line 4 | | | . 8 | | 0 |
| If line 8 is equal to or great the Part VI instructions. | er than line 7, check the box in | Part VI, line | 1b, and complete | that part using | a 1% tax rate. | See |

| Ŀ | Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494 | 18se | e instruc | tions | 3) | |
|----|--|--------------|-----------|-------|---|---------|
| 1 | 1 a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 Date of ruling or determination letter. (attach copy of letter if necessary—see instructions) | | | | | |
| | b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ and enter 1% of Part I, line 27b | | | | | |
| | c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% | | | | | |
| 2 | of Part I, line 12, col. (b) | | | | | |
| 2 | Control of the contro | | | | | |
| 4 | | | | | | |
| 5 | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | 5 | | | 703 | |
| 6 | | | | 1 | | 24 |
| | a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 0 | | | | 3 | |
| | b Exempt foreign organizations—tax withheld at source 6b | | . T. | | | |
| | c Tax paid with application for extension of time to file (Form 8868) 6c 0 | | 4 | | E, 12. | |
| _ | d Backup withholding erroneously withheld 6d | | | | | |
| 7 | | 7 | | | 0 | ļ |
| 8 | The state of the s | 8 | <u> </u> | | 2 | |
| 10 | | 9 10 | ļ | | 705 | |
| | 4. Estat the amount of his 40 to be Coult to the country of the co | | | | 0 | |
| | Part VII-A Statements Regarding Activities | | | | 0 | |
| | | | | | Voc | No |
| ٠ | a 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? | | ŀ | 1a | 162 | NO |
| | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the | | ŀ | -ia | | |
| | instructions for definition)? | - | | 1ь | | |
| | 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 | | | | | |
| | c Did the foundation file Form 1120-POL for this year? | | [| 1c | | Х |
| | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | 5.5 | 4 |
| | (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$ | | | | | |
| | e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | | |
| 2 | on foundation managers \$ | | | | 50 | |
| 2 | and the same of th | • • | | | | 人 |
| 3 | If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | ļ | 3-34 | | 75 |
| • | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | | 3 | क्षेत्र च्या ने जिल्ला के क्षेत्र च्या के जिल्ला | Х |
| 4 | a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | . | 4a | | X |
| | b If "Yes," has it filed a tax return on Form 990-T for this year? | | | 4b | N/A | |
| 5 | | | [| 5 | | |
| | If "Yes," attach the statement required by General Instruction T | | | 2 | | |
| 6 | to to to the state of the state | | | | | |
| | By language in the governing instrument, or | | | | | 1 |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions | | | * | | \$. E. |
| 7 | that conflict with the state law remain in the governing instrument? | | | 6 | | |
| 7 | (2) |), and P | ап х и . | / | | 200 |
| o | A Enter the states to which the foundation reports or with which it is registered (see instructions) NJ | | } | | | 14.5 |
| | b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney | | | | 7 | |
| | General (or designate) of each state as required by General Instruction G? If "No," attach explanation | | | 8b | Х | |
| 9 | | • | | | | |
| | or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes, | , m | | | | |
| | complete Part XIV | | | 9 | | Х |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing | | | | | |
| | their names and addresses | | | 10 | | Х |
| | | | | | | |

| 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 | | Х |
|-----|---|-----------|-------|---|
| 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 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ▶ RICHARD MANDEL Telephone no ▶ | | | |
| | Located at ► ZIP+4 ► | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here | | ····· | - <u> </u> |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | - |
| 16 | At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | Х |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of | | | |
| | the foreign country | | | |
| Pa | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | (Manager) | | |
| - u | | | Yes | No |
| 10 | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | 162 | 110 |
| 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? Yes X No | | | |
| | | 11 | | * |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | 7 | | |
| | | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | · · · | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (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)? Yes X No | 4 | | ~ 7. |
| | (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) Yes X No | 8 | | |
| 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)? | 1b | N/A | |
| | Organizations relying on a current notice regarding disaster assistance check here | Si. | 7 | |
| С | 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 2011? | 1c | | <u>X</u> |
| 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)) | | | 7. |
| а | At the end of tax year 2011, did the foundation have any undistributed income (lines 6d | | | ! |
| | and 6e, Part XIII) for tax year(s) beginning before 2011? Yes X No | | | |
| | If "Yes," list the years 20 , 20 , 20 , 20 | | 77 | |
| 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) | 2b | N/A | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | ▶ 20, 20, 20 | | - | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business | | | |
| | enterprise at any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2011 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 2011) | 3b | N/A | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | Х |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable | | 7.7 | |
| | purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011? | 4b | l | Х |

| Рa | <u>rt VII-E</u> | Statements Regarding Activitie | es for Which | Form 4 | 4720 May Be Re | equired (conti | nued) | | |
|-----|-----------------|---|---|-------------|---|---|----------------------|-------------|----------------------------|
| | | he year did the foundation pay or incur any | | | | | | *** | |
| | | arry on propaganda, or otherwise attempt to | | lation (se | ction 4945(e))? | | Yes X | No | |
| | | fluence the outcome of any specific public | | | | <u> </u> | _ | | 10.3 |
| | | , directly or indirectly, any voter registration | | | | | Yes X | No | |
| | | ovide a grant to an individual for travel, stu | | | | [| Yes X | No | |
| | | ovide a grant to an organization other than section 509(a)(1), (2), or (3), or section 49- | | | | [| Yes X | No. | |
| | | ovide for any purpose other than religious, | | | | | بن ۱۰۵۰ | | 京 。 內羅 |
| | | lucational purposes, or for the prevention o | | | | | Yes X | No | |
| þ | If any a | nswer is "Yes" to 5a(1)–(5), did any of the t | ransactions fail t | to qualify | under the exceptio | ns described in | | | 0 5 |
| | Regulat | ions section 53 4945 or in a current notice | regarding disast | er assista | ance (see instructio | ns)? | ·i | . 5b | N/A |
| | | ations relying on a current notice regarding | | | | | . ▶∐ | | |
| С | If the ar | swer is "Yes" to question 5a(4), does the fo | oundation claim | exemptic | on from the | _ | | 1 | |
| | _ | luse it maintained expenditure responsibilit I attach the statement required by Regulation | - | 945–5(d) |). | · · · L | Yes | No | |
| 6a | Did the | foundation, during the year, receive any fur | nds, directly or in | directly, | to pay | | | | |
| | premiun | ns on a personal benefit contract? | | • | | | Yes X | No S | |
| b | | foundation, during the year, pay premiums, to 6b, file Form 8870 | directly or indire | ectly, on a | a personal benefit o | contract? | · | 6b | X |
| | | me during the tax year, was the foundation | | | | | Yes | No Marie | |
| | | did the foundation receive any proceeds o | | | | | | . 7b | <u> </u> |
| P | art VIII | Information About Officers, and Contractors | Directors, T | 'rustee: | s, Foundation | Managers, Hi | ighly Paid | l Employ | rees, |
| 1 | List all | officers, directors, trustees, foundation | ation manage | rs and t | their compensat | ion (see instru | ctions). | | |
| | | (a) Name and address | (b) Title, and ave hours per wed devoted to posi- | erage ek | (c) Compensation (if not paid, enter -0-) | (d) Contribute employee beneared contribute | ons to efit plans | | nse account, illowances |
| RIC | HARD | MANDEL | TRUSTEE | | <u> </u> | and deterred con | ponoadon | | |
| VO | ORHEE | S NJ 08043 | | .00 | o | | o | | 0 |
| BAI | RRIEM | ANDEL SCHNEIR | TRUSTEE | | | | | | |
| | | ON ST NEW YORK NY 10013 | | .00 | 0 | | 0 | | 0 |
| | N BOC | | TRUSTEE | | | | | | |
| 212 | 8 WALI | LINGFORD RD ANN ARBOR MI | | .00 | 0 | | 0 | | 0 |
| | | | | .00 | o | | 0 | | 0 |
| 2 | Compe | ensation of five highest-paid employ | ees (other th | | e included on li | ne 1—see inst | ructions). | If none. | |
| | | NONE." | | | | | | | |
| | | | (b) Title, an | nd average | | (d) Contril | | | |
| (a) | Name an | d address of each employee paid more than \$50,0 | 000 hours pe | er week | (c) Compensation | employee plans and | | | nse account, illowances |
| | | | devoted to | o position | | comper | i i | | |
| ΝO | <u>NE</u> | | | | } | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | <u> </u> | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Tot | al numb | per of other employees paid over \$50,0 | 000 | | | | ▶ | | |

| 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 | age 7 |
|--|-------|
| and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." | |
| 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 | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation | |
| NONE | 0 |
| | 0 |
| | |
| | |
| | 0 |
| | |
| | 0 |
| | |
| | 0 |
| | |
| | 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 <u>N/A</u> | |
| | |
| <u> </u> | |

All other program-related investments See instructions

Total. Add lines 1 through 3

1 Minimum investment return from Part X, line 6 . . . 36,905 2a Tax on investment income for 2011 from Part VI, line 5 2a b Income tax for 2011 (This does not include the tax from Part VI) 2b ¢ 703 Add lines 2a and 2b . 2c 3 Distributable amount before adjustments Subtract line 2c from line 1 3 36,202 4 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 . 5 36,202 6 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 36,202

| Par | Qualifying Distributions (see instructions) | | |
|-----|---|------|--------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 | 1a | 50,985 |
| b | Program-related investments—total from Part IX-B | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the. | 136 | |
| а | Suitability test (prior IRS approval required) | . 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | 0 |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 50,985 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income Enter 1% of Part I, line 27b (see instructions) | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 50,985 |

| ait | Undistributed incon | ne (see instructions) | | | | |
|-----|--|-----------------------|--|--|--|---|
| | | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2011 fr | om Part XI, | Corpus | Years prior to 2010 | 2010 | 2011 |
| | line 7 | | A STATE OF THE STA | | | 36,202 |
| 2 | Undistributed income, if any, as | of the end of 2011 | | with the state of | 12. 13. 13. 13. | 7 1 1 1 1 1 1 1 |
| а | Enter amount for 2010 only | | | -1-1-6-31-3 | <u>0</u> 4 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| b | Total for prior years 20 07, | | | 21,410 | 4 1 1 1 1 1 1 1 1 1 1 1 | (1) |
| 3 | Excess distributions carryover, i | l | | | | 3 |
| a | From 2006 | 10,576 | | 1 The State of the | | |
| b | From 2007 . | 5,584 | | TELLENE I | | |
| С | From 2008 . | 8,200 | | | | |
| d | From 2009 | 7,626 | | 7 | A STATE OF THE STA | |
| е | From 2010 | 13,481 | 37. 1873 | | | |
| f | Total of lines 3a through e | | 45,467 | | | |
| 4 | Qualifying distributions for 2011 | from Part | | | A THE STATE OF THE | 1、 大変の 大変を |
| | XII, line 4 [.] > \$ | 50,985 | | | # 12 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 | |
| а | Applied to 2010, but not more the | | and and a second se | The state of the s | 0 | |
| b | Applied to undistributed income | · · · | | _ | | 7. |
| | (Election required—see instruct | • | | 0 | A The state of the | |
| С | Treated as distributions out of c | orpus (Election | | | | |
| | required—see instructions) | | 0 | | | 15 3 8 12 C T 16 C 16 16 |
| d | Applied to 2011 distributable an | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 36,202 |
| _ е | Remaining amount distributed of | , | 14,783 | | | 8-2-18-18-18-18-18-18-18-18-18-18-18-18-18- |
| 5 | Excess distributions carryover a | • • | 0 853-85 4-86887 1457 | | | U |
| | (If an amount appears in column | • • • | | | | |
| 6 | same amount must be shown in | | | | | |
| 0 | Enter the net total of each col indicated below: | umn as | 1.7. 3. | | | |
| - | | Subtract line 5 | 60,250 | | | |
| b | Corpus Add lines 3f, 4c, and 4e Prior years' undistributed incom | | 00,200 | 12 12 12 12 12 12 12 12 12 12 12 12 12 1 | | |
| b | line 4b from line 2b | e Subtract | | 21,410 | | |
| С | Enter the amount of prior years' | · · · · | 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 21,410 | | |
| · | income for which a notice of de | | | | | |
| | been issued, or on which the se | • | | | | |
| | tax has been previously assess | * * | | | | |
| d | Subtract line 6c from line 6b Ta | | AND WELL AND | | | |
| _ | amount—see instructions | | | 21,410 | | |
| е | Undistributed income for 2010 | Subtract line | | | | |
| | 4a from line 2a Taxable amour | | | Property of the second | | |
| | instructions | | | | l o | |
| f | Undistributed income for 2011. | Subtract | | | | |
| | lines 4d and 5 from line 1. This | | | | | |
| | be distributed in 2012 | | | | | . 0 |
| 7 | Amounts treated as distribution | s out of | | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | 是一遍产生的 |
| | corpus to satisfy requirements i | mposed by | | | | |
| | section 170(b)(1)(F) or 4942(g)(| | | | | |
| 8 | Excess distributions carryover f | | | | | |
| | not applied on line 5 or line 7 (s | ee instructions). | 10,576 | | | |
| 9 | Excess distributions carryove | | | | Verify 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 |
| | Subtract lines 7 and 8 from line | | 49,674 | The state of the s | | 1. 1. 1. 1. 1. 1. |
| 0 | Analysis of line 9 | | | | | |
| а | Excess from 2007 . | 5,584 | | | - | |
| b | Excess from 2008 | 8,200 | | 1. | 1 | 1 3 4 3 3 |
| С | Excess from 2009 . | 7,626 | | | 15 2 5 | |
| d | Excess from 2010 | 13,481 | 1 | -10 | 1: 4 34 1 W | |
| e | Excess from 2011 | 14.783 | | 1 | 100 Jan 19 19 19 19 19 19 19 19 19 19 19 19 19 | 1 |

| | MANDEL FOUNDATION | | | | 22-222 | 7811 Page 10 |
|------|--|--|----------------------|-----------------------|----------------|---------------------|
| Pa | 1 XIV Private Operating Foundations (Se | ee instructions a | nd Part VII-A, q | uestion 9) | | N/A |
| 1 a | If the foundation has received a ruling or determina | ition letter that it is a | private operating | | | |
| _ | foundation, and the ruling is effective for 2011, enter | | - | ▶ | N/A | |
| b | Check box to indicate whether the foundation is a p | private operating four | ndation described in | n section | 4942(j)(3) or | 4942(J)(5) |
| 2 a | Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | | Prior 3 years | | |
| | investment return from Part X for each | (a) 2011 | (b) 2010 | (c) 2009 | (d) 2008 | (e) Total |
| | year listed , | 0 | 0 | 0 | 0 | 0 |
| b | 85% of line 2a | 0 | 0 | 0 | 0 | 0 |
| | Qualifying distributions from Part XII, | | <u></u> _ | | | |
| _ | line 4 for each year listed | o | اه | 0 | o | 0 |
| d | Amounts included in line 2c not used directly | | <u>\</u> | | | 0 |
| | for active conduct of exempt activities . | | | İ | | 0 |
| е | Qualifying distributions made directly | | | | | |
| | for active conduct of exempt activities | | | | | |
| | Subtract line 2d from line 2c . | 0 | ol | o | ol | 0 |
| 3 | Complete 3a, b, or c for the | | | | | |
| _ | alternative test relied upon "Assets" alternative test—enter: | | | | | |
| а | (1) Value of all assets | | | | | 0 |
| | `' | | | | | 0 |
| | (2) Value of assets qualifying | | | | | |
| h | under section 4942(j)(3)(B)(i) . "Endowment" alternative test—enter 2/3 | | - | | | 0 |
| D | of minimum investment return shown in | | | | | |
| | Part X, line 6 for each year listed | o | ol | 0 | o | 0 |
| С | "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) | | | | | 0 |
| | (2) Support from general public | | | | | <u>_</u> |
| | and 5 or more exempt | | | | | |
| | organizations as provided in section 4942(j)(3)(B)(iii) | | ł | | | _ |
| | *** /* / | | | | | 0 |
| | (3) Largest amount of support from an exempt organization | | | | | _ |
| | (4) Gross investment income | | · · · | | - | 0 |
| Par | 1 | | | 14: 1 165 | | 0 |
| L CI | | | | ndation nad \$5, | oud or more in | |
| _ | assets at any time during the year | | tions.) | | | |
| 1 | Information Regarding Foundation Manage | | 0/ -646 - 4-4-14 | L | | |
| а | List any managers of the foundation who have cont before the close of any tax year (but only if they have | unbuted more than 2 ve contributed more | than \$5 000) (See | section 507(d)(2) | the foundation | |
| NOI | | ve continuated more | than ψ5,000). (Θεε | 3001011 307 (4)(2)) | | |
| | List any managers of the foundation who own 10% | or more of the stock | of a comparation (a | r an aqually large no | ertion of the | |
| ~ | ownership of a partnership or other entity) of which | the foundation has | a 10% or greater int | terest. | ition of the | |
| NO | | | | | | |
| 2 | Information Regarding Contribution, Grant | t Gift Loan Sch | olarship etc. Pr | odrame. | | |
| | Check here \blacktriangleright X if the foundation only makes | | • • • | _ | es not accent | |
| | unsolicited requests for funds. If the foundation ma | | | | | |
| | other conditions, complete items 2a, b, c, and d. | , , , , , , , , , , , , , , , , , , , | (, | | | |
| a | The name, address, and telephone number of the p | person to whom app | lications should be | addressed: | | |
| | . , | | | | | |
| | | | | | | |
| b | The form in which applications should be submitted | and information an | d materials they sho | ould include | | |
| | | | | | | |
| | Any submission design | | | | | |
| С | Any submission deadlines | | | | | |
| | | | | | | |
| | Any restrictions or limitations on awards, such as b | v geographical area | s charitable fields | kinds of institutions | or other | |
| u | factors. | , googiapinoai alea | o, onamadio neido, i | , | C. 5000 | |
| | | | | | | |

Part XV Supplementary Information (continued)

| Name and address (home or business) Show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Pur | 3 Grants and Contributions Paid During t | | for Future I | Payment | |
|---|--|---------|--------------|------------|--------|
| Name and address (nome or business) or substantial contributor recuper a Paid during the year 500 PRADER-WILLI 900 PHABAD LUBAVITCH OF CAMDEN COUNTY 180 ALZHEIMER ASSO 423 ITTLE RED SCHOOL HOUSE 2,000 NNOCENCE PROJECT 1,000 DOCTORS WITHOUT BORDERS 750 MORGAN STANLEY CHILDRENS HOSP 1,000 UNIOR FACULTY RESEARCH FUND 1,000 GROTHERHOOD SYNAGOGUE 1,000 FODS LOVE WE DELIVER 1,000 Total See Attached Statement ▶ 3a 50,983 | Recipient | | | l I | Amount |
| ### ### ### ### ### ### ### ### ### ## | Name and address (home or business) | | recipient | Contabbash | |
| ### PHABAD LUBAVITCH OF CAMDEN COUNTY ################################### | a Paid during the year AMERICAN CANCER SOCIETY | | | | 500 |
| ALZHEIMER ASSO ITTLE RED SCHOOL HOUSE NNOCENCE PROJECT DOCTORS WITHOUT BORDERS AORGAN STANLEY CHILDRENS HOSP UNIOR FACULTY RESEARCH FUND BROTHERHOOD SYNAGOGUE SODS LOVE WE DELIVER 1,000 Total See Attached Statement ▶ 3a 50,988 | PRADER-WILLI | | | | 900 |
| ITTLE RED SCHOOL HOUSE 2,000 NNOCENCE PROJECT 1,000 DOCTORS WITHOUT BORDERS 750 MORGAN STANLEY CHILDRENS HOSP 1,000 UNIOR FACULTY RESEARCH FUND 1,000 BROTHERHOOD SYNAGOGUE 1,000 SODS LOVE WE DELIVER 1,000 Total See Attached Statement ▶ 3a 50,988 | CHABAD LUBAVITCH OF CAMDEN COUNTY | | | | 180 |
| NNOCENCE PROJECT 1,000 DOCTORS WITHOUT BORDERS 750 MORGAN STANLEY CHILDRENS HOSP 1,000 UNIOR FACULTY RESEARCH FUND 1,000 BROTHERHOOD SYNAGOGUE 1,000 Total See Attached Statement 1,000 | ALZHEIMER ASSO | | | | 425 |
| ### Total See Attached Statement ### 1,000 ### 3a 50,988 | LITTLE RED SCHOOL HOUSE | | | | 2,000 |
| MORGAN STANLEY CHILDRENS HOSP 1,000 UNIOR FACULTY RESEARCH FUND 1,000 ROTHERHOOD SYNAGOGUE 1,000 SODS LOVE WE DELIVER 1,000 Total See Attached Statement 50,988 | INNOCENCE PROJECT | | | | 1,000 |
| UNIOR FACULTY RESEARCH FUND 1,000 3ROTHERHOOD SYNAGOGUE 5ODS LOVE WE DELIVER 1,000 Total See Attached Statement | DOCTORS WITHOUT BORDERS | | | | 750 |
| ## 1,000 SYNAGOGUE 1,000 SY | MORGAN STANLEY CHILDRENS HOSP | | | | 1,000 |
| SODS LOVE WE DELIVER 1,000 Total See Attached Statement | JUNIOR FACULTY RESEARCH FUND | | | | 1,000 |
| Total See Attached Statement | BROTHERHOOD SYNAGOGUE | | | | 1,000 |
| | GODS LOVE WE DELIVER | | | | 1,000 |
| | Total Soc Attached Statement | <u></u> | <u> </u> | <u> </u> | 50.085 |
| | | | | | |
| Total | Total | | | ► 3b | 0 |

| Form 990-P Part XV | F (2011) MANDEL FOUNDATION Analysis of Income-Producing Activ | vities | | | _22-222 | 7811 Page 12 |
|--------------------|---|-----------------------|---|---|-----------------------------|--|
| Enter gro | ss amounts unless otherwise indicated. | Unrelated bus | siness income | Excluded by section | on 512, 513, or 514 | (e) |
| 1 Progra | am service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions) |
| a | | - | 0 | | 0 | 0 |
| b | | | 0 | | 0 | 0 |
| | | · | 0 | | 0 | |
| | | | 0 | | 0 | |
| e | | | 0 | | 0 | |
| Ţ <u> </u> | | | 0 | | 0 | 0 |
| | es and contracts from government agencies ership dues and assessments | | - | | | |
| | ership dues and assessments | | | | | 1,900 |
| | nds and interest from securities . | <u></u> | | | | 15,489 |
| | ntal income or (loss) from real estate | ANA PORCHER | | | Market Street | |
| | bt-financed property | | Total Control of the | AND ASSESSMENT OF THE PARTY OF | at the School of an observe | Mark to a State With State of |
| | at debt-financed property | | | | | |
| | ntal income or (loss) from personal property | | | | | 15,533 |
| | investment income | | | | | |
| 8 Gain d | or (loss) from sales of assets other than inventory | | | | 0 | |
| 9 Net in | come or (loss) from special events . | | | | | |
| 10 Gross | profit or (loss) from sales of inventory . | | | | | |
| 11 Other | revenue a | | 0 | | 0 | 0 |
| b | | . <u> -</u> | 0 | | 0 | |
| | | - | 0 | | 0 | |
| d | ······································ | · | 0 | | 0 | |
| e | tel Add columns (b) (d) and (c) | | 0 | CH THE NA PARTY OF A STORY | 0 | |
| | tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | Same But 1 and " Same | ' | A CHARLE AND A | 13 | 32,922 |
| | sheet in line 13 instructions to verify calculations) | | | | 13 | 52,922 |
| | -B Relationship of Activities to the Ac | complishment | of Exempt P | urnoses | | |
| Line No. | Explain below how each activity for which incom | | | | mportantly to | |
| ▼ | the accomplishment of the foundation's exempt | | | | | ictions) |
| | N/A | | | | | |
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Page 13

Form 990-PF (2011) MANDEL FOUNDATION 22-2227811 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

| | in secti | organization directly on 501(c) of the Code cations? | • | | • | - | | Yes No |
|-------|-------------------|--|----------------------|---------------------------------------|-----------------------------|---------------------------|---------------------------|------------------------|
| | | ers from the reporting | | | | | | |
| | (1) Ca | sh | | | | | | 1a(1) X |
| | (2) Oth | ner assets | | | | | | 1a(2) X |
| b | Other to | ransactions: | | | | | | 发现 海岸 逐 |
| | (1) Sal | les of assets to a none | charitable exe | mpt organization . | | | | 1b(1) X |
| | (2) Pui | rchases of assets fror | n a noncharita | able exempt organizat | tion | | | 1b(2) X |
| | | ntal of facilities, equip | | | | | | 1b(3) X |
| | | imbursement arrange | | | | | | 1b(4) X |
| | (5) Loa | ans or Ioan guarantee | s | | | | | 1b(5) X |
| | (6) Pe | rformance of services | or membersh | nip or fundraising solic | utations | | | 1b(6) X |
| С | Sharing | g of facilities, equipme | ent, mailing lis | ts, other assets, or pa | aid employees . | | | 1c X |
| | | nswer to any of the at | | | | | | |
| | value o | of the goods, other ass n any transaction or si | sets, or servic | es given by the report | ting foundation. If | f the foundation red | ceived less tha | n fair market |
| (a) l | ine no | (b) Amount involved | (c) Name o | of nonchantable exempt orga | anization (d) | Description of transfers, | transactions, and s | haring arrangements |
| | | 0 | | | | | | |
| | \longrightarrow | 0 | | | | | | |
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| 2a | Is the f | oundation directly or i | ndirectly affilia | ated with, or related to | o, one or more ta | x-exempt organiza | tions | |
| | | ped in section 501(c) o | • | ther than section 501 | (c)(3)) or in section | on 527? | 🔲 | Yes X No |
| b | If "Yes | ," complete the following | ing schedule. | | | | | |
| | | (a) Name of organization | <u> </u> | (b) Type of or | rganization | (c) | Description of relat | ionship |
| | | | | | | | | |
| | | | | | | | | |
| | | | <u>.</u> | | | | | |
| | | | | | | | | |
| | | | | | . <u> </u> | | | |
| | | nder penalties of perjury, I declare t | | | | | edge and belief, it is to | ıe, |
| Sig | ın co | rrect, and complete Declaration of | preparer (other than | taxpayer) is based on all information | on of which preparer has ar | ny knowledge | May the IRS | discuss this return |
| - | | 1/// | () NA () | 0 | L L | A | | parer shown below (see |
| He | re | Kichard | (IVicad | ex 10/19/12 |) true | slee | instructions) | |
| | | Signature of officer or truste | е | Date | Title | | <u> </u> | |
| | | Pпnt/Type preparer's n | ame | Preparer's signature | | Date | | PTIN |
| Pa | id | | | | | | Check X If | |
| Pre | pare | JOSEPH GOLDE | NBERG | | | 9/24/2012 | self-employed | P01272401 |
| | e Onl | Firm's name > M | JG Associates | s, LLC | | | Firm's EIN 🕨 🕽 | 22-3724368 |
| U3 | | Firm's address ► 10 | 000 Haddonfie | ld-Berlin Rd, Voorhee | es, NJ 08043 | | Phone no (85 | 66) 782-0096 |
| | | | | | | | | Form 990-PF (2011) |

1,000

| · MANDEL FOUNDATION | | | | 22-222 | 7811 Page | 2 of 5 |
|--|---------------------------------------|-------------|-------------|-----------------|-------------|-------------|
| Continuation of Part XV, Li | <u>ne 3a (990-PF) -</u> | Gran | ts and Con | tributions Paid | During th | e Year |
| Recipient(s) paid during the year | | | | | | |
| Name JEWISH FAMILY SERVICES OF WAS | SHTENAW | | | | | |
| Street | SITIEMAN | | | | | |
| City | | Ctata | 7in Codo | Faraian Caunt | | |
| —————————————————————————————————————— | | State | Zip Code | Foreign Counti | У | |
| Relationship | Foundation Status | | | | | |
| Purpose of grant/contribution | | | | | Amount | 1,500 |
| Name | | | | | | 1,000 |
| JEWISH FEDERATION ANN ARBOR | | | | | _ | |
| Street | | | | | | |
| City | | State | Zıp Code | Foreign Count | | |
| Relationship | Foundation Status | <u> </u> | <u></u> | | | |
| | Touridation Status | | | | | |
| Purpose of grant/contribution | ····· | | | | Amount | 400 |
| Nama | | | | | 1 | 400 |
| Name WASHTNAW AREA COUNCIL CHILE | DREN | | | | | |
| Street | | | | | | - |
| City | | State | Zip Code | Foreign Count | | |
| - | | Otate | Lip oode | Torcigit count | | |
| Relationship | Foundation Status | | | | | |
| Purpose of grant/contribution | | | | | Amount | |
| | | | | ···· | <u> </u> | 840 |
| Name | | | | | | |
| UJA METROWEST Street | | • | | | | |
| | | | | | | |
| City | | State | Zip Code | Foreign Count | ry | 1 |
| Relationship | Foundation Status | <u>I</u> | 1 | I | | |
| Purpose of grant/contribution | | | <u> </u> | | Amount | |
| | · · · · · · · · · · · · · · · · · · · | - | | A | | 4,240 |
| Name | | | | | | |
| UROLOGY RESEARCH SCHOLARS Street | HIP FUND | | | | | |
| | | | | | | |
| City | | State | Zip Code | Foreign Count | ry | |
| Relationship | Foundation Status | 1 | | | | |
| Purpose of grant/contribution | | | | | Amount | |
| | | | | | ,di | 2,000 |
| Name KOL SHALOM CONGREG | | | | | | |
| Street | | | | | | |
| Chi | | Ctrt | 7:- 01 | Fillion : | | |
| City | | State | Zip Code | Foreign Count | гу | |
| Relationship | Foundation Status | • | • | | | |
| Purpose of grant/contribution | | | | =- | Amount | |
| pood or grantoon introduction | | | | | | 10,070 |

| • • • | | | | | | |
|---|---------------------------------------|----------|--------------|-----------------|------------|---------------|
| • MANDEL FOUNDATION | | | | 22-222 | | 3 of 5 |
| Continuation of Part XV, Recipient(s) paid during the year | | Gran | ts and Con | tributions Paid | During the | <u>e Year</u> |
| Name <u>DYSTONIA MEDICAL RESEARCH</u> Street | | | · | | | |
| | | γ | | | | |
| City | | State | Zip Code | Foreign Counti | У | |
| Relationship | Foundation Status | • | | | | |
| Purpose of grant/contribution | | | | | Amount | |
| Name LEUKEMIA & LYMPHOMA SOCIE | TY | | <u>.</u> , | | 1, | 200 |
| Street | ···· | | | | · | |
| City | | State | Zip Code | Foreign Count | гу | |
| Relationship | Foundation Status | | | | | |
| Purpose of grant/contribution | | | | | Amount | 500 |
| Name WESTCHESTER JEWISH CENTE Street | ER . | | | | | |
| City | | State | Zip Code | Foreign Count | ry | |
| Relationship | Foundation Status | .l | <u> </u> | | | |
| Purpose of grant/contribution | | | | | Amount | 1,100 |
| Name SHELDRAKE ENVIRONMENTAL (Street | CENTER | | | | | |
| City | | State | Zip Code | Foreign Count | ry | |
| Relationship | Foundation Status | 1 | <u> </u> | | | |
| Purpose of grant/contribution | . | | | | Amount | 275 |
| Name UJA FOUNDATION Street | | _ | | | | |
| City | | State | Zip Code | Foreign Count | ry | |
| Relationship | Foundation Status | · . | 1 | | | |
| Purpose of grant/contribution | · · · · · · · · · · · · · · · · · · · | | | | Amount | 1,250 |
| Name PHELPS MEMORIAL HOSP. Street | | | | | | |
| City | · · · · · · · · · · · · · · · · · · · | State | Zıp Code | Foreign Count | ry | . |
| Relationship | Foundation Status | <u> </u> | | | <u> </u> | |
| Purpose of grant/contribution | | | | | Amount | |
| | | | | | 1 | 500 |

| · MANDEL FOUNDATION | | | | 22-222 | | 5_ of_ 5_ |
|------------------------------------|-------------------|--|------------|-----------------|------------------|-------------|
| Continuation of Part XV, Lin | e 3a (990-PF) - | Gran | ts and Con | tributions Paid | During th | e Year |
| Recipient(s) paid during the year | | | | | | |
| Name ALAN T BROWN FOUNDATION | | | | | | |
| Street | <u>.</u> . | | | | | |
| City | | Ctata | T7:- 0-4- | le o | | |
| | | State | Zip Code | Foreign Countr | у | |
| Relationship | Foundation Status | | • | | - | |
| Purpose of grant/contribution | | | | | Amount | 900 |
| Name | | | | - | | |
| SUSAN G. KOMEN Street | | | | | | |
| | | | | | *** | |
| City | | State | Zip Code | Foreign Countr | у | |
| Relationship | Foundation Status | | 1 | | | |
| Purpose of grant/contribution | <u> </u> | | | ., . | Amount | 100 |
| Name | | | | | 1 | 100 |
| ALAN T. BROWN FOUNDATION | | | | | | |
| Street | | | | | | |
| City | | State | Zip Code | Foreign Countr | у | |
| Relationship | Foundation Status | l | <u> </u> | <u> </u> | | |
| Purpose of grant/contribution | | | | | Amount | |
| . | | | | | | 295 |
| Name JEWISH FEDERATION OF SOUTHERI | N NEW JERSEY | | | | | |
| Street | | | | | | |
| City | | State | Zip Code | Foreign Countr | v | |
| | · | Ciaic | Zip Gode | l oreign count | , | |
| Relationship | Foundation Status | | | | | |
| Purpose of grant/contribution | | | | | Amount | |
| | | | | | 1 | 2,500 |
| Name | | | | | | |
| Street | | | * | | · - - | |
| City | | State | Zıp Code | Foreign Countr | у | |
| Relationship | Foundation Status | <u>. </u> | l | | | |
| Purpose of grant/contribution | <u> </u> | | | | Amount | |
| Name | | | | | <u> </u> | 0 |
| Street | | | | | | |
| | | | | | | |
| City | | State | Zip Code | Foreign Countr | у | |
| Relationship | Foundation Status | • | | | ., | |
| Purpose of grant/contribution | | · · · · · · · · · · · · · · · · · · · | | | Amount | 0 |

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SCHEDULE B. (Form 1040A or 1040)

Department of the Treasury

Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

See instructions on back.

OMB No 1545-0074

'(())**'** Attachment

08

Internal Revenue Service (99) Sequence No Name(s) shown on return Your social security number MANDEL FOUNDATION 22-2227811 Part I List name of payer If any interest is from a seller-financed mortgage and the Amount buyer used the property as a personal residence, see instructions on back and list Interest this interest first. Also, show that buyer's social security number and address MORGANSTANLEY 1,900 (See instructions ALLIANCE RESOURCE on back and the 8 TC PIPELINE LP instructions for **ENBRIDGE ENERGY PARTNERS LP** Form 1040A, or Form 1040. NU STAR ENERGY 14 ENERGY TRANSFER PARTNERS line 8a.) 10 **BOARDWALK PIPELINE** ENTERPRISE PRODUCTS PARTNERS LP 8 Note. If you REGENCY ENERGY PARTNERS LP 1 received a Form MANDEL INVESTMENT CORP 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the Add the amounts on line 1 1.959 paver and enter 2 Excludable interest on series EE and I U.S savings bonds issued after 1989. the total interest shown on that 3 form Subtract line 3 from line 2 Enter the result here and on Form 1040A, or Form 1040, line 8a . . . 1,959 4 Note. If line 4 is over \$1,500, you must complete Part III Amount Part II List name of payer ► MORGANSTANLEY 15,489 SUNOCO LOGISTICS 420 **Ordinary NU STAR ENERGY** 6 **Dividends ENERGY TRANSFER PARTNERS** 19 (See instructions **INERGY LP** 4 NISKA GAS STORAGE PARTNERS on back and the 25 instructions for 643 Form 1040A, or Form 1040. line 9a.) 5 Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary Add the amounts on line 5. Enter the total here and on Form 1040A, or Form dividends shown on that form 1040, line 9a. 16,606 Note. If line 6 is over \$1,500, you must complete Part III You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. Yes No At any time during 2011, did you have a financial interest in or signature authority over a financial Part III account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. **Foreign** If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature Accounts authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to and Trusts If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the (See financial account is located instructions on

During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a

foreign trust? If "Yes," you may have to file Form 3520. See instructions on back

back)

Page 2

| | | on return Do not enter | name and social | security number | r if shown on | other side | | | | | You | | security r | | r |
|------------|----------|--|----------------------|----------------------|----------------------------|--|-------------|-------------------|-----------------------|---------------------------------|----------------------------------|-------------|--------------------------|-------------------------------|--|
| | | OUNDATION | | | 4 | . 20 | | | <u> </u> | 1 7 1 17 4 | | <u>22-2</u> | 2227811 | | |
| | t II | e IRS compares a Income or Los | | | | | | | | | | | | | |
| | | which any amount | s not at risk, y | ou must chec | ck the box | ın column (e) o | on line 2 | 28 and | attach F | | See inst | risk act | ivity for | | |
| 27 | unallow | reporting any los ved loss from a pa | ssive activity | (if that loss | was not re | eported on F | orm 85 | 82), o | r unreir | nbursed | r | | Yes [| XN | lo |
| | partner | ship expenses? If | you answere | ed "Yes," see | instruction | | | | | | | | | | |
| 28 | | | (a) Name | | | (b) Enter P for partnership, for S corporate | s | (c) Che foreig | gn 🗎 | ider | Employer itification umber | | any an | heck if nount i at risk | |
| _A | See att | ached statement | | | | | | | | | | | | | |
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| С | | | | | | | | | | | | | | | |
| D | | | | | | | | Ē | | | | | | ╗ | |
| | | Passive Income | and Loss | <u> </u> | | <u> </u> | No | npass | ive Inc | ome and | Loss | | | | |
| | | ssive loss allowed orm 8582 if required) | | sive income | | Nonpassive loss | | | | on 179 expen | | | Nonpassive | | |
| A | T | | | inedate ((-) | - 1101 | III Ochedale N- | <u>'</u> | | eduction | HOIRI FORIII 4 | 502 | 110 | III Schedu | ile K- | <u>. </u> |
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| C | | | | | | | | | | | | | | | |
| _ <u>D</u> | <u></u> | (1994) | | | - Commission of the | | | | | | | | | | |
| | Totals | | | | | | | | Y P | | | | | 3,438 | |
| | Totals | lumns (g) and (j) o | | | | | 347 | l., | | | 30 | | 10 | 3,438 | |
| 31 | | lumns (f), (h), and | | b | | | | | | | 31 | (| |),430),347 | |
| 32 | | artnership and S | | | | | | | nter th | е | <u> </u> | | | ,,,,, | |
| | | ere and include in | | | | | | | <u></u> | <u></u> | 32 | | 8 | 3,091 | |
| Par | t III | Income or Los | s From Est | ates and T | rusts | | | | | | · | | | | |
| 33 | | | | (a) N | lame | | | | | | | | Employer ation numb | ber | |
| Α | | | | | | | | | | | | | | | |
| _ <u>B</u> | <u> </u> | | | | | | | | | | <u> </u> | | | | |
| | | | ive Income a | | | | ļ | | | assive In | 1 | | | | |
| | | ssive deduction or loss a ach Form 8582 if requir | | | Passive inco n Schedule | | <u> </u> | | luction or chedule | | ' | ` ' | r income fredule K-1 | | ., |
| <u>A</u> | | <u> </u> | | | | | ļ | | | | ļ | | | | |
| B 34 a | Totals | | | | | | | | | | <u> </u> | | | | ╀ |
| | Totals | | | | | M * Z * * * * | | | | | | | 7 | | |
| 35 | Add col | lumns (d) and (f) o | f line 34a . | | , | | | | | | 35 | | | | |
| 36 | | lumns (c) and (e) o | | | | | | | | | 36 (| | | • | |
| 37 | | state and trust in | • | ss). Combin | e lines 35 | and 36. Ent | er the | result l | here ar | nd | | | | _ | |
| Par | | in the total on line Income or Los | | al Estato M | | Investmen | + Cor | duita | /DEM | IICo\ B | 37 esidua | ا الماد | | 0 | <u>'l</u> |
| ı aı | | miconie or Los | | | | cess inclusion fr | | T | | | | | | | |
| 38 | | (a) Name | | iployer on number | Sch | iedules Q, line 2 | | 1, , | | ome (net loss) es Q, line 1b | | | come from les Q, line | | |
| | | | | | (s | ee instructions) | | | | <u>-</u> - | | | | | Т |
| 39 | Combin | ne columns (d) and | d (e) only. En | iter the resul | t here and | d include in t | he tota | l on lin | ne 41 b | elow | 39 | | | | , |
| Par | | Summary | 1, 1 | | - | <u> </u> | | | | - | | | | | |
| 40 | Net farr | m rental income or | (loss) from I | Form 4835. | Also, com | plete line 42 | below | · | | | 40 | | | | |
| 41 | Total in | come or (loss). Comi | bine lines 26, 32, 3 | 7, 39, and 40 Ente | er the result he | ere and on Form 10 | 40, line 1 | 7, or Form | 1040NR, | line 18 . 🕨 | 41 | | 8 | 3,091 | |
| 42 | Reconc | iliation of farming a | and fishing in | come. Enter | your gross | S | | | | | | | | | |
| | | and fishing income r | | | | | | | | | | | | | |
| | | 065), box 14, code B | | | - | | 40 | | , P. | | | | | | |
| | | Schedule K-1 (Form | • | • | | • | 42 | | | | | | | | |
| 43 | | iliation for real esta | | | | | | 1 | | | | | | | |
| | | onal (see instructions e on Form 1040 or F | | | | | | | # | 7.2 | | | | | 9 |
| | | u materially participa | | | | | 43 | | | | | | | | |

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| | Continuation for Line | 28 (| Sch E | r Line 28 (Sch E page 2 (1040)) - Income or Loss from Partners and S-Corps | 40)) - In | come or | · Loss fro | om Partne | ers and S | -Corps |
|----|---------------------------|------|----------|--|-----------|-------------|------------|------------|-----------|------------|
| | (a) | (q) | (c) | (p) | (e) | (J) | (6) | (y) | (1) | (i) |
| | Name | P/S | Check if | Employer | Check if | Passive | Passive | Nonpassive | Sec 179 | Nonpassive |
| | | | foreign | ID number | some not | loss | Income | ssol | deduction | income |
| | | | p'ship | | at risk | allowed | Sch K-1 | Sch K-1 | Form 4562 | Sch K-1 |
| - | ALLIANCE RESOURCE | ۵ | | 73-1564280 | | 0 | 0 | 0 | 0 | 1,643 |
| 7 | TC PIPELINE LP | Ъ | | 52-2135448 | | 0 | 0 | 271 | 0 | 0 |
| က | ENBRIDGE ENERGY PARTN | م | | 39-1715850 | | 0 | 0 | 233 | 0 | 0 |
| 4 | COPANO ENERGY | а. | | 51-0411678 | | 0 | 0 | 1,854 | 0 | 0 |
| 5 | SUNOCO LOGISTICS | Ь | | 23-3096839 | | 0 | 0 | 0 | 0 | 656 |
| မ | | ۵ | | 74-2956831 | | 0 | 0 | 229 | 0 | 0 |
| ~ | MAGELLAN MIDSTREAM | Ь | | 73-1599053 | | 0 | 0 | 0 | 0 | 471 |
| ∞ | | а | | 73-1493906 | | 0 | 0 | 2,044 | 0 | 0 |
| 6 | BOARDWALK PIPELINE | d | | 20-3265614 | | 0 | 0 | 638 | 0 | 0 |
| 9 | 10 ENTERPRISE PRODUCTS PA | d | | 76-0568219 | | 0 | 0 | 3,656 | 0 | 0 |
| F | 11 DUNCAN ENERGY | Ь | | 20-5639997 | | 0 | 0 | 0 | 0 | 135 |
| 12 | 12 INERGY LP | d | | 43-1918951 | | 0 | 0 | 605 | 0 | 0 |
| 13 | 13 NATURAL RESOURCE PART | d | | 35-2164875 | | 0 | 0 | 18 | 0 | 0 |
| 14 | 14 NISKA GAS STORAGE PART | d | | 27-1855740 | | 0 | 0 | 317 | 0 | 0 |
| 15 | 15 REGENCY ENERGY PARTNE | d | | 16-1731691 | | 0 | 0 | 482 | 0 | 0 |
| 16 | 16 MANDEL INVESTMENT COR | တ | | 22-1710932 | | 0 | 0 | 0 | 0 | 15,533 |
| Ī | Filer Totals | | | | | 0 | 0 | 10,347 | 0 | 18,438 |
| | Spouse Totals | • | | • | • | 0 | 0 | 0 | 0 | 0 |
| | Totals | | | • | • | 0 | 0 | 10,347 | 0 | 18,438 |

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

| Name If Business Street City State Zip Code 1 RICHARD MANDEL VOORHEES NJ 08043 2 BARRIE MANDEL SCHNEIR 25 HARRISON ST NEW YORK NY 10013 4 ANN BOONIN ANN ARBOR MI 10013 5 ANN ARBOR MI 10013 6 ANN ARBOR MI 10013 7 BOONIN BOONIN BOONIN BOONIN 8 ANN ARBOR BOONIN BOONIN BOONIN BOONIN 9 BOONIN BOONIN BOONIN BOONIN BOONIN 10 BOONIN BOONIN BOONIN BOONIN BOONIN BOONIN 6 BOONIN BOONIN | | | Check "X" | | | | | Foreign | | |
|--|----|-----------------------|-------------|---------------------|-----------|-------|----------|---------|---------|----------|
| RICHARD MANDEL BARRIE MANDEL SCHNEIR JOAN BOONIN JOAN BOONIN 2128 WALLINGFORD RD ANN ARBOR ANN ARBOR | | Name | if Business | Street | City | State | Zip Code | Country | Ë | ile E |
| BARRIE MANDEL SCHNEIR 25 HARRISON ST NEW YORK JOAN BOONIN 2128 WALLINGFORD RD ANN ARBOR | 1 | RICHARD MANDEL | | | VOORHEES | S | 08043 | | TRUS | 里 |
| JOAN BOONIN 2128 WALLINGFORD RD ANN ARBOR | 2 | BARRIE MANDEL SCHNEIR | | 25 HARRISON ST | NEW YORK | ¥ | 10013 | | TRUST | Ш |
| | 3 | JOAN BOONIN | | 2128 WALLINGFORD RD | ANN ARBOR | × | | | TRUSTEE | E |
| 6 6 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | 4 | | | | | | | | | |
| 8 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10 | 5 | | | | | | | | | |
| 8 9 9 | 6 | | | | | | | | | |
| 9 9 10 | 7 | | | | | | | | | |
| 10 | 8 | | | | | | | | | |
| 10 | 9 | | | | | | | | | |
| | 10 | | | | | | | | | |

Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

| Sain | oss | 18,602 | 0 | | 1 | | Net Gain | or Loss | 21,895 | 12,414 | -5,596 | -11,144 | -2,989 | 4,022 | 0 | 0 | 0 | o |
|-------------|--------------------|----------------------------|-----------------------------|---------|--------------|-----------|-------------|---------------|--------------|------------|-----------|-------------|------------------|----------------|---|---|---|----|
| Net Garn | or Loss | | | | | | | Depreciation | | | | | | | | | | |
| Cost, Other | Basis and Expenses | 76,360 | 0 | Expense | of Sale and | Cost of | Improve- | ments | | | | | | | | | | |
| Cost, | Basis and | | | | | | Valuation | Method | | | | | | | | | | |
| Gross | Sales | 94,962 | 0 | | | | Cost or | Other Basis | | 12,891 | 11,794 | 19,105 | 11,111 | 10,978 | | | | |
| ĕ | Sal | | | | | | Gross Sales | Pnce | 32,376 | 25,305 | 6,198 | 7,961 | 8,122 | 15,000 | | | | |
| Totals | | Securities | Other sales | | | | Date | Sold | 7/25/2011 | 6/20/2012 | 6/20/2012 | 6/20/2012 | 6/20/2012 | 5/25/2012 | | | | |
| | | | | | | | Acquisition | Method | ۵ | ۵ | ۵ | ۵ | ۵ | ٩ | | | | |
| | | | | | | | Date | Acquired | 11/21/2008 | 11/28/2003 | 1/4/2008 | 11/7/2005 | 3/29/2006 | 11/27/2007 | | | | |
| | | | | | Check "X" If | Purchaser | IS a | Business | | | | | | | | | | |
| | | | | | | | | Purchaser | | | | | | | · | | | |
| | Amount | | | | | | | CUSIP# | | | | | | | | | | |
| | • | Long Term CG Distributions | Short Term CG Distributions | | | | | Description | 1300 METLIFE | 300 EXXON | 800 CBRE | 500 HANCOCK | 500 NFJ DIVIDEND | 600 NAT'L CITY | | | | |
| | | | | | | Check "X" | if Sale of | ndex Security | × | × | × | × | × | × | | | | |
| | | | [| | | | | Index | + | 7 | က | 4 | 2 | 9 | 7 | 8 | 6 | 10 |

Part II, Line 10b (990-PF) - Investments - Corporate Stock

| | | | 787,415 | 766,619 | 787,415 | 766,619 |
|----|-------------------------------------|-------------|--------------|-------------|--------------|-------------|
| | | Num Shares/ | Book Value | Book Value | FMV | FMV |
| | Description | Face Value | Beg. of Year | End of Year | Beg. of Year | End of Year |
| - | | | 268,554 | 256,710 | 268,554 | 256,710 |
| 2 | 600 NATIONAL CITY CAP 6.625 | | 15,240 | 0 | 15,240 | 0 |
| က | 500 SH RBS CAP FNDG TRUST VII 6.08% | | 7,375 | 026'9 | | 6,970 |
| 4 | 500 SH HANCOCK JOHN BANK | | 8,215 | 0 | 8,215 | 0 |
| 2 | 584 SH MANDEL INVESTMENT CORP CLA | | 23,070 | 28,976 | 23,070 | 28,976 |
| ဖ | 500 SH ENBRIDGE ENERGY | | 15,035 | 15,385 | 15,035 | 15,385 |
| 7 | 418 SH KAYNE ANDERSON ENERGY | | 12,390 | 11,044 | 12,390 | 11,044 |
| ∞ | 820 MACQUIRE GLOBAL | | 15,227 | 14,235 | 15,227 | 14,235 |
| 6 | 500 SH NFJ DIVIDEND | | 9,455 | 0 | 9,455 | 0 |
| 5 | 500 FORD MOTOR CREDIT 7.375% | | 11,350 | 0 | 11,350 | 0 |
| 1 | 500 SH GEN'L MOTORS ACCEPT 7.25% | | 11,750 | 11,915 | 11,750 | 11,915 |
| 12 | 800 SH ALLIANCE RES PARTNERS | | 61,960 | 44,896 | 61,960 | 44,896 |
| 13 | 800 SH DUNCAN ENERGY PARTNERS | | 34,608 | 0 | 34,608 | 0 |
| 14 | 500 SH INERGY LP | | 0 | 9,310 | 0 | 9,310 |
| 15 | 1000 SH MS EMERGING | | 17,610 | 15,700 | 17,610 | 15,700 |
| 16 | 500 SH TC PIPELINES | | 23,885 | 21,550 | 23,885 | 21,550 |
| 17 | 1000 SH INVESCO VAN KAMPEN | | 12,720 | 11,730 | 12,720 | 11,730 |
| 8 | 1428 ENTERPRISE PROD PARTNERS | | 26,790 | 73,171 | 26,790 | 73,171 |
| 19 | 450 SH HEALTHCARE REALTY TRUST | | 9,284 | 10,728 | 9,284 | 10,728 |
| 20 | 800 ING CLARION GLOBAL | | 969'9 | 0 | 969'9 | 0 |
| 21 | 275 SH NUSTAR ENERGY LP | | 17,790 | 14,820 | 17,790 | 14,820 |
| 22 | 450 SH PA RL EST INVT TR SBI | | 7,065 | 6,741 | 7,065 | 6,741 |
| 23 | 500 SH NATURAL RESOURCE PTNRS | | 16,585 | 11,085 | 16,585 | 11,085 |
| 24 | 800 SH BOARDWALK PIPELINE | | 18,876 | 22,104 | 18,876 | 22,104 |
| 25 | 400 ENERGY TRANSFER | | 14,661 | 17,676 | 14,661 | 17,676 |
| 26 | 400 MAGELLAN MIDSTREAM | | 23,892 | 28,256 | 23,892 | 28,256 |
| 27 | 900 SUNOCO LOGISTICS | | 25,845 | 32,643 | 25,845 | 32,643 |
| 28 | 1000 BANK OF AMERICA | | 26,170 | 25,850 | 26,170 | 25,850 |
| 29 | 1300 MET LIFE | | 31,629 | 0 | 31,629 | 0 |
| 30 | 400 SH CAPANO ENERGY | | 13,688 | 11,120 | 13,688 | 11,120 |
| 31 | 500 SH EL PASO PIPELINE | | 0 | 16,900 | 0 | 16,900 |
| 32 | 700 SH REGENCY ENERGY PTRS | | 0 | 16,639 | 0 | 16,639 |
| 33 | 250 SH KINDER MORGAN | | 0 | 18,355 | 0 | 18,355 |
| 34 | 1000 SH NISKA GAS | | 0 | 12,110 | 0 | 12,110 |
| 35 | | | | | | |
| 36 | | | | | | |
| 37 | | | | | | |
| | | | | | | |

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Attachment

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

Sequence No 179

Name(s) shown on return Business or activity to which this form relates Identifying number MANDEL FOUNDATION From K-1 (1120S) 01 22-2227811 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 500.000 2 Total cost of section 179 property placed in service (see instructions). 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 2,000,000 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 500,000 6 (a) Description of property (c) Elected cost From Schedule K-1(s) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 . Note: Do not use Part II or Part III below for listed property Instead, use Part V. Part I Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 15 16 Other depreciation (including ACRS) . MACRS Depreciation (Do not include listed property.) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2011 . . . 17 18 If you are electing to group any assets placed in service during the tax year into one or more Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (business/investment use (a) Classification of property year placed (e) Convention (f) Method (g) Depreciation deduction penod only-see instructions) 3-year property 5-year property 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. h Residential rental 27 5 yrs. MM S/L property S/L 27.5 yrs. MM i Nonresidential real MM S/L 39 yrs. property MM S/L Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs. MM S/L Summary (See instructions.) Part IV 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 6251

Alternative Minimum Tax—Individuals

OMB No 1545-0074

Attachment

Department of the Treasury

See separate instructions.

► Attach to Form 1040 or Form 1040NR.

Sequence No

Internal Revenue Service (99) Name(s) shown on Form 1040 or Form 1040NR Your social security number MANDEL FOUNDATION 22-2227811 Alternative Minimum Taxable Income (See instructions for how to complete each line.) Part I If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7 (If less than zero, enter as a negative amount) Medical and dental Enter the smaller of Schedule A (Form 1040), line 4, or 2 5% (025) of Form 1040, line 38 If zero or less, enter -0-Taxes from Schedule A (Form 1040), line 9 3 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line Miscellaneous deductions from Schedule A (Form 1040), line 27 . 5 6 Skip this line. It is reserved for future use . 6 7 Tax refund from Form 1040, line 10 or line 21 8 Investment interest expense (difference between regular tax and AMT) 8 Depletion (difference between regular tax and AMT) 9 2,476 9 Net operating loss deduction from Form 1040, line 21 Enter as a positive amount 10 10 11 Alternative tax net operating loss deduction 11 12 Interest from specified private activity bonds exempt from the regular tax 12 13 Qualified small business stock (7% of gain excluded under section 1202) . 14 Exercise of incentive stock options (excess of AMT income over regular tax income) 14 15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 15 16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6). 16 Disposition of property (difference between AMT and regular tax gain or loss) 17 17 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) . 18 615 18 19 Passive activities (difference between AMT and regular tax income or loss) 19 Loss limitations (difference between AMT and regular tax income or loss) . 20 20 21 Circulation costs (difference between regular tax and AMT) 21 Long-term contracts (difference between AMT and regular tax income) . 22 22 23 Mining costs (difference between regular tax and AMT). 23 24 Research and experimental costs (difference between regular tax and AMT). 24 25 Income from certain installment sales before January 1, 1987 . . 25 26 Intangible drilling costs preference 26 27 Other adjustments, including income-based related adjustments. 27 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$223,900, see instructions.) 28 3,091 Part II Alternative Minimum Tax (AMT) Exemption (If you were under age 24 at the end of 2011, see instructions) IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . . Single or head of household \$112,500 \$48,450 Married filing jointly or qualifying widow(er) 150,000 74.450 Married filing separately 75,000 37,225 If line 28 is over the amount shown above for your filing status, see instructions. Subtract line 29 from line 28 If more than zero, go to line 31 If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34 30 3.091 If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter 31 If you reported capital gain distributions directly on Form 1040, line 13, you reported qualified dividends on Form 1040, line 9b, or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured 31 804 for the AMT, if necessary), complete Part III on the back and enter the amount from line 54 here. All others: If line 30 is \$175,000 or less (\$87,500 or less if mamed filing separately), multiply line 30 by 26% (26) Otherwise, multiply line 30 by 28% (28) and subtract \$3,500 (\$1,750 if married filing separately) from the result. 32 Alternative minimum tax foreign tax credit (see instructions) 32 33 804 Tentative minimum tax Subtract line 32 from line 31. 33 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47) If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured

AMT. Subtract line 34 from line 33. If zero or less, enter -0- Enter here and on Form 1040, line 45

without using Schedule J (see instructions) .

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(Rev December 2010) Department of the Treasury Internal Revenue Service

Domestic Production Activities Deduction

►Attach to your tax return. ►See separate instructions.

OMB No 1545-1984

Attachment

Sequence No 143 Name(s) as shown on return Identifying number MANDEL FOUNDATION 22-2227811 Note. Do not complete column (a), unless you have oil-related (a) (b) production activities Enter amounts for all activities in column (b). Oil-related production activities All activities including oil-related production activities Domestic production gross receipts (DPGR) 157,268 Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3 2 136,840 Enter deductions and losses allocable to DPGR (see instructions) . 3 3 16.806 If you are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR All others, skip line 4 5 5 0 153.646 0 6 3.622 Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions) Add lines 6 and 7 Estates and trusts, go to line 9, all others, skip 8 3,622 Amount allocated to beneficiaries of the estate or trust (see 10a Oil-related qualified production activities income. Estates and trusts, subtract line 9, column (a), from line 8, column (a), all others. enter amount from line 8, column (a). If zero or less, enter -0- here. 10a b Qualified production activities income. Estates and trusts, subtract line 9, column (b), from line 8, column (b), all others, enter amount from line 8, column (b). If zero or less, enter -0- here, skip lines 11 through 21, and enter -0- on line 22 3,622 Income limitation (see instructions): • Individuals, estates, and trusts. Enter your adjusted gross income figured without the 11 All others Enter your taxable income figured without the domestic production activities Enter the smaller of line 10b or line 11. If zero or less, enter -0- here, skip lines 13 through 21, 13 13 0 14a Enter the smaller of line 10a or line 12 b Reduction for oil-related qualified production activities income. Multiply line 14a by 3% . . . 14b 0 15 0 16 6.916 Form W-2 wages from estates, trusts, and certain partnerships and S corporations 17 18 Add lines 16 and 17 Estates and trusts, go to line 19, all others, skip line 19 and go to line 20. 18 6.916

24

19 Amount allocated to beneficiaries of the estate or trust (see instructions)

20 Estates and trusts, subtract line 19 from line 18, all others, enter amount from line 18

Domestic production activities deduction from cooperatives. Enter deduction from Form

Domestic production activities deduction. Combine lines 22 through 24 and enter the result here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of your return . . .

6,916

3,458

19

20

21

22

23

24

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Line 16c (990-PF) - Other Fees

NANDEL FOUNDATION

| | | 950 | 475 | 475 | 0 | ۔ ا |
|-----|---|-----------------------|----------------|--------------|-------------------------------|---------------|
| | | Revenue and | | | Disbursements for Charitable | |
| | Name of Organization or Person Providing Service | Expenses per Books | Net Investment | Adjusted Net | Purposes (Cash Basis Only) | |
| 1 | MJG ASSOCIATES | 950 | 475 | 475 | 1 | |
| | | | | | | |
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Line 18 (990-PF) - Taxes

| | | 373 | 373 | 373 | |
|----|---|--------------|----------------|------------|----------------|
| | | Revenue | | | Disbursements |
| | | and Expenses | Net Investment | Adjusted | for Charitable |
| | Description | per Books | Income | Net Income | Purposes |
| 1 | Real estate tax not included in line 20 | | | | |
| 2 | Tax on investment income | | | | |
| 3 | Income tax | 373 | 373 | 373 | |
| 4 | | | | | |
| 5 | | | | | |
| 9 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 6 | | | | | |
| 10 | | | | | |
| | | | | | |