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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

 Information about Form 990 and its instructions is at www.irs.gov/form990 Internal Revenue Service A For the 2013 calendar year, or tax year beginning JUL 1 2013 and ending JUN 30, 2014 C Name of organization D Employer identification number Check if applicable MANDEL SUPPORTING FOUNDATIONS - JACK N. Address change & LILYAN MANDEL FUND]Name]change Doing Business As 34-1350566 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-25701 SCIENCE PARK DRIVE (216) 593-2900 Amender return 90,323,851, G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-CLEVELAND, OH 44122 H(a) is this a group return pending F Name and address of principal officer: BARRY REIS Yes X No for subordinates? 25701 SCIENCE PARK DR., CLEVELAND, OH H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c)(✓ (insert no.) | 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► NONE H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1981 M State of legal domicile: OH Part I Summary Briefly describe the organization's mission or most significant activities: MANDEL SUPPORTING FOUNDATIONS -Governance JACK N. & LILYAN MANDEL FUND IS A SUPPORTING FOUNDATION OF THE If the organization discontinued its operations or RECEIVED Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part (ne 1b) 4 Activities & 0 5 Total number of individuals employed in calendar year 2013 (Part V, MAY 19 2015 6 Total number of volunteers (estimate if necessary) 6 2 341 248. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 OGDEN. UT b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 15,145,150 18,090,005. Revenue 0. Program service revenue (Part VIII, line 2g) 60,679,196 52,154,270, Investment income (Part VIII, column (A), lines 3, 4, and 7d) <3,811,297 <4.789.346. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 72,013,049 65,454,929, 26,707,501. 29,159,569 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,573,591 1,931,996. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 28,639,497. 30,733,160, Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 41,279,889. 36,815,432. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 770,038,873. 20 Total assets (Part X, line 16) 655,398,970, Total liabilities (Part X, line 26) 27 092 357 39,284,015. Net / 628,306,613 Net assets or fund balances. Subtract line 21 from line 20 730,754,858. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign BARRY REIS TREASURER Type or print name and title Paid Date 05/13/15 Patricia B. Rubin, CPA Date 2015 05 13 Print/Type preparer's name PATRICIA B. RUBIN P00041477 Preparer Firm's name BDO USA, 13-5381590 Firm's EiN Use Only Firm's address 32125 SOLON ROAD

Form 990 (20

Yes

Phone no. (440) 248-8787

SOLON, OH 44139-2284

May the IRS discuss this return with the preparer shown above? (see instructions)

34-1350566

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1	Х_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
J	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			۱,,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ļ
_	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b	х	
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	TID		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ł
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_11f	_ X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446	x	
15	or more? If "Yes," complete Schedule F, Parts I and IV . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			ĺ
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines]		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		 ^ -
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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rai	TIV Checklist of Required Schedules (continued)		V	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,	 	 	
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1	-	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
2/12	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	-23		
<u>_</u> -TG	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		-
·	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		
Lou	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200	<u> </u>	
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	100	\vdash	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,		•	
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			İ
	of any of these persons? If "Yes," complete Schedule L, Part III	27	'	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	1	1	i
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	l .
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			ļ
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2013)

orm	990 (2013)		P	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
_	, , , , , , , , , , , , , , , , , , , 		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable	- 1		ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Ì		
	(gambling) winnings to prize winners?	10	ĺ	l
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X _
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 1		ļ
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- 1		
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	ł		1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		ļ
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			۱
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	_ [ĺ
a	Did the organization make any taxable distributions under section 4966?	9a		├
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	į		1
a	Initiation fees and capital contributions included on Part VIII, line 12	į		,
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) Section 4947(a)(1) page exempt charitable trusts is the ergapization filing Form 900 in liquid Form 10412	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans	l		
_	Enter the amount of reserves on hand			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		• • •		

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Form 990 (2013)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			Х				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year [14] The second members of the governing body at the end of the tax year [15] The second members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent Delaware from directors to the control of		:					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		х					
_	officer, director, trustee, or key employee?	2		_				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x				
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?	5 6	х	Х				
7a								
	more members of the governing body?	7a	х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
_	persons other than the governing body?	7b	х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а		8a	х	ŀ				
-	Each committee with authority to act on behalf of the governing body?	8b	х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		i					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		х				
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	, , , , , , , , , , , , , , , , , , , ,							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>				
b		12b	X	├─				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		.,					
	in Schedule O how this was done	12c	X	<u> </u>				
13	Did the organization have a written whistleblower policy?	13	X	 				
14	Did the organization have a written document retention and destruction policy?	14	^	 				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	·.	х				
	Other officers or key employees of the organization	15b		x				
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a	х	*				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b		х				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶OH							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fınar	ncial					
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:						
	BARRY REIS - 216-593-2900							
	25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122							

& LILYAN MANDEL FUND 34-1350566 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average	١		Pos	ition	١		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	⊢	cer ar	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di] ;;	ĺ	l	ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e e	pens		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	nonal		ploy	t com				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) HENRY J. GOODMAN	0.20	 	-	-	<u> </u>	Ξe	ъ.			_
TRUSTEE, VP & TREASURER	1.80	x		х				0.	0.	0
(2) STEPHEN H. HOFFMAN	1.70		┝	\vdash	\vdash					
TRUSTEE	40.00	x	ĺ					٥.	801,581.	23,943
(3) SALLY H. WERTHEIM	0,10	\vdash	┝		 		-			
TRUSTEE	1.00	x						٥.	0.	o
(4) CHARLES RATNER	0.20	Т	_		_					
TRUSTEE	1.30	x						0.	0.	0
(5) MORTON L. MANDEL	1.50		_				-			
TRUSTEE, PRESIDENT	4.00	x	l	x				0.	0.	o
(6) BARBARA MANDEL	0.10	T				\vdash				
TRUSTEE	0.70	x	١,					0.	0.	0
(7) HARLEY GROSS	0.10	Г								
TRUSTEE	1.30	x			ļ			0.	0.	0
(8) PENNI WEINBERG	0.10					-				
TRUSTEE	0.20	х						٥.	0.	0
(9) BARRY REIS	0,70									
ASSISTANT TREASURER	40.00	1		x	ĺ			0.	257,213.	35,287
(10) HEDY MILGROM	0.70				Ι-					
SECRETARY	40,00	1		х	l			0.	171,971.	12,666
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		1	ŀ							
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]	 		l					
				_						
]								

332007 10-29-13

Average

hours per

week

(list any

hours for

related

organizations

below

line)

Individual trustee or Institutional trustee Position

(do not check more than one

box, unless person is both an officer and a director/trustee)

ey employee

Officer

(A)

Name and title

34-1350566 Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (E) Reportable Estimated compensation amount of from related other organizations compensation (W-2/1099-MISC) from the organization and related organizations 0. 1,230,765 71,896. 0. 0 0. 0. 1,230,765. 71,896. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 Yes No Х 3 х 4 x

(D)

Reportable

compensation

from

the

organization

(W-2/1099-MISC)

compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

d Total (add lines 1b and 1c)

c Total from continuation sheets to Part VII, Section A

1b Sub-total

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(B) Description of services	(C) Compensation
INVESTMENT MANAGEMENT	
CONSULTING	1,914,521.
	
	<u> </u>
	Description of services INVESTMENT MANAGEMENT

\$100,000 of compensation from the organization

Form 990 (2013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under Related or Total revenue Unrelated exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 18,090,005 similar amounts not included above 6,090,005 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 18,090,005 Business Code Program Service Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 17,935,502 17,935,502. Income from investment of tax-exempt bond proceeds 5 74,038 Royalties 74,038. (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Secunties (II) Other 24,960,971. assets other than inventory 34,126,719 b Less: cost or other basis 24,868,922 and sales expenses c Gain or (loss) 92,049. 34,126,719 d Net gain or (loss) 34,218,768 1,722,789 32,495,979. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** OTHER PARTNERSHIP INCO 900099 11 a <4,863,384. <5,481,843.> 618,459, b d All other revenue e Total. Add lines 11a-11d <4,863,384. Total revenue. See instructions. 65,454,929 2,341,248. 45,023,676. 332009 10-29-13 Form 990 (2013)

& LILYAN MANDEL FUND

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses generăl expenses expenses Grants and other assistance to governments and organizations in the United States, See Part IV, line 21 10,219,618 10,219,618 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the 16,487,883 16,487,883. United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees): a Management Legal 6,667. 6,667 c Accounting Lobbying e Professional fundraising services, See Part IV, line 17 1,914,521 1,914,521 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 5,712 5,712 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) LOBBYING EXPENSE 4,167. 4,167 MISC 3,230 3,230 CUSTODIAL FEES 2,343 2.343 <4,644. TAX REFUNDS/FILING FEES <4,644. e All other expenses 28,639,497 Total functional expenses. Add lines 1 through 24e 26,717,380 1,922,117 0. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

332010 10-29-13

Check here

If following SOP 98-2 (ASC 958-720)

34-1350566

& LILYAN MANDEL FUND

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 8,948,194. 889,281. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 77,586 585,293. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 21,413,155 17,257,093. 11 Investments - publicly traded securities 624,960,035. 751,307,206. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 655,398,970. 770.038.873. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 409,636. 550,717. 17 Accounts payable and accrued expenses 17 18 Grants payable 26,682,721. 18 38,733,298. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 27,092,357. 39,284,015. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 628,306,613. 730,754,858. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 628,306,613, 730,754,858. 33 33 Total net assets or fund balances 655,398,970. 770,038,873. Total liabilities and net assets/fund balances

Form 990 (2013)

☐ Both consolidated and separate basis

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

X Consolidated basis

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2013)

Х

2c X

За

consolidated basis, or both:

Act and OMB Circular A-133?

J Separate basis

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

Open to Public Inspection

Name of the organization MANDEL SUPPORTING FOUNDATIONS - JACK N.

& LILYAN MANDEL FUND

ONS - JACK N. Employer identification number 34-1350566

Part I	Resen	for Public Char	ity Status (All organiz			المحاج متحالة م	V C					
L								tructions.				
			because it is: (For lines	_		=	· ·					
1			s, or association of chur			ction 170	(b)(1)(A)(i)).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
4 📖			operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's name,		
	city, and stat				-							
5 📖	_	· ·	benefit of a college or ui	niversity o	wned or op	perated by	a governi	mental uni	t describ	ped in		
		(b)(1)(A)(iv). (Comple	· ·									
6 🖳	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d ın <mark>sectio</mark>	n 170(b)(1	I)(A)(v).					
7 📖	An organizati	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
	section 170((b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳	A community	/ trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🗀	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contri	butions, n	nembershi	p fees, a	and gross receipts from		
	activities rela	ated to its exempt fur	nctions - subject to certa	aın excepti	ons, and (2	2) no more	than 33 1	1/3% of its	suppor	t from gross investment		
	income and t	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 30, 1975.		
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizat	ion organized and or	perated exclusively to te	st for publ	lic safety. 9	See sectio	n 509(a)(4	4).				
11 X	An organizati	ion organized and or	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of,	, or to carr	y out the	purposes of one or		
	more publicly	y supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Ch	eck the box that		
			organization and compl									
	a X Type	ı b 🗀 ту	ype II c 🔲 T	ype III - Fu	nctionally	integrated	c	ј 🗀 тур	e III - No	n-functionally integrated		
еX	By checking	this box, I certify that	at the organization is not		-	-				· -		
			han one or more publicly		-	-						
f		-	ten determination from		•				` / /	(// /		
		rganization, check th				F- ', ',F-	, ,					
g		•	organization accepted ar	nv aift or c	ontribution	from any	of the foli	owina per	sons?			
3	-		irectly controls, either al			=		-		Yes No		
	•	-	upported organization?	one or tog	JOHNO! WILL!	persons c	icocinoca	() αα (, 50.011	11g(i) X		
	-	-	n described in (i) above?	ı			••			11g(ii) X		
		•	person described in (i) a		~?					119(11)		
										11g(iii) X		
h	Provide the i	ollowing information	about the supported or	ganization	(S).							
			· · · · · · · · · · · · · · · · · · ·	Vivi la the e		(v) Did ive	416 . 41	1 (vi) le	tho	T		
	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		notify the	organization	(vi) Is the janization in col. (vii) Amount of mon			
orga	inization		above or IRC section		document?		support?	(i) organız U.S	ed in the .?	support		
			(see instructions))	Yes				Yes				
TRUT OU	EDED I MEON			res	No	Yes	No	res	No			
	EDERATION	24 0514445							ļ	26 717 200		
OF CLEVE	ELAND	34-0714445	7	x	_					26,717,380.		
			}					1				
		<u> </u>		<u> </u>	ļ <u></u>							
				ļ								
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						L		<u></u>				
-												
Total	1									26,717,380.		

332021 09-25-13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and				(4, 25.2	10/2010	(1) 10143
	membership fees received. (Do not	ľ					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						-
	ization's benefit and either paid to						
	or expended on its behalf		•				ł
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						ļ
	governmental unit or publicly						
	supported organization) included			1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	,					
_6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4					1	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	į į					
	and income from similar sources			1			
9	Net income from unrelated business						
	activities, whether or not the	į				İ	
	business is regularly carried on		1				
10	Other income. Do not include gain					i	·
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)		<u>.</u>	12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth to	ax vear as a sectio		
	organization, check this box and stop	here				(/ /	
_	ction C. Computation of Publ						
	Public support percentage for 2013 (I			column (f))		14	%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the o				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						ightharpoons
b	33 1/3% support test - 2012. If the o				l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali						ightharpoons
17a	10% -facts-and-circumstances test	: - 2013. If the org:	anızatıon dıd not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	i ere. Explain in Pai	t IV how the organ	ızatıon
	meets the "facts-and-circumstances"						ightharpoons
b	10% -facts-and-circumstances test	: - 2012. If the orga	anızatıon dıd not d	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶□
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16	a <u>, 16b, 17</u> a, or 17b	o, check this box a	nd see instructions	<u> ▶</u>
					Soho	dula A (Earm 000	or 000 E7\ 0042

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		Į	ļ	ļ		
	include any "unusual grants.")						
2	Gross receipts from admissions,				 	 	
_	merchandise sold or services per-	{	1	ļ	 	1	}
	formed, or facilities furnished in			n.		ĺ	
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that				 		
_	are not an unrelated trade or bus-				Į		
	iness under section 513						
4	Tax revenues levied for the organ-		<u> </u>			 	
•	ızatıon's benefit and either paid to						
	or expended on its behalf	l				i	ļ
5	The value of services or facilities			 	 	 	
•	furnished by a governmental unit to						
	the organization without charge					1	
	· ·				 		
	Total. Add lines 1 through 5				 	 	<u> </u>
16	Amounts included on lines 1, 2, and	}	}	1	ł	}	
,	3 received from disqualified persons Amounts included on lines 2 and 3 received					 	
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the	Ì	1	1	Ì	1	
	amount on line 13 for the year					 	
	Add lines 7a and 7b				<u> </u>	<u> </u>	
	Public support (Subtract line 7c from line 6)			L	<u></u>		
_							
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6					ļ.———	
102	Gross income from interest, dividends, payments received on						ļ
	securities loans, rents, royalties		1			1	
	and income from similar sources		ļ			<u> </u>	
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses		}	Ì	1	ì	
	acquired after June 30, 1975	<u></u>				ļ	
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,]		1	
	whether or not the business is						
	regularly carned on				ļ		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)				<u></u>	<u> </u>	
13	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	l		<u> </u>	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						<u> </u>
	ction C. Computation of Publ						
	Public support percentage for 2013 (•	column (f))		15	%
	Public support percentage from 2012					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20) 13 (line 10c, colur	mn (f) dıvided by lır	ne 13, column (f))		17	%
18	Investment income percentage from	2012 Schedule A,	Part III, line 17	•		18	%
19a	33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organia	zation	▶□
t	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anızation qualifies	as a publicly supp	orted organization	. ▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	
	22 00 25 42			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	

SCHEDULE C

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 See separate instructions.
 Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013
Open to Rublic

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	50 I(c)(4), (5), or (6) organiza				
Name of orga		PORTING FOUNDATIONS - JA	ACK N.	Emp	oloyer identification number
	& LILYAN M		-l	1 505	34-1350566
Part I-A	Complete if the org	janization is exempt un	der section 501(c)	or is a section 527	organization.
	expenditures	ration's direct and indirect politi	ical campaign activities		\$
Part I-B	Complete if the ord	janization is exempt un	der section 501(c)	(3).	
1 Enter th		incurred by the organization ur		> :	<u> </u>
	•	incurred by organization mana			\$
	=	n 4955 tax, did it file Form 472	=		Yes No
	orrection made?		, .		Yes No
b if "Yes,"	describe in Part IV.				
Part I-C		janization is exempt un	der section 501(c)	, except section 501	(c)(3).
1 Enter th	e amount directly expende	d by the filing organization for s	ection 527 exempt fund	ction activities	\$
		ization's funds contributed to d	·		
	function activities		Ŭ	▶ ;	\$
•		. Add lines 1 and 2. Enter here	and on Form 1120-POL		
line 17b	•			_, ▶:	\$
	filing organization file Form	1120-POL for this year?		•	Yes No
made pa contribu	ayments. For each organiza itions received that were pr	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organi a separate political org	ization's funds. Also enter t ganization, such as a separ	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2013

332041

LHA

Part II-A Complete if the organiz (election under section	ation is exe	mpt under sectio	n 501(c)(3) and file		
A Check if the filing organization be expenses, and share of the filing organization organization	excess lobbying	expenditures).		group member's nar	me, address, EIN,
	Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying)	[
c Total lobbying expenditures (add lines 1	a and 1b)				
d Other exempt purpose expenditures					
 Total exempt purpose expenditures (ad 		•			
f Lobbying nontaxable amount. Enter the	amount from th	e following table in bo	h columns.		
If the amount on line 1e, column (a) or (b) i	s: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,00	00 \$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000	\$1,000	,000			
g Grassroots nontaxable amount (enter 2	5% of line 1ft				
h Subtract line 1g from line 1a. If zero or h	· ·		ļ		
i Subtract line 1f from line 1c. If zero or le			<u> </u>		
j If there is an amount other than zero on	•	line 1i did the organiz	Lation file Form 4720		
reporting section 4911 tax for this year?		into 11, dia tric organiz	ation me ronn 4720		Yes No
• • • • • • • • • • • • • • • • • • • •	s that made a s s below. See th	e instructions for line	n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures				·	
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures				Calcadula O.T.	1990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 & LILYAN MANDEL FUND

34-1350566 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		a)		(b)
of the	e lobbying activity	Yes	No		Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or			\top		
	local legislation, including any attempt to influence public opinion on a legislative matter			- [
	or referendum, through the use of:					
а	Volunteers? .		x			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		х			
С	Media advertisements?		х	_ _		
d	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements?		Х	+		
f	Grants to other organizations for lobbying purposes?	<u></u>	Х	+		<u>-</u>
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	+		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	+		4 167
	Other activities?	X	 	+		4,167.
-	Total. Add lines 1c through 1i	ļ	<u> </u>	+		4,167.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		 ^	+		
	If "Yes," enter the amount of any tax incurred under section 4912			\vdash		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		├ ──			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? † III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501/c	1(5) or	sect	ion	
. u.	501(c)(6).	011 00 1(0	,,(0), 0.	3000	.0	
	00.(0)(0).			\neg	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		T-1	\dashv		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			\top		
	t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or	sect	ion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."					ıe 3, is
1	Dues, assessments and similar amounts from members	_	1	Т		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical		$\neg \neg$		
	expenses for which the section 527(f) tax was paid).		İ			
а	Current year		2:	a _		
b	Carryover from last year		21	<u>. </u>		
С	Total .		20	;		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	ļ "	.		
	expenditure next year?		4	Щ.		
5			5	Щ.,		
	t IV Supplemental Information					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list); Part	II-A, line 2	; and	Part II-B	, line 1.
	complete this part for any additional information.					
PART	! II-B, LINE 1, LOBBYING ACTIVITIES:					
LOBE	SYING EXPENSE FOR KEEP OUR PORT STRONG - PORT PROPERTY					
TAX	LEVY AND CUYAHOGA COUNTY ACTION COMMITTEE - HEALTH AND HUMAN					
SERV	VICES LEVY					

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MANDEL SUPPORTING FOUNDATIONS - JACK N.

& LILYAN MANDEL FUND

Employer identification number 34-1350566

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		_
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis-	ed funds
-	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
•	for charitable purposes and not for the benefit of the donor of	- -	
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	·	torically important land area
	Protection of natural habitat	Preservation of a certi	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
	Number of conservation easements included in (c) acquired	• • • • • • • • • • • • • • • • • • • •	ıre
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	
	year▶	, 3:, ,	3
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements di	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherai	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	blic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		. ▶ \$
	(ii) Assets included in Form 990, Part X		. ► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, c	or Other	Simila	r Asse	ts (continued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at are a sig	nıfıcant us	se of its	collection item	s
	(check all that apply)									
а	Public exhibition	c	ı 🗀	Loan or exc	hange progra	ams				
b	Scholarly research	€	, 🗀	Other						
С	Preservation for future generations				· 	_		_		
4	Provide a description of the organization's co	ollections and explai	ın how tl	hey further tl	he organizati	ion's exem	pt purpos	se in Parl	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	er sımılar a	assets			_
	to be sold to raise funds rather than to be ma								Yes	No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to F	orm 990, I	Part IV, I	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other as	ssets not ir	ncluded	_		7
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			т—
	Did the organization include an amount on F								」Yes	No
	If "Yes," explain the arrangement in Part XIII.									<u></u>
Par	t V Endowment Funds. Complete							·		
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (c	t) Three ye	ars back	(e) Four years	back
1a	Beginning of year balance		<u> </u>							
b	Contributions		<u> </u>		<u> </u>					
С	Net investment earnings, gains, and losses				<u> </u>					
d	Grants or scholarships								 _	
е	Other expenditures for facilities									
_	and programs									
Ť	Administrative expenses		ļ						_	
g	End of year balance				L					
2	Provide the estimated percentage of the cur	rent year end baland	-	g, column (a	a)) neid as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	<u></u> %								
0-	The percentages in lines 2a, 2b, and 2c should be the second and the second sec	•				6 416.				
Ja	Are there endowment funds not in the posse	ession of the organiz	auon m	at are neid a	na aaministe	erea for the	e organiza	HON	Yes	No
	by: (i) unrelated organizations								3a(i)	140
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organization:	e lietod se required (on School	dulo P2					3b	
4	Describe in Part XIII the intended uses of the	•			•	•				
	t VI Land, Buildings, and Equipm		OVVIIICITE	idilds.				_		
	Complete if the organization answere). Part IV	/. line 11a. S	ee Form 990). Part X. lır	ne 10.			
	Description of property	(a) Cost or o			or other		umulated		(d) Book value	
		basis (investi		basis			eciation		, ., ,	-
1a	Land	 	<u> </u>		· · · · ·	<u> </u>	<u>.</u>			
	Buildings									
	Leasehold improvements		_						-	
	Equipment		-					\neg		
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	mn (B), line 1	0(c).)					0.
							s	chedule	D (Form 990)	2013

Schedule D (Form 990) 2013 & LILYAN MANDEL F	'UND	34-	-1350566	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	_	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year mark	et value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) MAF INVESTMENTS LTD	61,523,621.	END-OF-YEAR MARKET VALUE		
(B) COLONY INVESTORS IV, LP	320,900.	END-OF-YEAR MARKET VALUE		
(C) FRANCISCO PARTNERS	1,407,350.	END-OF-YEAR MARKET VALUE		
(D) GREENHILL CAPITAL PARTNERS (CAYMAN),				
(E) LP	114,362.	END-OF-YEAR MARKET VALUE		
(F) LANDMARK PARTNERS IX	525,996.	END-OF-YEAR MARKET VALUE		
(G) MVP II LIQUIDATING TRUST (FORMERLY				
(H) FMVP II, L.P.)	55,560.	END-OF-YEAR MARKET VALUE		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	751,307,206.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	d-of-year mark	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
				_
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.		
(a)	Description		(b) Bool	< value
(1)				
(2)			<u> </u>	
(3)				
(4)				
(5)				
(6)	<u> </u>			
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15)		· <u> </u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"			5	
1. (a) Description of liability	(1	b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)		-		
(5)				
(6)				
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

(8)

& LILYAN MANDEL FUND Schedule D (Form 990) 2013 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a b Donated services and use of facilities 2h c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII) 4h c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b b Prior year adjustments c Other losses 2¢ d Other (Describe in Part XIII.) 24 e Add lines 2a through 2d 2e 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: INCOME TAXES - THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE FOUNDATION FOLLOWS THE AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR AND DISCLOSURE OF UNCERTAINTY IN INCOME TAXES WHICH PRESCRIBES THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION MUST MEET IN CONNECTION WITH ACCOUNTING FOR UNCERTAINTIES IN INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN BY AN ENTITY BEFORE BEING MEASURED AND RECOGNIZED IN THE FINANCIAL STATEMENTS. NO INCOME TAX LIABILITY FOR UNCERTAIN TAX POSITIONS OR PROVISION FOR INCOME TAX HAS BEEN RECOGNIZED IN THE COMBINED ACCOMPANYING FINANCIAL STATEMENTS. EARLIEST YEAR THAT THE FOUNDATION IS SUBJECT TO EXAMINATION BY THE IRS IS 332054 09-25-13 Schedule D (Form 990) 2013

MANL SUPPORTING FOUNDATIONS - JACK N.

Schedule D (Form 990) 2013_	34-1350566	Page 5
Schedule D (Form 990) 2013 & LILYAN MANDEL FUND Part XIII Supplemental Information (continued)		
THE FISCAL YEAR ENDED JUNE 30, 2011. THE FOUNDATION EXPENSES INTEREST AND		
PENALTIES AS INCURRED.		
		
		
		
		
		
		_

Part XIII | Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, lin	ie 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
SPIRE CAPITAL PARTNERS, LP	94,078.	FMV
TPG PARTNERS III, LP	90,936.	FMV
OZ OVERSEAS FUND. LTD.	256,643.	FMV
FOX PAINE CAPITAL PARTNERS II/INTERNATIONAL	1,542,766.	FMV
FRONTENAC VIII LIMITED PARTNERSHIP	350,430.	FMV
MIDTOWN FUND III, LP (FORMERLY FIRSTMARK III, LP)	287,495.	FMV
SIMON CHARITABLE PUBLIC LLC	416,835,944.	FMV
MSF PRIVATE EQUITY FUND LLC	162,224,798.	FMV
MSF REAL ESTATE FUND LLC	76,101,581.	FMV
CHESTER CAPITAL LP	25,342,472.	FMV
PARKWOOD LLC	4,232,274.	FMV
· · · · · · · · · · · · · · · · · · ·		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization MANDEL SUPPORTING FOUNDATIONS - JACK N.

Employer identification number

& LILYAN MANDEL FUND 34-1350566 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (f) Total (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (d) Activities conducted in region employees, expenditures offices is a program service, (by type) (e.g., fundraising, program agents, and for and in the region services, investments, grants to describe specific type ındependent investments contractors recipients located in the region) of service(s) in region in region in region MIDDLE EAST AND NORTH AFRICA 0 GRANTMAKING 16,487,883. CENTRAL AMERICA AND THE CARIBBEAN 0 INVESTMENTS 1,913,771. MIDDLE EAST AND OVERSIGHT OF GRANT NORTH AFRICA 0 PROGRAM SERVICES 5,712. RECIPTENTS 0 18,407,366. 3 a Sub-total **b** Total from continuation 0. 0 sheets to Part I c Totals (add lines 3a 18,407,366. and 3b)

332071 10-03-13

Schedule F (Form 990) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

& LILYAN MANDEL FUND

Schedule F (Form 990) 2013

Part

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

34-1350566

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance Ö (g) Amount of ٥. 0 ö ö ö non-cash assistance cash disbursement 4,534,574. WIRE TRANSFER (f) Manner of 1,493,415, WIRE TRANSFER 6,201,190. WIRE TRANSFER 3,392,037.WIRE TRANSFER 833,334, CHECK 33,333,CHECK of cash grant (e) Amount OPERATING SUPPORT OPERATING SUPPORT (d) Purpose of OPERATING SUPPORT PERATING SUPPORT OPERATING SUPPORT OPERATING SUPPORT grant IIDDLE EAST AND IIDDLE EAST AND MIDDLE EAST AND KIDDLE EAST AND AIDDLE EAST AND MIDDLE EAST AND (c) Region JORTH AFRICA NORTH AFRICA NORTH AFRICA NORTH AFRICA NORTH AFRICA NORTH AFRICA (b) IRS code section and EIN (if applicable) (a) Name of organization N

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities Schedule F (Form 990) 2013

MANDEL SUPPORTING FOUNDATIONS - JACK N,

& LILYAN MANDEL FUND

Schedule F (Form 990) 2013 & LILYAN MANDEL FUND
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Page 3

34-1350566

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					ı	Schedule F (Form 990) 2013
(g) Description of non-cash assistance						Schedule F
(f) Amount of non-cash assistance	.0					
(e) Manner of cash disbursement						
(d) Amount of cash grant	.0					
c) Number of recipients	0					
drional space is needer (b) Region						
(a) Type of grant or assistance (b) Region	NOTE: THIS PAGE INTENTIONALLY LEFT BLANK					

332073 10-03-13

Part	IV Foreign Forms		r ago v
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	. Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X Yes	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	X Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part II, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
Teamine American and the provided and part to provide any additional morning.
PART I, LINE 2:
GRANTEES EITHER:
1) ARE REQUIRED TO SIGN AND SUBMIT GRANT BUDGETS THAT STIPULATE THE TERMS
AND CONDITIONS OF THE GRANT INCLUDING HOW THE DOLLARS ARE TO BE SPENT AND
OVER WHAT PERIOD OF TIME. THE ORGANIZATION REQUIRES MONTHLY BUDGET TO
ACTUAL REPORTS AND ANNUAL AUDITED FINANCIAL STATEMENTS FOR THESE GRANTS.
THESE GRANTEES SUBMIT MONTHLY PROGRAMMATIC UPDATES. PERIODIC SITE VISITS
ARE GENERALLY CONDUCTED BY CERTAIN TRUSTEES TO MONITOR THE PROGRESS OF
FUNDED PROGRAMS OR;
2) SIGN AND RETURN TERM SHEETS THAT STIPULATE THE TERMS AND CONDITIONS OF
THE GRANT INCLUDING HOW THE DOLLARS ARE TO BE SPENT AND OVER WHAT PERIOD
OF TIME. THE ORGANIZATION REQUESTS WRITTEN REPORTS FROM THESE GRANTEES
AFTER THE GRANT PERIOD.
GRANTS TO DOMESTIC 501(C) (3) ORGANIZATIONS THAT SUPPORT A SINGLE FOREIGN
ENTITY HAVE BEEN INCLUDED ON SCHEDULE F.
PART I LINE 3
AMOUNTS FOR FOREIGN GRANTS ARE PRESENTED ON THE ACCRUAL BASIS WHICH IS
CONSISTENT WITH THE TREATMENT USED FOR THE FINANCIAL STATEMENTS.

SCHEDULE 1 (Form 990)

Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047	2013	Open to Public

Attach to Form 990.

ê | Schedule I (Form 990) (2013) **Employer identification number** LANDEL CENTER FOR STUDIES 013 SCOTT HAMILTON CARES ENDOWMENT FUND TO SUPPORT IOSEPH AND MORTON MANDEL TACK, JOSEPH AND MORTON ENOVATIONS TO THE JACK, IN JEWISH EDUCATION AND JACK, JOSEPH AND MORTON DIGITIZATION OF RECORDS CAPITAL CAMPAIGN: JACK, Inspection LEVELAND JEWISH NEWS OTH ANNIVERSARY GALA (h) Purpose of grant or assistance HUMANITIES CHAIR AND 34-1350566 CHOLARSHIPS AND X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any NITIATIVE TRIUM 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at www irs gov/form990. valuation (book, FMV, appraisal, other) 1) Method of 6 0 ٥. 。 Ö ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 1,500,000. 28,333, 1,200,000 117,087, 50,000 166,667 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. MANDEL SUPPORTING FOUNDATIONS - JACK N. 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) Enter total number of other organizations listed in the line 1 table 31-0537067 20-4136425 34-0714334 34-1316665 04-2103552 34-0714585 General Information on Grants and Assistance (p) EIN & LILYAN MANDEL FUND criteria used to award the grants or assistance? 1 (a) Name and address of organization COMMERCE PARK - CLEVELAND, OH FOUNDATION, INC - 2121 EUCLID HEBREW UNION COLLEGE - JEWISH CLIFTON AVE. - CINCINNATI, OH AVENUE - CLEVELAND, OH 44115 INSTITUTE OF RELIGION - 3101 CLEVELAND JEWISH PUBLICATION CLEVELAND CLINIC FOUNDATION CLEVELAND INSTITUTE OF ART COMPANY FOUNDATION - 23880 CLEVELAND STATE UNIVERSITY or government 11141 EAST BOULEVARD Name of the organization CLEVELAND, OH 44193 OH 44106 BRANDEIS UNIVERSITY WALTHAM, MA 02453 415 SOUTH STREET P.O. BOX 931517 Internal Revenue Service CLEVELAND Part Part 44122 45220

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

35

Part II Continuation of Grants and Other Assistance to Governments
(c) IBC section
-
=

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance) Amount of (f) Method of non-cash valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA - 520 EIGHTH AVENUE, 4TH FLOOR - NEW YORK, NY 10018	13-5599486	501 (C) (3)	275,000.	0			MANDEL CENTER FOR JEWISH EDUCATION, MANDEL CENTER FOR EXCELLENCE IN LEADERSHIP AND
JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE CLEVELAND, OH 44122	34-0714445	501 (C) (3)	1,289,000.	.0			FUND FOR THE JEWISH FUTURE OF THE COMMISSION ON JEWISH CONTINUITY, CAMPAIGN FOR JEWISH
JEWISH FEDERATIONS OF NORTH AMERICA, INC 25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004	13-1624240	501 (C) (3)	1,865,999.	0.			RECOMMENDED FOR MANDEL CENTER FOR LEADERSHIP EXCELLENCE, BEER SHEVA FOUNDATION: THE JACK,
NEIGHBORHOOD PROGRESS, INC. 11327 SHAKER BLVD CLEVELAND, OH 44104	34-1611055	501 (C) (3)	166,666.	.0			OPERATING SUPPORT
THE SHALOM HARTMAN INSTITUTE OF NORTH AMERICA - ONE PENNSYLVANIA PLAZA, SUITE 1606 - NEW YORK, NY 10119	13-3014387	501 (C) (3)	.000,05	0.			ANNUAL SUPPORT
UNITED STATES HOLOCAUST MEMORIAL COUNCIL - 100 RAOUL WALLENBERG PLACE, SW - WASHINGTON, DC 20024	52-1309391	501 (C) (3)	3,333,333.	0.			US HOLOCAUST MEMORIAL MUSEUM: MANDEL CENTER FOR ADVANCED HOLOCAUST STUDIES
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115	34-6516654	501 (C) (3)	177,533.	0.0			NEIGHBORHOOD LEADERSHIP DEVELOPMENT PROGRAM
							Schedule I (Form 990)

MANDEL SUPPORTING FOUNDATIONS - JACK N.

Page 2

(f) Description of non-cash assistance 34-1350566 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients & LILYAN MANDEL FUND (a) Type of grant or assistance Schedule I (Form 990) (2013) Part III

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. CENTER FOR STUDIES IN JEWISH EDUCATION AND JACK, JOSEPH AND MORTON MANDEL (H) PURPOSE OF GRANT OR ASSISTANCE: JACK, JOSEPH AND MORTON MANDEL PROFESSORSHIP IN JEWISH EDUCATION RESEARCH AT BRANDEIS UNIVERSITY NAME OF ORGANIZATION OR GOVERNMENT; BRANDEIS UNIVERSITY NAME OF ORGANIZATION OR GOVERNMENT: PART II, LINE 1, COLUMN (H): Part IV

CLEVELAND STATE UNIVERSITY FOUNDATION, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ENDOWMENT FUND TO SUPPORT 332102 10-29-13

332291 05-01-13

Schedule I (Form 990)

Schedule I (Form 990) & LILYAN MANDEL FUND	34-1350566	Page 2
Part IV Supplemental Information		
U.S. TAX-EXEMPT ORGANIZATIONS ARE EXPECTED TO FILE SEPARATE FORM 990'S		
WITH A SCHEDULE F FOR THEIR GRANTS TO FOREIGN GRANTEES.		
GRANTS TO DOMESTIC 501(C) (3) ORGANIZATIONS THAT SUPPORT A SINGLE		
FOREIGN ENTITY HAVE BEEN INCLUDED ON SCHEDULE F.		
TOWARD AND THE PART IN DECEMBER 1.		
SCHEDULE I, PART I, LINE 2		
CDANIEDES ADE CEMEDALLY DEGUTDED EG STON AND DEBUIDN A CDANIE		
GRANTEES ARE GENERALLY REQUIRED TO SIGN AND RETURN A GRANT		
AWARD LETTER THAT STIPULATES THE TERMS AND CONDITIONS OF THE GRANT		
		
INCLUDING HOW THE DOLLARS ARE TO BE SPENT, OVER WHAT PERIOD OF TIME AND		
REPORTING REQUIREMENTS. THE ORGANIZATION REQUESTS WRITTEN REPORTS FROM		
GRANTEES WITHIN 45 DAYS AFTER THE END OF THE GRANT PERIOD. IN SELECTED		
0.10.10.10.10.10.10.10.10.10.10.10.10.10		
CASES, SITE VISITS ARE CONDUCTED TO MONITOR THE PROGRESS OF FUNDED		
	<u> </u>	
PROGRAMS.		
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	_	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990 OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

MANDEL SUPPORTING FOUNDATIONS - JACK N.

Questions Regarding Compensation

Employer identification number & LILYAN MANDEL FUND 34-1350566

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study		'	
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			v
	Receive a severance payment or change-of-control payment?	4a	X	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<u>x</u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	5b		х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		x
b	Any related organization?	6b		x
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	if "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	_9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Page 2

& LILYAN MANDEL FUND

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2013

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(t)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-	N-2 and/or 1099-MI	2 and/or 1099-MISC compensation	(C) Retirement and	ple	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(G)·(i)(B)	reported as deferred in prior Form 990
			compensation	compensation				
(1) STEPHEN H, HOFFMAN	(E)	0	0.	0.	0	0	0	0
TRUSTEE	(ii)	520,615.	0	280,966.	12,750.	11,193.	825,524.	0
(2) BARRY REIS	(i)	0	0	0	0	0	0	0
ASSISTANT TREASURER	(ii)	.111,411.	0.	5,802.	12,750.	22,537.	292,500.	0
(3) HEDY MILGROM	(i)	0	0	0	0	0	0	
SECRETARY	(E)	168,470.	0	3,501.	8,575.	4,091.	184,637.	0
	ε							
	(ii)							
	(1)							
	(ii)							
	(i)							
	(ii)							
	(3)							
	(ii)							
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332112 09-13-13				41			Sched	Schedule J (Form 990) 2013

MANDEL SUPPORTING FOUNDATIONS - JACK N.

Schedule J (Form 990) 2013 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. 34-1350566 NONE OF WHICH WERE PAID BY THE REPORTING ORGANIZATION, WHICH WERE INCLUDED NON-QUALIFIED, VESTED SUPPLEMENTAL RETIREMENT PLAN. THIS WAS NOT PAID BY B(III) OTHER REPORTABLE COMPENSATION. INCLUDED IN THE \$280,966 OF OTHER IN W-2 WAGES FROM A RELATED ORGANIZATION IN SCHEDULE J PART II, COLUMN REPORTABLE COMPENSATION IS \$268,002 RELATED TO A CONTRIBUTION TO A STEPHEN H HOFFMAN HAD WAGES FROM THE SUPPORTED ORGANIZATION & LILYAN MANDEL FUND Part III Supplemental Information THE REPORTING ORGANIZATION. Schedule J (Form 990) 2013 PART I, LINE 4B:

332113 09-13-13

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

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

2013

Open To Public Inspection

MANDEL SUPPORTING FOUNDATIONS - JACK N. Name of the organization Employer identification number & LILYAN MANDEL FUND 34-1350566 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Complete	it the organization answ	vered "Yes" on	rorm :	39U-EZ	, Part V, line 38a or i	Form 990, Part IV, II	ne 26;	or it tr	ne orga	ınızatı	on	
reported a	in amount on Form 990	, Part X, line 5, (6, or 2	2								
(a) Name of interested persor	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	, 111	(h) Ap by bo comm	ard or	(i) Wi agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
												_
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Total			Щ	اـــــا	▶ \$			L		_	<u>' </u>	

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) Amount of assistance

(d) Type of assistance

(e) Purpose of assistance

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

Grants or Assistance Benefiting Interested Persons.

Loans to and/or From Interested Persons.

Schedule L (Form 990 or 990-EZ) 2013

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?	
				Yes	No	
PARKWOOD TRUST COMPANY	ORGANIZATION AND CE	person and the organization transaction transaction NIZATION AND CE 1,914,521.FINANCIAL, It o questions on Schedule L (see instructions). NING INTERESTED PERSONS: AND ORGANIZATION: SS INDIRECTLY OWN 65% OF ENTITY		х		
			<u> </u>			
	PORGANIZATION AND CE 1,914,521,FINANCIAL, ponses to questions on Schedule L (see instructions). INVOLVING INTERESTED PERSONS: MPANY ERSON AND ORGANIZATION: ED ORGS INDIRECTLY OWN 65% OF ENTITY	 				
			 	 		
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			-}	}	<u> </u>	
			 	├		
Part V Supplemental Information			 			
Provide additional information for r	esponses to questions on Schedule L (see i	reson and the organization ITANSACTION ITA				
age t pand to protein a management	AND THE COLUMN TWO THE COLUMN THE					
SCH L, PART IV, BUSINESS TRANSACTION	NS INVOLVING INTERESTED PERSONS:					
(A) NAME OF PERSON: PARKWOOD TRUST (COMPANY		,914,521.FINANCIAL,			
		<u> </u>				
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:					
ORGANIZATION AND OFFIAIN OF ITS BELL	ATED ORGS INDIPECTIVE OWN 65% OF F	አጥ⊤ጥ ∨				
ONGARIZATION AND CARRAIN OF THE RAIL	TIED ON USE INDIVIDUAL ON USE OF E					
(D) DESCRIPTION OF TRANSACTION: FINA	ANCIAL, TRUST AND INVESTMENT SERV	ICES				
		SANIZATION AND CE 1,914,521.FINANCIAL, Ses to questions on Schedule L (see instructions). DEVING INTERESTED PERSONS: A AND ORGANIZATION: Ses INDIRECTLY OWN 65% OF ENTITY				
						
		- 				
						
			octions).			
		CE 1,914,521,FINANCIAL, Schedule L (see instructions). PED PERSONS: PION: OWN 65% OF ENTITY				
		to questions on Schedule L (see instructions). VING INTERESTED PERSONS: AND ORGANIZATION: S INDIRECTLY OWN 65% OF ENTITY				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

& LILYAN MANDEL FUND

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

MANDEL SUPPORTING FOUNDATIONS - JACK N.

Employer identification number 34-1350566

Pa	rt I Types of Property								
		(a) Check if	(b) Number of	(c) Noncash contrib	oution	(d) Method of de	termin	ıng	
		applicable	contributions or	amounts report Form 990, Part VII		noncash contribu			s
1	Art - Works of art		Italia ogittibatoo	<u> </u>	,				
2	Art - Historical treasures		f						
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods						•		
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	<u>x</u>	22	6,090	,005.	FAIR MARKET VALU	E		
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests	_							
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures	_					_		
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()			<u> </u>					
26	Other ()					 			
27	Other ()								
28_	Other ()						_		
29	Number of Forms 8283 received by the organiz				ł				
	for which the organization completed Form 828	3, Part IV,	Donee Acknowled	gement [29			0	
								Yes	No
30a	During the year, did the organization receive by]	j	
	at least three years from the date of the initial c	ontribution	, and which is not	required to be used	for exen	npt purposes for			·
	the entire holding period?					••	30a		X
	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	-	•	-			31		<u> </u>
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell	noncash				
	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colum	n (a) is ch	ecked,			İ
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see t	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (2013)

332141 09-03-13

Schedule M (Form 990) (2013)

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 MANDEL SUPPORTING FOUNDATIONS - JACK N.

Employer identification number

& LILYAN MANDEL FUND	34-1350566
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
JEWISH FEDERATION OF CLEVELAND AND AS SUCH, IS ORGANIZED AND OPERATED	
EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL OR RELIGIOUS PURPOSES BY	
CONDUCTING OR SUPPORTING ACTIVITIES FOR THE BENEFIT OF, OR TO CARRY OUT	
THE PURPOSES OF, THE FEDERATION. IT WAS ESTABLISHED TO MEET IDENTIFIED	
NEEDS OF THE JEWISH AND GENERAL COMMUNITIES.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
ACTIVITIES FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF, THE	
FEDERATION. IT WAS ESTABLISHED TO MEET IDENTIFIED NEEDS OF THE JEWISH	<u> </u>
AND GENERAL COMMUNITIES.	
FORM 990, PART VI, SECTION A, LINE 2:	
THE FOLLOWING TRUSTEES/OFFICERS HAVE A FAMILY RELATIONSHIP:	
	
1. MORTON L. MANDEL AND BARBARA A. MANDEL	
THE FOLLOWING TRUSTEES/OFFICERS HAVE A BUSINESS RELATIONSHIP:	
1. MORTON L. MANDEL AND STEPHEN H. HOFFMAN	
STEPHEN H. HOFFMAN, BARRY REIS, AND HEDY MILGROM HAVE A BUSINESS	
RELATIONSHIP. THEY ARE OFFICERS OR EMPLOYEES OF THE FEDERATION, THE	
SUPPORTED ORGANIZATION.	

FORM 990, PART VI, SECTION A, LINE 6:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 9	990-EZ) (2013)			
Name of the organization	MANDEL SUPPORTING FOUNDAT & LILYAN MANDEL FUND	TIONS - JACK N.		Employer identification number 34-1350566
ACTIVE PARTICIPATION	N IN THE OPERATIONS OF THES	SE INVESTMENTS AS TH	EY ARE	
HELD FOR INVESTMENT	PURPOSES ONLY			
FORM 990 PART VI 8	SECTION B, LINE 15A & 15B			
	PAID BY THE ORGANIZATION.	THE		
	N SCHEDULE J WAS PAID BY TE		RVICES	
	ERATION BY FULL TIME FEDER!			
				
FORM 990, PART VII,	SECTION A, LINE 1A			
BARRY REIS WAS ELECT	TED TREASURER EFFECTIVE FEI	BRUARY 10,		
2015.				
·				
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_	
SCHEDULE R	Related Organizations and Unrelated Partnerships
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
	► Attach to Form 990. ► See separate instructions.
Department of the Treasury Internal Revenue Service	▶Information about Schedule R (Form 990) and its instructions is at www.us. anv/form990.
lame of the organization	MANDEL SUPPORTING FOUNDATIONS - JACK N,

2013 Open to Public Inspection

nployer identification number 34-1350566

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

& LILYAN MANDEL FUND

	(a)	(q)	(0)	(q)	(e)	(£)
	Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
	of disregarded entity		foreign country)			entity
•						
 						:
 			-			
Part II	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ons Complete if the organization ans	swered "Yes" on Form 990, Par	t IV, line 34 because	e it had one or more rel	ated tax-exempt

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organizations during the tax year		
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(a)	(q)	(2)	(D)	(e)	(4)	(g)	2(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	L(D) 13)
of related organization		foreign country)	section	status (if section	entity	entity?	21
	!			501(c)(3))		Yes	No
ADLER FAMILY FOUNDATION - 34-1858749	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
ALEX & ANNE MILLER FAMILY CHARITABLE FUND -	SUPPORT CHARITABLE,						
31-1204735, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
ALLEN & RUTH MILLER FAMILY FOUNDATION -	SUPPORT CHARITABLE,						l
31-1502113, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
BENNETT & DONNA YANOWITZ FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1562999, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS		_		JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.	:			Schedule R (Form 990) 2013	orm 990) 2013

332161 09-12-13 LHA

& LILYAN MANDEL FUND

Schedule R (Form 990) & LIL

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(0)	(9	(e)	£	(g)	20.X13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	led by 13)
of related organization		foreign country)	section	status (if section	entity	organization?	ion?
				501(c)(3))		Yes	٩
BLUMENTHAL FAMILY FOUNDATION - 34-1832963	SUPPORT CHARITABLE,					_	
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS			.,	JEWISH FEDERATION	-	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
CHELM FAMILY FOUNDATION - 30-0226826	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS			,,	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
CLEVELAND HEBREW SCHOOLS EDUCATIONAL FDTN -	SEE SCHEDULE R, PART VII,						
34-0714599, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION			7,2	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND	_	×
COMMISSION ON CEMETERY PRESERVATION -	SEE SCHEDULE R, PART VII,						
34-1771506, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
DAN AND ELLEN ZELMAN FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
38-3876650, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	опно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
DAVID & RUTH MOSKOWITZ FAMILY CHARITABLE	SUPPORT CHARITABLE,						
FOUNDATION - 34-1806783, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS			· 4 -	JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	ı	×
DAVID AND INEZ MYERS FOUNDATION - 34-6560945	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS			',	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND	l	×
DAVID AND ROBERT STEIN FOUNDATION -	SUPPORT CHARITABLE,						
34-1466318, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			, ,	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
EILEEN AND MYRON NICKMAN FAMILY SUPPORTING	SUPPORT CHARITABLE,						
FOUNDATION - 34-1916911, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS			· • • •	JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
ELLEN E. & VICTOR J. COHN SUPPORTING	SUPPORT CHARITABLE,						
FOUNDATION - 31-1606939, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
PEDERATION HOLDINGS, INC 23-7133908							
25701 SCIENCE PARK DRIVE	HOLDS LEGAL TITLE TO			'4	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	DONATED REAL ESTATE	онго	501(C)(2)	N/A	OF CLEVELAND		×
FGI FOUNDATION - 34-1916912	SUPPORT CHARITABLE,					-	
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×

)) & LILYAN MANDEL FUND

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

	777				9	3
(a)	(a)	(S)	(n)	(a)	≘ .	Section 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled
oi refated organization		toreign country)	I O I O I O I O I O I O I O I O I O I O	501(c)(3))	CHILLY	Yes No
IRVING I, STONE SUPPORT FOUNDATION -	SUPPORT CHARITABLE,					
34-1476465, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			<u> </u>	JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND	×
JEWISH COMMUNITY HOUSING INC, - 34-1276120	SEE SCHEDULE R, PART VII,					
25701 SCIENCE PARK DRIVE	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×
JEWISH FEDERATION OF CLEVELAND - 34-0714445	GRANTS & ALLOCATIONS FOR					
25701 SCIENCE PARK DRIVE	CHARITABLE, EDUCATIONAL					
CLEVELAND, OH 44122-7302	AND RELIGIOUS PURPOSES	OHIO	501(C)(3)	7	N/A	×
LADER FAMILY FOUNDATION - 31-1566160	SUPPORT CHARITABLE,				:	
NCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS			•	JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×
LAURA & ALVIN SIEGAL CLG JUD STDIES ED FDTN	SEE SCHEDULE R, PART VII,				i İ	
- 34-0946903, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	OHIO	501(C)(3)	7	OF CLEVELAND	×
SHERMAN FAMILY FOUNDATION -	SUPPORT CHARITABLE,					
34-1806781, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×
MADAV IX FOUNDATION - 34-1638258	SUPPORT CHARITABLE,			1		<u> </u>
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND	×
MADAV XVII FOUNDATION - 34-1827879	SUPPORT CHARITABLE,		 			_
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	11A TYPE 1	OF CLEVELAND	×
MADAV XVIII FOUNDATION - 34-1827878	SUPPORT CHARITABLE,					_
NCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS			•	JEWISH FEDERATION	-
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND	x
MALTZ FAMILY FOUNDATION - 31-1566163	SUPPORT CHARITABLE,					
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OIHO	501(C)(3)	11A TYPE 1	OF CLEVELAND	×
MANDEL SPPRTING FDINS-JOSEPH C. AND FLORENCE SUPPORT CHARITABLE,	SUPPORT CHARITABLE,					_
MANDEL FUND - 34-1350568, 25701 SCIENCE PARK EDUCATIONAL	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	_
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	11A TYPE 1	OF CLEVELAND	×
MANDEL SPPRTING FDINS-MORTON L. AND BARBARA						_
FUND - 34-1350	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×

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& LILYAN MANDEL FUND

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

							1
(a)	(q)	(၁)	(p)	(e)	(J)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 512(p)	<u>?</u> ₹ ₽
of related organization	· ·	foreign country)	section	status (if section	entrty	organization?	2-
				501(c)(3))		Yes	٩
MEISEL FAMILY FOUNDATION - 31-1583883	SUPPORT CHARITABLE,					_	
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	۱
NITA SIEGAL FAMILY FOUNDATION -	SUPPORT CHARITABLE,	i 					
34-1832962, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			<u>.</u>	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
ARTIN BECKER FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1711965, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			<u>.</u>	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1 C	OF CLEVELAND	*	
MILLER GOOD FAMILY CHARITABLE FOUNDATION -	SUPPORT CHARITABLE,						
34-1832965, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			<u> </u>	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
NAOMI G. & EDWIN Z. SINGER FAMILY FUND -	SUPPORT CHARITABLE,			j			
34-1638257, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			·5	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
NATHAN & FANNYE SHAFRAN FOUNDATION -	SUPPORT CHARITABLE,						
34-1458950, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
REGINA HERMAN CHARITABLE FUND -	SUPPORT CHARITABLE,						
34-1344368, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			-	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
NINA & NORMAN WAIN FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
31-1502119, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			7	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	11A TYPE 1	OF CLEVELAND	X	
NORMA AND ERNIE SIEGLER FAMILY FOUNDATION -	SUPPORT CHARITABLE,			:			
34-1546349, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			7	JEWISH FEDERATION	-	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
1 - 31-1606934	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS			<u> </u>	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
	SUPPORT CHARITABLE,						
34-1916905, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
IS & DEBRA ANN						_	
15661	_						
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(a)	(c)	9	(e)	9	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b) controlled	(b)(13) ed
of related organization		foreign country)	section	status (if section	entity	organization?	ion?
				((c)(a))		Yes	S ₂
Ë 1	œ						
31-1502121, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
ROBERT AND EILEEN SILL FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
46-4104662, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			•	JEWISH FEDERATION	_	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОІНО	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
ROBERT AND SUSAN R, HURWITZ FAMILY	SUPPORT CHARITABLE,						
FOUNDATION - 34-1916908, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОІНО	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
ROBERT S. & SYLVIA K. REITMAN FAMILY	SUPPORT CHARITABLE,						
FOUNDATION - 31-1502117, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
112	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
SIMON FAMILY FOUNDATION - 34-1808584	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
THE HARRY RATNER HUMAN SERVICES FUND -	SEE SCHEDULE R, PART VII,						
, 257	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION		
02	FOR PRIMARY ACTIVITY	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
THE IMMERMAN FOUNDATION - 34-1533181	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
THE MT. SINAI HEALTH CARE FOUNDATION -	SUPPORT CHARITABLE,						
34-1777878, 11000 EUCLID AVE, CLEVELAND, OH	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
44106	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
THE RIMON XLI FOUNDATION - 34-1916913	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
	SUPPORT CHARITABLE,					İ	ı
34-1594565, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
WOLF FAMILY FOUNDATION - 34-1638259	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
ZILBER FAMILY FOUNDATION - 34-1711966	SUPPORT CHARITABLE,	i	1				
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×

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MANDEL SUPPORTING FOUNDATIONS - JACK N.

& LILYAN MANDEL FUND

Page 2

34-1350566

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2013 Part III

(a)	(q)	(၁)	(p)	(e)	(J)	(6)	(h)	(9)	=	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate altocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)			Yes No		Yes No	
SIMON CHARITABLE PUBLIC LLC -										_
20-3948339, 25701 SCIENCE										
PARK DRIVE, CLEVELAND, OH				(D)REVENUE						
44122	INVESTMENTS	DE	N/A	EXCLUDED	27,416,583.	416,835,944.	X	706,148.	×	46.60%
MSF PRIVATE EQUITY FUND LLC -										
20-5060858, 25701 SCIENCE										
PARK DRIVE, CLEVELAND, OH				(D)REVENUE						
44122	INVESTMENTS	DE	N/A	EXCLUDED	11,569,674.	162,224,798.	×	<.79,807.>	×	54.00%
MSF REAL ESTATE FUND LLC -										
20-5060891, 25701 SCIENCE	<u> </u>									
PARK DRIVE, CLEVELAND, OH				(D)REVENUE						
44122	INVESTMENTS	DE	N/A	EXCLUDED	5,200,039.	76,101,581.	x	610,971.	×	44.00%
MAF INVESTMENTS LTD -										
34-1796304, 25701 SCIENCE										
PARK DRIVE, CLEVELAND, OH				(D)REVENUE			_			_
44122	INVESTMENTS	ЮН	N/A	EXCLUDED	8,148,303.	61,523,621.	ж	833,466.	×	33,33%

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

organizations acated as a colporation of acid adming and four	ימווופ ווכ ומע לכמו:								
(a)	(q)	(0)	(p)	(e)	(£)	(B)	Ê	3	ş
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling Type of entity (C corp, S corp,	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	<u>€ (2)</u> 0
	_	country)		or trust)		assers		Yes	ટ
PARKWOOD TRUST COMPANY - 34-1851693									
919 N. MARKET ST., SUITE 429	FINANCIAL, TRUST AND								
WILMINGTON, DE 19801	INVESTMENT SERVICES	DE	PARKWOOD LLC	C CORP	46,583.	1,250,383.	21.678		×
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MANDEL SUPPORTING FOUNDATIONS - JACK N,

& LILYAN MANDEL FUND

34-1350566

Schedule R (Form 990)

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(q)	(2)		(e)		(6)	(<u>u</u>)	(<u>)</u>	6	(<u>K</u>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportion- ate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?

- 3/-16654/1 3 AVENUE	FINANCIAL AND INVESTMENT			(D) REVENUE						
	SERVICES	DE	N/A	EXCLUDED	167,626.	5,870,314.	×	18,674.	×	21,678
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332223 05-01-13

Schedule R (Form 990) 2013 & LILYAN MANDEL FUND

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Make Oneselate the Africa and American Internal on Decision 11 11 and Make and a finite				\vdash
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	in Parts II-IV?	Tes No
 a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s))		x x x
	•			× ×
d Loans or loan guarantees to or for related organization(s)				7d ×
e Loans or loan guarantees by related organization(s)				1e ×
f Dividends from related organization(s)				×
g Sale of assets to related organization(s)	•			
h Purchase of assets from related organization(s)				th x
i Exchange of assets with related organization(s)				1i x
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				1k x
l Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)	•		× =
$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)		<u> </u>	1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			×
 Sharing of paid employees with related organization(s) 		•		10 ×
p Reimbursement paid to related organization(s) for expenses			·	T dt
q Reimbursement paid by related organization(s) for expenses	•			1q ×
				≻
s Other transfer of cash or property from related organization(s)	•			= \$\frac{1}{8} \times
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	ved
(1) MSF PRIVATE EQUITY FUND LLC	Д	10,422,000.	10,422,000.CASH TRANSFERRED	
(2) MSF PRIVATE EQUITY FUND LLC	ಹ	3,456,000.	456,000, CASH TRANSFERRED	
(3) MAF INVESTMENTS LTD	w	16,166,667.	CASH TRANSFERRED	
(4) SIMON CHARITABLE PUBLIC LLC	щ	34,854,005	CASH TRANSFERRED	
(5) SIMON CHARITABLE PUBLIC LLC	2 0	5,972,000.	CASH TRANSFERRED	
(6) MSF REAL ESTATE FUND LLC	Ф	2,596,000	2,596,000.CASH TRANSFERRED	
332163 09-12-13	ρΩ		Schedule R (F	Schedule R (Form 990) 2013

MANDEL SUPPORTING FOUNDATIONS - JACK N.

34-1350566

& LILYAN MANDEL FUND

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2) Schedule R (Form 990)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)MSF REAL ESTATE FUND LLC	S	3,696,000.	3,696,000.CASH TRANSFERRED
(8)PARKWOOD TRUST COMPANY	M	1,914,521.	1,914,521.CasH TRANSFERRED
(6)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2013 & LILYAN MANDEL FUND

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Name, address, and EIN Primary activity Legal domoile (state or foreign country) under section 512-514) vea No noome country) under section 512-514) vea No noome	Share of end-of-year assets	Disprepar- Londie amount in box allocators? of Schedule K Ves No (Form 1065)	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 res No Form 1065) Yes No	entage ership
under section 512-514) Yes No		Yes No (Form 1065)	Ves No	
			_	
		-		
		-		
			-	
			_	

SCHEDULE R, PART II, COLUMN B

CONTINUATION OF PRIMARY ACTIVITY:

JEWISH COMMUNITY HOUSING INC.:

Form 8868

(Rev January 2014)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs conflor

ILITERIAL INCACIA	information about Form	oodo and it	s instructions is at www.irs.gov/forin	0000.		
• If you are	e filing for an Automatic 3-Month Extension in Filing for an Additional (Not Automatic) in Plete Part II unless you have already be	3-Month	Extension, complete only Part II (o	n page 2 of thi	s form	1).
Electronic a corporatio 8868 to req Return for T	filing (e-file). You can electronically file F in required to file Form 990-T), or an additi uest an extension of time to file any of the ransfers Associated With Certain Persona). For more details on the electronic filing of	orm 8868 i ional (not a forms liste al Benefit (if you need a 3-month automatic extended automatic) 3-month extension of time and in Part I or Part II with the exception contracts, which must be sent to the	ension of time (e. You can elec on of Form 887 IRS in paper fo	o file tronic 0, Info	(6 months for cally file Form cormation (see
Part I	Automatic 3-Month Extension of 1	Time. Onl	v submit original (no copies need	ed).		
A corporation Part I only . All other con	on required to file Form 990-T and requesting the control of the c	ing an auto	omatic 6-month extension—check the control of the c	s box and com	 1 exte	▶ 🗀
Type or	Name of exempt organization or other filer, se	e instruction	ns.	Employer identifica	tion nu	mber (EIN) or
print	MANDEL SUPPORTING FOUNDATIONS	S - JACK N	I. & LILYAN MANDEL FUND 3	4-1350566		
File by the	Number, street, and room or suite no. If a P O			Social security r	umbe	r (SSN)
due date for	25701 SCIENCE PARK DRIVE					
filing your return. See	City, town or post office, state, and ZIP code	For a foreig	n address, see instructions.			
instructions.	CLEVELAND, OH 44122-7302					
Enter the Re	eturn code for the return that this application	on is for (fil	le a separate application for each ret	um)		. 01
Application	n	Return	Application			Return
ls For		Code	ls For			Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-E	BL	02	Form 1041-A			08
Form 4720	(individual)	03	Form 4720 (other than individual)			09
Form 990-F		04	Form 5227			10
Form 990-1	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
	(trust other than above)	06	Form 8870			12
Telephor If the org If this is for the whole Ist with the I requ until	ne No. ► (216) 593-2900 anization does not have an office or place for a Group Return, enter the organization's group, check this box	of busines s four digit If it is for p sion is for corporatio	Fax No. ► (216) 593-2901 ss in the United States, check this bo Group Exemption Number (GEN) part of the group, check this box	sion of time	<u>•</u> □	If this is and attach a extension
2 If the Cl 3a If this nonre b If this	tax year beginning 7/1/2 tax year entered in line 1 is for less than 1 hange in accounting period application is for Forms 990-BL, 990-PF, fundable credits. See instructions. application is for Forms 990-PF, 990-T, 41	2 months, 990-T, 472 720, or 606	check reason: Initial return 20, or 6069, enter the tentative tax, le	3a	\$	0
estima	ated tax payments made. Include any prior	<u>r year over</u>	payment allowed as a credit.	3h	\$	0
	ice due. Subtract line 3b from line 3a. Incl S (Electronic Federal Tax Payment Syster			using 30	\$	0
	ou are going to make an electronic funds withdra					
novment instr		arrai full cot	acony mich and rount cood, acc rount car	~ =~ and i villi	-01 D	EO IOI

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 1-2014)

Form 8868 (Rev. 1-2014)		·		Page 2
 If you are filing for an Additional (Not Automatic) 3-Month Ex 	xtension,	complete only Part II and check this	s box	X
Note. Only complete Part II if you have already been granted an		• •	filed Form 8868.	
If you are filing for an Automatic 3-Month Extension, complete				
Part II Additional (Not Automatic) 3-Month E	xtensic	on of Time. Only file the origin	al (no copies needed).	
		Enter filer's	identifying number, see Ins	tructions
Type or Name of exempt organization or other filer, see instru	uctions.		Employer identification numb	er (EIN) or
print MANDEL SUPPORTING FOUNDATIONS - JACK N.				
File by the LILYAN MANDRL FUND			34-1350566	
filing your livering street, and room or suite no. If a P.O. box, s	see instruc	tions.	Social security number (SSN)
return. See 25701 SCIENCE PARK DRIVE				
City, town or post office, state, and ZIP code. For a f	oreign add	dress, see instructions.		
CLEVELAND, OH 44122				
Enter the Return code for the return that this application is for (fil	e a separa	te application for each return)		0 1
Application	Return	Application		Return
is For	Code	is For		Code
Form 990 or Form 990-EZ	01	W. M. 2. 1782 1	1in , - whi date	
Form 990-BL	02	Form 1041-A		08
Form 4720 (Individual)	03	Form 4720 (other than individual)		09
Form 990-PF	04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other than above)	06	Form 8870		12
STOP! Do not complete Part II if you were not already granted	an auton	natic 3-month extension оп а previ	ious <u>ly filed Form 8868.</u>	
BARRY REIS				
 The books are in the care of ➤ 25701 SCIENCE PARK DRI 	INE - CI			
Telephone No. ▶ 216-593-2900		Fax No. > 216-593-2901		
 If the organization does not have an office or place of business 				
If this is for a Group Return, enter the organization's four digit.	1			
box . If it is for part of the group, check this box		ch a list with the names and EINs of	all members the extension is t	or
4 I request an additional 3-month extension of time until	MAY 15	444		
	TUL 1, 2	 ,		 -
6 If the tax year entered in line 5 is for less than 12 months, d	neck reas	on: L Initial return L_	→ Final return	
Change in accounting period				
7 State in detail why you need the extension THE INFORMATION REQUIRED FOR A COMPLETE FILLY	NG TR NO	PT VET AVAILARIE		
100 100 100 100 100 100 100 100 100 100				
8a If this application is for Forms 990-BL 990-PF, 990-T, 4720,	or 6069 <i>e</i>	enter the tentative tax less any		
nonrefundable credits. See Instructions.	J. 5555, 5		8a \$	٥.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated		***
tax payments made. Include any prior year overpayment alk				
previously with Form 8868.			8b \$. 0.
Balance due. Subtract line 8b from line 8a. Include your pay	vment with	this form, if required, by using		
EFTPS (Electronic Federal Tax Payment System). See instru			8c \$	0.
Signature and Verificati	on mus	t be completed for Part II or	nly.	
Under penalties of perjury, I declare that I have examined this form, includi It is true, correct, and complete, <u>a</u> nd that I am authorized to prepare this for	ng accompa	anying schedules and statements, and to	the best of my knowledge and bell	lef,
0.8		TREASURER	Date > 2/3/15	
	"		Form 8868 (Rev	. 1-2014)
				· •
		מ מבשם בוחכ	001 8864 1691	
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