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Return of Private Foundation

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

OMB No 1545-0052 2015

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

Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

10	r calei	ndar year 2015 or tax year beginning 7/	/1/2015	, <u>a</u> nd	ending	6/30/2016	6
Na	me of fo	undation			A Employe	r identification number	
		FOUNDATION			_]		
Nu	mber an	d street (or PO box number if mail is not delivered to street address)		Room/suite		22-2227811	
		RIDGE DR			B Telephone	number (see instruction	ns)
	y or town	Olaic	ZIP co	de			
	ORHE		0804	3		(856) 419-787	4
Fo	eign cou	untry name Foreign province/state/county	Foreig	n postal code	C If exempt	ion application is pendin	g, check here 🕨
_		·					
G	Check	k all that apply. Initial return Initial return	of a former pu	blic charity	D 1. Foreig	n organizations, check h	ere ▶ 🗀
		Final return Amended ret	urn		2. Foreig	n organizations meeting	the 85% test,
		Address change Name chang	e		check	here and attach computa	ation 🕨 🗀
Н	Check	type of organization X Section 501(c)(3) exempt pri	vate foundatio	n		foundation status was te	rminated under
\sqcup	Section	on 4947(a)(1) nonexempt charitable trust	able private fo	u <u>n</u> dation	section 50	07(b)(1)(A), check here	▶ _
1	Fair m	narket value of all assets at J Accounting method	X Cash	Accrual]		
	end of	f year (from Part II, col (c), Other (specify)				idation is in a 60-month tition 507(b)(1)(B), check	
	line 10	6) ► \$ 1,062,029 (Part I, column (d) must be	e on cash basis	;)			
P	art I	Analysis of Revenue and Expenses (The total of	1				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue a expenses pe	r (D) Ne	et investment	(c) Adjusted net	for charitable
200		equal the amounts in column (a) (see instructions))	books	'	ncome	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
₹3	2	Check ► I if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	4	626	4,626	4,626	
	4	Dividends and interest from securities		696	26,696	26,696	· · · · · · · · · · · · · · · · · · ·
\geq	5a	Gross rents .					
)	b	Net rental income or (loss)					
ກີ	6a	Net gain or (loss) from sale of assets not on line 10	-36	736			
≶ ⋛ '	b	Gross sales price for all assets on line 6a 38,685					
₹ 0	7	Capital gain net income (from Part IV, line 2)	***************************************				
Revenue	8	Net short-term capital gain					, .
_	9	Income modifications		1.5			
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	-5	,414	31,322	31,322	
Ś	13	Compensation of officers, directors, trustees, etc					
se_	14	Other employee salaries and wages		_,			<u></u>
eK.	15	Pension plans, employee benefits					
딿	16a	Legal fees (attach schedule)					
	b	Accounting fees (attach schedule) Other professional fees (attach schedule)	1.	375	<u>1,3</u> 75	1,375	
<u>`</u> ≦6	C	Other professional fees (attach schedule)					
2 <u>5</u>	17	Interest (2)					
is	18	Taxes (attach schedule) (see instructions) 7 1 6 2016	2 1 8	435	1,435	1,435	
ا <u>ج</u> ود	19	, , , , , , , , , , , , , , , , , , , ,					
후	20 21	Occupancy Travel, conferences, and meetings OGDEN. UT] & &				
Operatirity and Administrative Exp	22	Printing and publications					
and and	23	Other expenses (attach schedule)	 	586	586	500	
<u>ૐ</u>	24	Total operating and administrative expenses.		200	200	586	
Ë		Add lines 13 through 23	ء ا	.396	3,396	3,396	0
ž.	25	Contributions, gifts, grants paid		255	3,380	3,390	46,255
þé	26	Total expenses and disbursements. Add lines 24 and 25			2 200	0.000	
<u>u</u>			49,	651	3,396	3,396	46,255
	27	Subtract line 26 from line 12		065			
	a h	Excess of revenue over expenses and disbursements	-55	.065	27.000		 -
	b	Net investment income (if negative, enter -0-)			27,926		
	С	Adjusted net income (if negative, enter -0-)				27,926	

	rd II	Release Shoots Attached schedules and amounts in the description column	Beginning of year	End of		of year	
Ŀέ	ırt _e ll	Balance Sheets should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value	
	1	Cash—non-interest-bearing					
	2	Savings and temporary cash investments	32,230	36,5	549	35,549	
	3	Accounts receivable					
		Less: allowance for doubtful accounts					
1	4	Pledges receivable ▶		7			
	·	Less allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
	•	disqualified persons (attach schedule) (see instructions)			-		
	7	Other notes and loans receivable (attach schedule)					
	•	, , , , , , , , , , , , , , , , , , , ,					
G	8				\neg		
Assets	_						
851	9	Prepaid expenses and deferred charges			_		
٩	10a	Investments—U.S. and state government obligations (attach schedule)	960,778	917,	381	917,381	
	b	Investments—corporate stock (attach schedule)	79,062	75,	-	75,579	
	C	Investments—corporate bonds (attach schedule)		75,	319	70,575	
	11	Investments—land, buildings, and equipment. basis	1 1			<u> </u>	
		Less: accumulated depreciation (attach schedule)	-				
	12	Investments—mortgage loans	00.440		-20	22.520	
	13	Investments—other (attach schedule)	93,142	33,	520	33,520	
	14	Land, buildings, and equipment. basis					
		Less. accumulated depreciation (attach schedule)					
	15	Other assets (describe)					
	16	Total assets (to be completed by all filers—see the					
		ınstructions Also, see page 1, ıtem I)	1,165,212	1,063,0	029	1,062,029	
S	17	Accounts payable and accrued expenses				,	
	18	Grants payable					
Liabilities	19	Deferred revenue					
Ę	20	Loans from officers, directors, trustees, and other disqualified persons					
iat	21	Mortgages and other notes payable (attach schedule) .					
	22	Other liabilities (describe)					
	23	Total liabilities (add lines 17 through 22)	0		0		
_		Foundations that follow SFAS 117, check here					
lances		and complete lines 24 through 26 and lines 30 and 31.					
2	24	Unrestricted					
ag	25	Temporarily restricted .				į	
<u>m</u>	26	Permanently restricted				•	
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here					
교	l	and complete lines 27 through 31.					
ō	27	Capital stock, trust principal, or current funds	866,840	866,	<u>840</u>		
ts	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
Se	29	Retained earnings, accumulated income, endowment, or other funds	298,372	196,	189		
As	30	Total net assets or fund balances (see instructions)	1,165,212	1,063,	029		
et	31	Total liabilities and net assets/fund balances (see	, , , , , ,				
Ž	"	instructions) .	1,165,212	1,063,	029		
D).	art III	.,					
4	Total	Analysis of Changes in Net Assets or Fund Balances net assets or fund balances at beginning of year—Part II, column (a)), line 30 (must agree	with			
1		of-year figure reported on prior year's return)	,,o oo (maat agroo		1	1,165,212	
_		r amount from Part I, line 27a .	•	`	2	-55,065	
_				-	3	22,300	
3				·	4	1,110,147	
4	Add	lines 1, 2, and 3 reases not included in line 2 (itemize) ► NET CHANGE IN ENDIN	JG VALUE OF STOCK	(S AND RON F	5	47,118	
5	Decr	net assets or fund balances at end of year (line 4 minus line 5)—Par	rt II column (b) line 3)	6	1,063,029	
b	iotal	The assets of fund parances at end of year (line 4 fillings line 5)—Far	, oolanin (b <u>),</u> mie ol	<u> </u>		1,000,020	

Part	(a) List and describe t 2-story brick wareho	(b) How acquired P—Purchase D—Donation	(c) Date acq (mo , day,		(d) Date sold (mo , day, yr)			
1a	See Attached Statement							
b_	·							
<u>_</u>	_ _							
<u>d</u> _				 				
ее								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis (h) Gain or (loss) ense of sale (e) plus (f) minus (g)				
a								
<u>b</u>								
c d								
e								
	Complete only for assets sl	howing gain in column (h) and owned	by the foundation	on on 12/31/69				
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ess of col (i) ol (j), if any	col (k		i) gain minus ss than -0-) or n col (h))	
a						_		
b								
С								
<u>d</u>								
е								
2	Capital gain net income or	r (net canital loss) 1	also enter in Pa), enter -0- in Pa	, ,	2		-36,736	
3		n or (loss) as defined in sections 1						
	-	, line 8, column (c) (see instruction	ns) If (loss), en	ter -0- ın }	.		_	
Part	Part I, line 8	der Section 4940(e) for Redu	 -	<u>, , , , , , , , , , , , , , , , , , , </u>	3		0	
Was t		section 4942 tax on the distributal qualify under section 4940(e) Do			period?		Yes No	
1		ount in each column for each year			anv entrie			
<u> </u>	(a)	(b)	1	(c)	<u> </u>		(d)	
Calc	Base period years endar year (or tax year beginning in	Adjusted qualifying distributions	Net value	of noncharitable-use ass	ets		ution ratio ided by col. (c))	
	2014		5,645	1,416		<u> </u>	0 053385	
	2013		1,923		,840		0 082971	
	2012	5	7,985	821	,364		0 070596	
	2011		0,985		,107		0 069075	
	2010		6,200	709	,310		0 079232	
2	Total of line 1, column (d)				. 2		0 355259	
3		for the 5-year base period—divide	the total on line	e 2 by 5, or by the	· -			
	_	dation has been in existence if les			3		0 071052	
4	Enter the net value of non	charitable-use assets for 2015 fro	m Part X, line 5	5 .	. 4		1,044,956	
5	Multiply line 4 by line 3				5		74,246	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6		292	
7	Add lines 5 and 6				7		74,538	
8	Enter qualifying distributio	ns from Part XII, line 4			8		46,255	
	If line 8 is equal to or great Part VI instructions	iter than line 7, check the box in P	art VI, line 1b, a	and complete that p	art using a	1% tax ra	ate See the	

Part v	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instru	101101	115)	 	···········		
1a `	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)			*			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		559			
	here ▶ ☐ and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2		0			
3	Add lines 1 and 2	3		559			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4					
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		559	<u> </u>		
6	Credits/Payments						
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 6a		•	*			
b	Exempt foreign organizations—tax withheld at source 6b			*			
C	Tax paid with application for extension of time to file (Form 8868)						
d	Backup withholding erroneously withheld	 -}-					
7	Total credits and payments. Add lines 6a through 6d	7		0 3			
8	Enter any penalty for underpayment of estimated tax. Check here	8		<u></u>			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0			
10	Overpayment, it line 7 is those than the total of mice o and o, office the amount of the	11		0			
11	Effect the amount of time to to be of cartes to 2010 commuted tax	<u>···</u>			L		
	VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No		
1a	participate or intervene in any political campaign?		1a				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see						
b	Instructions for the definition)?						
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	3		7			
	published or distributed by the foundation in connection with the activities		ļ				
С	Dut the foundation Ste Form 4420 DOL for this year?						
d	The state of the s						
	(1) On the foundation ▶ \$ (2) On foundation managers ▶\$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impositions the second sec	ed					
	on foundation managers ►\$				ļl		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		2	+	X		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles						
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	┼	X		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	_	X _		
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	N/A	+		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	•	5	+	X		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or		Ì				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	at					
	conflict with the state law remain in the governing instrument?		6	X	 		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	-		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NJ	. 					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gener	ral	<u> </u>		. 		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	<u> </u>	┿		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3))		_	-		
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?	If	9		x		
40	"Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	neir	-	+	 ^		
10	names and addresses	· • · · · ·	10		X		

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		_X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► RICHARD MANDEL Telephone no ►			
	Located at ► 54 OAK RIDGE DR VOORHEES NJ ZIP+4 ► 08043			<u></u>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year			▶ ∐
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		_X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If			
	"Yes," enter the name of the foreign country	L		
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		V T	N.
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)	!		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			.
	disqualified person		.	
	(5) I difficility goods, services, or identities to (c. desept them news) a service of			-
	(4) Tay compensation to, or pay or removates and expenses of a sequence of			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service of terminating within 90 days.)			
	termination of government convices, in terminating			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	1b	N/A	
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	110	INIA	
	Organizations relying on a current nettor regarding areators are selected as			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		X
,	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e. Part XIII) for tax year(s) beginning before 2015?	1		
	Co, rait xiii) for tax your(o) beginning belove 20 to	İ		
_	If "Yes," list the years 20 13, 20 12, 20 11, 20 10			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		1	
	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
С	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
•	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or	1.		
~	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			l
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			<u> </u>
	foundation had excess business holdings in 2015)	3b	N/A	ļ
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	-	<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	41		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X

Organizations relying on a current notice regarding disaster assistance check here c if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945–5(d) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? The if "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? The information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position (a) Name and address TRUSTEE TRUS	Part	VILE Statements Regarding Activities	<u>tor Wh</u>	icn Form 4	1/20 M	ay Be Re	quirec	i (conun	ueu)	_		 ,
directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals? (6) Provide for any purpose other than religious, charitable, etc., organization described in section 53 4945 or in a current hotice regarding disaster assistance (see instructions)? (7) Organizations relying on a current notice regarding disaster assistance (see instructions)? (8) If any answer is "Yes" to guestion 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? (8) If "Yes" attach the statement required by Regulations section 53 4945–5(d) (9) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (9) If "Yes" to 6b, file Form 8870 (10) If "Yes" did the foundation receive any proceeds or have any net income attributable to the transaction? (11) Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees and Contractors (12) List all officers, directors, trustees, foundation managers and their compensation (see instructions). (13) Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees benefit plans employees benefit plans and deferred compensation. (13) Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees benefit plans and deferred compensation. (14) Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees benefit	5a `	During the year did the foundation pay or incur any (1) Carry on propaganda, or otherwise attempt to in	amount fluence	to legislation (s	section ·	4945(e))?		Yes	X No			
(4) Provide a grant to an organization other than a charitable, etc. organization described in section 4945(d)(4)(A)? (see instructions). (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals? Yes No				ee section 49	55), or	to carry on,		Yes	⊠ No			
section 4945(d)(4)(A)? (see instructions). (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Ves No		(3) Provide a grant to an individual for travel, study,	or othe	r sımılar purp	oses?			Yes	X No			ļ
b If any answer is "Yes" to 5a(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here If the answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945–5(d) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees and Contractors Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees (a) Name and address (a) Name and address (b) Title, and average devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense other allo compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation of the propose benefit plans and deferred compensation of the propose of the plans and deferred compens			charitab	le, etc , orga	nızation	described	ın	☐ Yes	X No			
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945–5(d) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? The part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense other allowed and the compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position of the position of the plans and deferred compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position of the position of the plans and deferred compensation of th		(5) Provide for any purpose other than religious, ch purposes, or for the prevention of cruelty to child	arıtable, dren or a	, scientific, lit animals?	erary, o	r education	al	☐ Yes	X No			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position TRUSTEE TRU	b	If any answer is "Yes" to 5a(1)–(5), did any of the tr Regulations section 53 4945 or in a current notice r	ansaction	ons fail to qui g disaster as	alify und sistance	der the exce e (see instr	eptions uctions)	describe ?	d in	5b	N/A	
If "Yes," attach the statement required by Regulations section 53 4945–5(d) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No	С	If the answer is "Yes" to question 5a(4), does the fo	undatio	n claim exem	check haption fr	ere om the tax		☐ Yes	▶ □ No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position enter-0-) TRUSTEE ADAK RIDGE RD VOORHEES, NJ 08043 TRUSTEE ADAM RIDGE RD VOORHEES, NJ 08043 TRUSTEE ADAM RIDGE SCHNEIR TRUSTEE ADAM RIDGE SCHNEIR TRUSTEE ADAM RIDGE SCHNEIR TRUSTEE ADAM RIDGE SCHNEIR TRUSTEE ADAM SCONIN TRUSTEE	6a	If "Yes," attach the statement required by Regulation Did the foundation, during the year, receive any fun	ns secti	on 53 4945-	<i>5(d)</i> ctly, to p	ay premiun	าร	□ Vos	X No.			
Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position (fin of paid, enter -0-) TRUSTEE ADAK RIDGE RD VOORHEES, NJ 08043 TRUSTEE			-1		on o no	reenal bon	ofit con		<u> </u>			
Part VIII	b	If "Yes" to 6b, file Form 8870										
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position (f) Total, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense other allow (f) Expense other allow (g) Contributions to employee benefit plans and deferred compensation (g) Contributions to employee benefit plans and deferred compensation (g) Contributions to employee benefit plans and deferred compensation (g) Expense other allow (g) Expense other allow (g) Expense other allow (g) Contributions to employee benefit plans and deferred compensation (g) Expense other allow (g) Expense other a	7a	At any time during the tax year, was the foundation a pa	rty to a p	rohibited tax s	helter tr	ansaction?	- transc		X No	7h	N/A	
And Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense other allow (f) Title, and average employees (other than those included on line 1—see instructions). (e) Expense other allow (f) Compensation (d) Contributions to employee other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense other allow	D II TES OIU ITE IDUITUALIDIT IECEIVE AITV DIOCCEGO OI HAVE AITV HOCITIONITO ARTICULARIO TO ATTURNO ATTURNO AITV											
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (fill not paid, enter -0-) (g) Expense other allow the results of the paid, enter -0-) TRUSTEE 54 OAK RIDGE RD VOORHEES , NJ 08043 BARRIE MANDEL SCHNEIR 25 HARRISON ST NEW YORK, NY 10013 JOAN BOONIN TRUSTEE 2128 WALLINGFORD RD ANN ARBOR, MI TRUSTEE 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allow the results of the plans and deferred compensation other allow the results of the plans and deferred compensation other allow the results of the resu	Fair											
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54 OAK RIDGE RD VOORHEES , NJ 08043 BARRIE MANDEL SCHNEIR 25 HARRISON ST NEW YORK, NY 10013 JOAN BOONIN TRUSTEE 2128 WALLINGFORD RD ANN ARBOR, MI Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense other allowed the position of the plans and deferred compensation of the rallowed the position of the position of the rallowed the position of the positio	***		(b) Title hour	, and average s per week	ek (If not paid, em		(d) emplo	mployee benefit plans		(e) Expense account		
BARRIE MANDEL SCHNEIR 25 HARRISON ST NEW YORK, NY 10013 TRUSTEE 2128 WALLINGFORD RD ANN ARBOR, MI Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense other allowed to position	RICH	ARD MANDEL	TRUST	EE								
25 HARRISON ST NEW YORK, NY 10013 JOAN BOONIN TRUSTEE 2128 WALLINGFORD RD ANN ARBOR, MI Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allo	54 O <i>F</i>	K RIDGE RD VOORHEES , NJ 08043			0							
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowed the position of the compensation of t												
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2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allo			TRUST			•						
"NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense other allo	2128	WALLINGFORD RD ANN ARBOR, MI		5 00				<u> </u>				
"NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense other allo												
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation compen	2		other th	nan those in	cluded	on line 1—	see ins				ter	
NONE STATE OF THE PROPERTY OF		(a) Name and address of each employee paid more than \$50,000)	hours per v	veek	(c) Comper	sation	employee plans and	benefit deferred	(e) Exp		
	NON											_
									,			
Total number of other employees paid over \$50,000	Total number of other employees paid over \$50,000											

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Er and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	<u>1E."</u>
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	
	1
Total number of others receiving over \$50,000 for professional services ▶	<u> </u>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
	}
2	
	j
3	
4	
De AIV De Communication De Late d'Inventer de Constitution de la Constitution de la Constitution de Constituti	L
Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	Amount
• • • • • • • • • • • • • • • • • • • •	
2	
All other program-related investments. See instructions	
3	
	1
Total. Add lines 1 through 3	,
	Form 990-PF (2015

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign	n found	ations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,	- ^	
	purposes		
а	Average monthly fair market value of securities	1a	1,026,480
b	Average of monthly cash balances	1b	34,389
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,060,869
е	Reduction claimed for blockage or other factors reported on lines 1a and	, ,	
	1c (attach detailed explanation)	عنست	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,060,869
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see	} }	
	instructions) .	4	15,913
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,044,956
6	Minimum investment return. Enter 5% of line 5	6	52,248
Part 2	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part)		
			E2 240
1	Minimum investment return from Part X, line 6	1	52,248
2a	Tax on investment income for 2015 from Part VI, line 5	3,55	
b	Income tax for 2015 (This does not include the tax from Part VI)	2-	550
C	Add lines 2a and 2b	2c	559
3	Distributable amount before adjustments Subtract line 2c from line 1	3 4	51,689
4	Recoveries of amounts treated as qualifying distributions	5	31,322
5	Add lines 3 and 4	6	83,011
6	Deduction from distributable amount (see instructions)		
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	7	02.011
	line 1		83,011
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	46,255
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	46,255
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	46,255
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet	her the f	oundation
	qualifies for the section 4940(e) reduction of tax in those years		

Form 99	0-PF (2015) MANDEL FOUNDATION			22-2.	227811 Page 9
Part	XIII 'Undistributed Income (see instructions)				
•		(a)	(b)	(c)	(d) 2015
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	
	line 7				83,011
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only				
b	Total for prior years 20 11 , 20 12 , 20 13		32,775		
3	Excess distributions carryover, if any, to 2015				1
а	From 2010 13,481		1		
b	From 2011 14,783				
С	From 2012 17,992				
d	From 2013			·	
е	From 2014	59,193			
f	Total of lines 3a through e	59,195			
4	Qualifying distributions for 2015 from Part XII,				
	line 4 ▶ \$ 46,255				
а	Applied to 2014, but not more than line 2a				
b	Applied to undistributed income of prior years		32,775		
	(Election required—see instructions)		02,170		
С	Treated as distributions out of corpus (Election				
	required—see instructions)				13,480
	Applied to 2015 distributable amount				
e	Remaining amount distributed out of corpus Excess distributions carryover applied to 2015	59,193			59,193
5	(If an amount appears in column (d), the same				
	amount must be shown in column (a); the came				
c	Enter the net total of each column as		į	į l	
6	indicated below:				
	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	0			
a b	- Lundatabutad maama Subtract				
J	line 4b from line 2b		0		· <u>·</u> ··································
С	= 4				
•	income for which a notice of deficiency has	!			
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		_		
d	Ch Tayabla				
	amount—see instructions				······································
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
	instructions .		 	<u> </u>	
f		ļ			
	4d and 5 from line 1 This amount must be	į			10,338
	distributed in 2016				
7	Amounts treated as distributions out of corpus				Į
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)	<u> </u>			
8	Excess distributions carryover from 2010 not	13,48	₁		
	applied on line 5 or line 7 (see instructions)	13,40	·		
9	Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9 Excess from 2011 14,783	3			
	17.00	_	}		
	5 Excess from 2012	4			
	. =	7	\		
	- (0045	1			
	e Excess from 2015				Form 990-PF (2015

Part .	XIV Private Operating Foundat	ions (see instru	ctions and Part \	/II-A, question 9)		N/A
	If the foundation has received a ruling o					
	foundation, and the ruling is effective for		· ·	•	N/	'A
b	Check box to indicate whether the foundation			ribed in section	4942(J)(3	
2a	Enter the lesser of the adjusted net	Tax year	I	Prior 3 years		
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for each year listed					0
b	85% of line 2a	-				0
С	Qualifying distributions from Part XII,					
	line 4 for each year listed		J]		0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly for active conduct of exempt activities					0
3	Subtract line 2d from line 2c Complete 3a, b, or c for the					0
	alternative test relied upon			1		
а	"Assets" alternative test—enter					_
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
С	"Support" alternative test—enter	i				
	(1) Total support other than gross investment income (interest, dividends, rents, payments on					
	securities loans (section 512(a)(5)), or royalties) (2) Support from general public		<u> </u>			0
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from					
	an exempt organization .					0
	(4) Gross investment income					0
<u>Part</u>	• • • • • • • • • • • • • • • • • • • •	•		e foundation ha	d \$5,000 or mor	e in assets at
	any time during the year—		s.)			
1	Information Regarding Foundation M					
а	List any managers of the foundation wh					foundation
	before the close of any tax year (but onl	ly if they have cont	nbuted more than	\$5,000) (See section	on 507(a)(2))	
NONE						
b	List any managers of the foundation wh					n of the
NONE	ownership of a partnership or other enti	ty) of which the lot	indation has a 107	o or greater interest		
NONE 2	Information Regarding Contribution,	Grant Gift Las-	Scholarchin of	Programe:		
2	Check here ► X if the foundation on unsolicited requests for funds if the fou under other conditions, complete items	ily makes contribut ndation makes gift	ons to preselected	d charitable organiz		
а	The name, address, and telephone num	nber or e-mail addr	ess of the person	to whom application	is should be addre	ssed
b	The form in which applications should b	e submitted and in	formation and mat	terials they should in	nclude	
С	Any submission deadlines					
d	Any restrictions or limitations on awards factors:	s, such as by geog	raphical areas, cha	arıtable fields, kınds	of institutions, or o	ther

Part XV 'Supplementary Information (continued) 3 'Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution Name and address (home or business) recipient or substantial contributor Paid during the year LITTLE RED SCHOOL HOUSE 2,000 1.000 **ALEXIA FOUNDATION** 200 DYSTONIA MEDICAL RESEARCH 500 **LEUKEMIA & LYPHOMA SOCIETY UJA FEDERATION OF METRO WEST** 5,200 1,500 INNOCENCE PROJECT 1,500 **DOCTORS WITHOUT BORDERS** 1,500 MORGAN STANLEY CHILDRENS HOSPITAL 1,500 JUNIOR FACULTY RESEARCH FUND **BROTHERHOOD SYNAGOGUE** 1,000 850 **GODS LOVE WE DELIVER** 46,255 3a See Attached Statement Approved for future payment 0 **Total**

Pa	rt XV	-A Analysis of Income-Producing Ac	ctivities				Page 12
		ss amounts unless otherwise indicated.	· ·	usiness income	Excluded by sec	tion 512, 513, or 514	
1	Proa	ram service revenue;	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
•	a	Tall delvice revenue.					
	ъ –				 		
	c –						
	d –						
	е _						
	f _						
	g F	ees and contracts from government agencies					
2	Mem	bership dues and assessments					
3	Intere	est on savings and temporary cash investments					4,626
4		lends and interest from securities					26,696
5		ental income or (loss) from real estate	नेराक्षेत्रसङ्गास्या	できた。これを	然对於政策就	お記るないというは	Charle Contract
		Debt-financed property .					
		Not debt-financed property .					
6		rental income or (loss) from personal property					
7		r investment income .	<u> </u>				
8		or (loss) from sales of assets other than inventory			ļ.———		
9		ncome or (loss) from special events .	<u> </u>			<u> </u>	
10		s profit or (loss) from sales of inventory	ļ				25.070
11		r revenue a PUBLIC TRADED PARTNERSI	ļ ———				35,879
	р _						
	c –						
	u _		 				
12		otal Add columns (b), (d), and (e)	1 3 3 3 1 3	0	· 高春20	0	67,201
13		I. Add line 12, columns (b), (d), and (e)		<u>. </u>	1	13	67,201
(See		sheet in line 13 instructions to verify calculations	;)			 	
Pa	rt XV	-B Relationship of Activities to the A	ccomplishm	ent of Exempt	Purposes		
	e No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt pur	poses (other than	by providing fund	s for such purpos	Importantly to the ses) (See instruction	ons)
	3	THE INVESTMENT INCOME ALLOWED FOR					
	4	THE INVESTMENT INCOME ALLOWED FOR					
1	11 <u>A</u>	THE INVESTMENT INCOME ALLOWED FOR	THE DISTRIBU	TION TO THE C	HARITIES		
							
							

Part	XVII	Information Exempt Org	Regarding Tran	sfers To and Tr	ransaction	s and Re	lationship	s With No	ncharitable		
1	Did th	he organization d	lirectly or indirectly e	ngage in any of th	e following	with any oth	ner organizat	ion describe	d	Yes	No
			e Code (other than s								
	politic	cal organizations	?	. , , ,	•					١.,	, ,
а	Trans	sfers from the rep	porting foundation to	a noncharitable ex	xempt orgar	nization of					
	(1) C								1a(1)		X
	(2) 0	ther assets .							. 1a(2)		Х
b	Othe	r transactions.									
	(1) S	ales of assets to	a noncharitable exe	mpt organization					1b(1)		_X
	(2) P	urchases of asse	ets from a noncharita	ble exempt organi	ization				. 1b(2)		X
	(3) R	tental of facilities,	equipment, or other	assets					. 1b(3)		X
	(4) R	leimbursement ai	rrangements .						1b(4)		_X
	(5) L	oans or loan gua	rantees						1b(5)		X
	(6) P	erformance of se	ervices or membershi	ip or fundraising s	olicitations				1b(6)		X
С	Shari	ing of facilities, ed	quipment, mailing lis	ts, other assets, o	r paid emplo	yees	•		1c		_X_
d			he above is "Yes," cor								
	value value	of the goods, other in any transaction	er assets, or services of or sharing arrangeme	given by the reportirent, show in column	ng foundatior (d) the value	n. If the found e of the good	dation receive ds, other asse	ed less than fa ets, or services	air market s received.		
(a) Line	no	(b) Amount involved	(c) Name of none	charitable exempt organ	nization	(d) Desc	cription of transfe	ers, transactions,	and sharing arrar	ngemen	ts

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					··	<u> </u>					
	_		 								
			L								
2a			ctly or indirectly affilia					ızatıons	□ vaa		_
			01(c) of the Code (o	ther than section s	001(0)(3)) 01	in section	5217 .		☐ Yes	N [V]	O
<u>b</u>	It "Ye		following schedule	1 41-							
		(a) Name of organ	nization	(b) Type	of organization			(c) Description	or relationship		
				 							
							·		_		
											
	Linder	r penalties of periury. I dec	clare that I have examined this re	etum including accompanyi	ng schedules and	statements, and t	o the best of my kn	owledge and belief.	it is true.		
Sign	сопес	ct, and complete Declarati	ion of preparer (other than take	eyer) is based on all informa	ition of which prepare	arer has any knov	vledge			this setur	·n
_		May tile in Suis						vith the preparer sho			
Here	Sign	nature of officer or trus		Dete	Title	, , 3		——— <u>[</u> (see instructions)?	Yes	_]No
	1	Print/Type preparer		Preparer's signatu			Date		PTIN		
Paid		CHERYL CAMP		1 Went		L'	10/3/20	Check 16 self-em	X	5584	
Prepa		Firm's name	CAC Consulting LL		y //y u	<u> </u>	1010120	Firm's EIN	47-4517886	2004	
Use C	nly	Firm's address	7 Millstone Drive, S		U			Phone no	(609) 790-07	86	
		I i iiii a addiess	vinistorio Drive, Q	5175H, 145 00000				1 HOUSE HU	(300) 100 01	~~	

MANDEL FOUNDATION				22-222		
Continuation of Part XV,		<u>- Gran</u>	ts and Con	tributions Paid	During th	<u>ie Year</u>
Recipient(s) paid during the year						
Name	DOIT!					
TRUSTEES OF COLUMBIA UNIVE	RSHY					
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status		<u> </u>			
Kelationship	Foundation Status	•				
Purpose of grant/contribution					Amount	
					<u> </u>	1,000
Name						
JEWISH FEDERATION OF ANN A	RBOR					
Street						
City		State	Zip Code	Foreign Coun	try	
		<u> </u>	<u></u>			
Relationship	Foundation Status	5				
Purpose of grant/contribution					Amount	
r dipose of granteontribution					Amount	550
Name						
HOLY APOSTLES SOUP KITCHEN	I					
Street						
Oit.		04-4-	Zin Code	Faraian Caus	4	
City		State	Zip Code	Foreign Coun	uy	
Relationship	Foundation Status		·	—— 		
Purpose of grant/contribution					Amount	500
						
Name COLUMBIA UNIVERSITY GIFT SY	CTEMO					
Street	3 I LIVIS	-				
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status					
Keladolisinp	oundation Status	•				
Purpose of grant/contribution	······				Amount	
			·	<u>-</u>		1,000
Name						
KOL SHALOM SYNAGOGUE						·
Street						
City		State	Zip Code	Foreign Coun	try	
		<u> </u>				
Relationship	Foundation Status	5				
Purpose of grant/contribution					Amount	
						12,350
Name						
MICHIGAN THEATRE						
Street						
City		State	Zip Code	Foreign Coun	trv	
- City		Julie	p oode	, oreign coun	·· <i>y</i>	
Relationship	Foundation Status	5				
Duma as of smarth and the first			- 		Amazont	
Purpose of grant/contribution					Amount	600

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year Recipient(s) paid during the year JEWISH FAMILY SERVICES WASHTENAW COUNTY Street City Zip Code Foreign Country State Relationship Foundation Status Purpose of grant/contribution Amount 2.000 Name **DETROIT INSITUTE OF ARTS** Street City State Zip Code **Foreign Country** Relationship **Foundation Status** Purpose of grant/contribution Amount 600 Name FLINT CHILD HEALTH & DEVELOPMENT FUND Street City State Zip Code Foreign Country Relationship **Foundation Status** Purpose of grant/contribution **A**mount 1.450 Name **BUILD ISRAEL PALESTINE** Street City State Zip Code Foreign Country Relationship **Foundation Status** Purpose of grant/contribution Amount 1,000 Name MAINE PUBLIC BROADCASTING Street State City Zip Code **Foreign Country** Relationship **Foundation Status** Purpose of grant/contribution **Amount** 1,200 Name SIMMONS COLLEGE Street State Zip Code City **Foreign Country** Foundation Status Relationship Purpose of grant/contribution **Amount** 2,000

Continuation of Part	XV, Line	3a (990-PF) -	Gran	ts and Con	tributions Paid	d During th	e Year
Recipient(s) paid during the	year						
Name GOOD SHEPHARD FOOD BA	۸۸۱۷						
Street	ZIVIX						
City	-		State	Zip Code	Foreign Cour	itry	
Relationship		Foundation Status	l	<u> </u>			
Purpose of grant/contributio	on					Amount	
							1,000
Name UJA FEDERATION OF NY							
Street							
City	·		State	Zip Code	Foreign Coun	itry	
Relationship		Foundation Status	[<u> </u>			
Purpose of grant/contributio	on I					Amount	1,300
Name ALZHEIMER ASSO			-				
Street							
City			State	Zip Code	Foreign Coun	try	
Relationship		Foundation Status	<u> </u>				
Purpose of grant/contributio	on				 	Amount	375
Name WESTCHESTER JEWISH			-				
Street				<u> </u>	+		
City		-	State	Zip Code	Foreign Coun	try	
Relationship		Foundation Status	<u> </u>	<u> </u>			
Purpose of grant/contributio	on C					Amount	450
Name							430
PRADER WILLI CLASSIC Street							
	·-·		Ctoto	Zip Code	Foreign Cour		
City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code	- Foreign Cour		
Relationship		Foundation Status					
Purpose of grant/contribution	n		-	_		Amount	1,700
Name MICHAEL J FOX FOUNDATION	ON						
Street							
City			State	Zip Code	Foreign Cour	itry	
Relationship		Foundation Status	L				
Purpose of grant/contribution	on					Amount	100

Continuetion of Don't YV/ I	: 0- (000 DE)		4 1 0	22-222		
Continuation of Part XV, L Recipient(s) paid during the year	<u>.ine 3a (990-PF) -</u>	Gran	ts and Con	tributions Paid	During the	<u>rear</u>
• • •						
Name BLIND BROOK PTA						
Street						
			T		 	
City		State	Zip Code	Foreign Coun	try	
Relationship	Foundation Status					
Purpose of grant/contribution					Amount	
					Amount	180
Name			-			
MIAMI CHILDRENS HEALTH FUND						
Street						
City		State	Zip Code	Foreign Count	try	
Relationship	Foundation Status	L				
	Toundation Status					
Purpose of grant/contribution					Amount	50
None			<u></u>			30
Name MUTIPLE MYELOMA RESEARCH FO	DUNDATION					
Street		 				
City		State	Zip Code	Foreign Count	trv	 -
Relationship	Foundation Status					
Purpose of grant/contribution	- 				Amount	
						100
Name						
Street		<u>.</u>				
City		State	Zip Code	Foreign Count	try	
Relationship	Foundation Status	<u> </u>				
Purpose of grant/contribution					Amount	
ruipose of grandcontribution					Amount	
Name						
Street						
City		State	Zip Code	Foreign Count	try	
Relationship	Foundation Status		<u> </u>			-
Purpose of grant/contribution					Amount	
Nama						
Name						
Street						
City		State	Zip Code	Foreign Coun	try	
	Te	<u> </u>			- 	
Relationship	Foundation Status					
Purpose of grant/contribution				-	Amount	

Part I, Line 11 (990-PF) - Other Income

		0	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	PUBLIC TRADED PARTNERSHIP INCOME		0	

Part I, Line 16b (990-PF) - Accounting Fees

		1,375	1,375	1,375	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1 PPMG & COMPAN	Υ	1,375	1,375	1,375	0

Part I, Line 16c (990-PF) - Other Professional Fees

			0	(0	0
-	· · · · · · · · · · · · · · · · · · ·					Disbursements
i		1	Revenue and			for Charitable
		ľ	Expenses per	Net Investment	Adjusted Net	Purposes
	Description		Books	Income	Income	(Cash Basis Only)
1	MJG ASSOCIATES		0			0

Part I, Line 18 (990-PF) - Taxes

-	- · · · · · · · · · · · · · · · · · · ·	1,435	1,435	1,435	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Real estate tax not included in line 20	0			
2	Tax on investment income	0			
3	Income tax	1,435	1,435	1,435	

Part I, Line 23 (990-PF) - Other Expenses

	586	586	586	0
	Revenue and			Disbursements
	Expenses	Net Investment	Adjusted Net	for Charitable
Description	per Books	Income	Income	Purposes
1 INVESTMENT FEES	586	586	586	

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

			960,778	917,381	0	917,381
		Num Shares/	Book Value	Book Value	FMV	FMV
	Description	Face Value	Beg of Year	End of Year	Beg of Year	End of Year
-	TEXXON MOBIL CORP	3,000	166,400	187,480		187,480
2	GOLAR LNG PARTNERS	700	17,269	12,831		12,831
m	RBS CAP FNDG TRUST VII 6 08%	200	12,215	0		0
4	CRESTWOOD MIDSTREAM	1,000	11,200	0		0
2	ENBRIDGE ENERGY	009	19,998	13,920		13,920
ဖ	ALLIANCE RES PARTNERS	1,600	39,936	25,216		25,216
_	TC PIPELINES	120	42,750	42,945		42,945
ω	ENTERPRISE PROD PARTNERS	2,856	85,366	83,567		83,567
6	HEALTHCARE REALTY TRUST	450	10,467	15,746		15,746
9	MARKWEST ENGY	200	16,914	0		0
7	NUSTAR ENERGY LP	400	23,740	19,920		19,920
12	Т	450	6,603	9,653		9,653
13	_	1,600	23,232	27,920		27,920
14	1	1,637	85,451	62,321		62,321
15	+	800	58,704	008'09		008'09
16	$\overline{}$	1,825	70,062	34,164		34,164
17	$\overline{}$	200	22,855	23,350		23,350
18		800	28,416	34,568		34,568
19	BUCKEYE PARTNERS	400	29,572	28,132		28,132
20	${}^{-}$	1,000	12,190	7,865		7,865
21	1	1,000	14,230	13,890		13,890
22	-	350	20,083	19,600		19,600
23	1	750	13,245	20,730		20,730
24		009	21,870	18,534		18,534
25	WILLIAMS PARTNERS	520	25,184	18,013		18,013
79	1	200	24,598	24,255		24,255
27	${}^{-}$	350	20,118	23,205		23,205
28	+-	500	16,110	19,860		19,860
29		200	19,000	20,545		20,545
30		275	0	5,544		5,544
31	1	1,000	0	31,810		31,810
32	_	327	0	10,997		10,997

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

			79,062	75,579	0	75,579
	Interest	Maturity	Book Value	Book Value	FMV	FMV
Description	Rate	Date	Beg of Year	End of Year	Beg of Year	End of Year
ACHS CAPT II	4 00%		34,256	33,701		33,701
NIISTAR I OGISTICS	7 63%	1/15/2043	26,500	17,028		17,028
MPANIES	7.45%	1	18,306	24,850		24,850

Asset Description Basis of Value 2 COHEN & STEERS MLP 8,832 3 GOLDMAN SACHS MLP 17,110 4 NEUBERGER BERMAN MLP 16,330 5 FIRST TRUST HIGH INC 15,640 6 INVESCO VAN KAMPEN 11,610 7 MS EMERGING MKTS DOMESTIC DEBT 8,650 8				93,142	33,520	33,520
MLP AN MLP INC PEN S DOMESTIC DEBT			Basis of	Book Value	Book Value	FMV
ALP AN MLP INC PEN S DOMESTIC DEBT		Asset Description	Valuation	Beg of Year	End of Year	End of Year
ALP AN MLP AN MLP INC PEN S DOMESTIC DEBT	-	KAYNE ANDERSON		8,832	0	
MLP OMESTIC DEBT	7	COHEN & STEERS MLP		17,110	0	
	3	GOLDMAN SACHS MLP		14,970	0	
	4	NEUBERGER BERMAN MLP		16,330	0	
7	5	FIRST TRUST HIGH INC		15,640	14,830	14,830
	စ	INVESCO VAN KAMPEN		11,610	11,020	11,020
8	7	MS EMERGING MKTS DOMESTIC DEBT		8,650	7,670	7,670
d	8					
	6					

Investment Income
티
ă,
for
s and Losses
and
Gains
- Capital
(990-PF) -
Part IV

	Amount												•
Long Term CG Distributions	0							;	;	•	•	•	
Short Term CG Distributions	0				38,685	0	0	75,421	-36,736	0	0	0	-36,736
								Cost or Other		FM <	Adjusted Basis	Excess of FMV	Gaints Minus
		Acquisition	Date	Date	Gross	Depreciation		Basis Plus		as of	as of	Over	Excess FMV Over
Description of Property Sold	#disili	Method	Acquired	Sold	Sales Pnce	Allowed	Adjustments	Expense of Sale	Gain or Loss	12/31/69	12/31/69	Adjusted Basis	Adj Basis or Losses
4 COHEN STEER		_	12/3/2013	12/21/2015	7,910			17,204	-9,294	0	0	0	-9,294
2 GOLDMAN SACHS		۵		12/21/2015	7,152			18,208	-11,056	0	0	0	-11,056
2 KAVNE ANDERSON		_	8/12/2005	12/21/2015	2.903			090'6	-6,147	0	0	0	-6,147
A NEITREGGER BERMAN		_	-	12/21/2015	6,360			16,899	-10,539	0	0	0	-10,539
5 MARK WEST		مـ		12/4/2015	1,860			1,560	300	0	0	0	300
6 RBS CAPITAL		Ь	2/11/2004	6/13/2016	12,500			12,500	0		0	0	0

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

c	7			i	
		Expense Account	•		
		Benefits			
U		Compensation	0	0	0
	-	Avg Hrs Per Week	2 00	2 00	2 00
		Title	TRUSTEE	TRUSTEE	TRUSTEE
		Foreign Country			
		Zip Code	NJ 08043	10013	
		State	2	ž	≅
		ŧ5		NEW YORK	ANN ARBOR
		Street	54 OAK RIDGE RD	25 HARRISON ST	2128 WALLINGFORD RD
		Check "X" of Business			
,		Name	RICHARD MANDEL	BARRIE MANDEL SCHNEIR	JOAN BOONIN
1 ک		l	1		

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

								Totals	Gross	S	Cost or Other Basis, Expenses,	asis, Expenses,	Net Gan	
	Amount								Sales	S.	Depreciation ar	Depreciation and Adjustments	ork	oss
Long Term CG Distributions	0	r==					ී	Capital Gains/Losses		38,685		75,421		-36,736
Short Term CG Distributions	0	1						Other sales		0		0		. 0
				Check "X" If										
	_	Check "X"		Purchaser					-		Expense of Sale			
		to include		S B	Acquisition	Date	Date	Gross Sales	Cost or	Valuation	and Cost of	-		Net Gain
Description	CUSIP#	in Part IV	Purchaser	Business	Method	Acquired	Sold	Price	Other Basis	Method	Improvements	Depreciation	Adjustments	or Loss
1 COHEN STEER		×			d	12/3/2013	12/21/2015	7,910	17,204					-9,294
2 GOI DMAN SACHS		×			۵	3/25/2014	12/21/2015	7,152	18,208					-11,056
3 KAYNE ANDERSON		×			Ь	8/12/2005	12/21/2015	2,903	9,050					-6,147
4 NEUBERGER BERMAN		×			Ь	12/3/2013	12/21/2015	6,360	16,899					-10,539
5 MARK WEST		×			d	1/18/2013	12/4/2015	1,860	1,560					300
6 RBS CAPITAL		×			Ь	2/11/2004	6/13/2016	12,500	12,500					0