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EXTENDED TO MAY 15, 2017

Department of the Treasury Internal Revenue Service

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. ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

A I	For the	2015 calendar year, or tax year beginning JUL 1, 2015 and c	ending J	UN 30, 2016		
В	Check if applicable	C Name of organization MANDEL SUPPORTING FOUNDATIONS - JACK N.		D Employer identific	cation number	
	Addres	& LILYAN MANDEL FUND				
	Name change	Doing business as		34-135	0566	
L	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r	
	∏Final return/	25701 SCIENCE PARK DRIVE		(216)	593-2900	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	104,845,286.	
	Amend retum	Chevenand, On 44122		H(a) Is this a group re	eturn	
	Application	F Name and address of principal officer:BARRY REIS		for subordinates	? Yes X No	
	pendin	25701 SCIENCE PARK DR., CLEVELAND, OH 44122		H(b) Are all subordinates in	ncluded? Yes No	
1	Tax-exe	mpt status: X 501(c)(3)	or 527	If "No," attach a	list. (see instructions)	
J	Websit	e: NONE		H(c) Group exemptio		
ĸ	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1981	A State of legal domicile; OH	
P	art I	Summary				
•	1 1	Briefly describe the organization's mission or most significant activities: MANDEL	SUPPORT	ING FOUNDATIONS -		
ဋ	1 3	TACK N. & LILYAN MANDEL FUND IS A SUPPORTING FOUNDATION OF THE	ie.			
Ë	2	Check this box In the organization discontinued its operations or dispose	sed of more	e than 25% of its net as	ssets.	
ð	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	9	
G M	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8	
es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0	
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	8	
Activities & Governance	7a -	Total unrelated business revenue from Part VIII, column (C), line 12		7a	<3,407,827.>	
_	<u>b</u> 1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.	
Revenue				Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		10,700,000.	19,038,330.	
	9 1	Program service revenue (Part VIII, line 2g)		0.	0.	
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		67,266,422.	50,359,407.	
<u> </u>	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<1,445,729.	<12,305,793.>	
	12	Total revenue - add lines 8 through 1 (must equal Part VIII, column (A), line 12)		76,520,693.	57,091,944.	
	13	Grants and similar amounts paid (Part IX_column (A), Tines/13)		17,288,757.	14,435,518.	
	14	Benefits paid to or for members (Part IX) column (A), line 4)		0.	0.	
Š	15	Salanes, other compensation, employee beriefits (Part 1X, column (A) fines 5-10)		0.	0.	
Expenses	16a	Professional fundraising fees (Part IX Polumn (A) line 11e)		0.	0.	
9	Ь.	Total fundraising expenses (Part IX, column-(D), line 25)	0.			
Ű	17	Other expenses (Part IX, column (A), lines Ta TO 11 124e)		2,595,431.	2,797,842.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		19,884,188.	17,233,360.	
		Revenue less expenses. Subtract line 18 from line 12		56,636,505.	39,858,584.	
ls or	3		В	eginning of Current Year	End of Year	
sets	20	Total assets (Part X, line 16)		803,060,213.	787,518,546.	
SE SE	21	Total liabilities (Part X, line 26)		27,908,187.	19,215,364.	
Net Asset	22_	Net assets or fund balances. Subtract line 21 from line 20		775,152,026.	768,303,182.	
P	art II	Signature Block				
		ities of perjury, I declare that I have examined this return, including accompanying schedule			ry knowledge and belief, it is	
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	er has any knowledge.		
		Bo K		1 (710 l	<u>/</u>	
Sig	yn 💮	Signature of officer		Date		
He	re	BARRY REIS, TREASURER				
_		Type or print name and title				
		Print/Type preparer's name MELANIE WERNERT Preparer's signature MULLINIA		Date Check	PTIN	
Pai	id	MELANIE WERNERT MURIL ULLIN	10	5/10/17 t self-empto	yed P01258969	
	parer	Firm's name BDO USA, LLP		Firm's EIN ▶	13-5381590	
Us	e Only	Firm's address 32125 SOLON ROAD		1		
_		SOLON, OH 44139-2284		Phone no. (4	40) 248-8787	
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			Yes X No	

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2015)

Form	990 (2015) & LILYAN MANDEL FUND	34-1350566	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		x
1	Briefly describe the organization's mission:		
•	MANDEL SUPPORTING FOUNDATIONS - JACK N. & LILYAN MANDEL FUND IS A		
	SUPPORTING FOUNDATION OF THE JEWISH PEDERATION OF CLEVELAND AND AS		
	The state of the s	 	
	SUCH, IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE,		
	EDUCATIONAL OR RELIGIOUS PURPOSES BY CONDUCTING OR SUPPORTING		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by	expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		ers, the total ex	cperises, and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 14,443,851. including grants of \$ 14,435,518.) (Reven	ne \$)
	GRANTS AND EXPENSES PAID TO ORGANIZATIONS MADE TO FURTHER CHARITABLE,		
	EDUCATIONAL & RELIGIOUS PURPOSES OF THE JEWISH FEDERATION OF CLEVELAND	_	
	(FEDERATION)		
			<u>-</u>
			_
			
	0.141		
4b	(Code) (Expenses \$ 9,141. including grants of \$) (Reven	nue \$)
	GRANT PROGRAM DESIGN AND EXECUTION		
	elle de la companya 		
			
4c	(Code) (Expenses \$) (Rever	านอ \$)
			_
		_	
			
			
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ Including grants of \$) (Revenue \$)
4e	Total program service expenses 14,452,992.		
			F 000 (2015)

Form 990 (2015) & LILYAN MANDEL PU 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	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	_2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? If "Yes," complete Schedule C, Part I	-		
•	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	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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			İ
	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			"
44	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, VIII, VIII, IX, or X			<u>.,</u> .
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-	-	'
a	Part VI	11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c				
	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	· · · · · · · · · · · · · · · · · · ·			ļ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	├
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
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	х	Ì
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	-	x
142	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
hb	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	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	<u> </u>	х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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	1	1	1.
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	900	X
		Form	1 330	(2015)

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Rart IV	Checklist of F	Required	Schedules	(continued)
				(

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		İ ,	ŀ
	Schedule J	23	Х	L
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	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		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		├
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	├	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-	l	x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	├	 ^- -
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		i	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	1	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	230		-
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	}		•
	complete Schedule L, Part II	26	ł	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u> </u>		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	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):	-	3.	j
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	L	х
С	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	X	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	!
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1	}	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l .	ł	
	If "Yes," complete Schedule N, Part I	31	 	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete]	x
~~	Schedule N, Part II	32	├	┼┷
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	22	}	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	├	┼╨
34	Part V, line 1	34	l x	1
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x	+-
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u> </u>	1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	1
	If "Yes," complete Schedule R, Part V, line 2	36	[x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	<u></u>
		Form	n 990	(2015

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Rar				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V	· ,	· ·	<u> </u>
4-	Entougho number reported in Bou 2 of Form 1000 Entou 0 if not analyzable		Yes	No
	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 1b 1b	1		
		İ	Ì	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
2.0	filed for the calendar year ending with or within the year covered by this return 2a 0			
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	
	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			}
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	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			
	were not tax deductible?	6b		 -
7	Organizations that may receive deductible contributions under section 170(c).			ا
a	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		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		l	x
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		 -
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	i	x
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	\vdash
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsonng organization have excess business holdings at any time during the year?	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L
10	Section 501(c)(7) organizations. Enter:	-		1 -
а	Initiation fees and capital contributions included on Part VIII, line 12	Į .		Į
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ł	1
11	Section 501(c)(12) organizations. Enter:			l
а	Gross income from members or shareholders N/A 11a	-	l	ł
b	Gross income from other sources (Do not net amounts due or paid to other sources against		l	İ
	amounts due or received from them.)	┨	1	1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	1. 1	1]
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	12-	1	+
а	to the organization horizon to local qualified reality plane in more than one orate.	13a	┼-	+-
L	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	1	j	
	Enter the amount of reserves on hand	1		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	 	1
			n 990	(2015

MANDEL SUPPORTING FOUNDATIONS - JACK N. & LILYAN MANDEL FUND Form 990 (2015) 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 [x]Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting 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 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8b **b** Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c 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 13 Did the organization have a written whistleblower policy? 13 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? 15a a The organization's CEO, Executive Director, or top management official x b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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? Section 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) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) Own website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: BARRY REIS - 216-593-2900

Form **990** (2015)

25701 SCIENCE PARK DRIVE, CLEVELAND, OH 44122

& LILYAN MANDEL FUND

34-1350566

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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

Section A. 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.

	(B)]		_ (0	2)		- 1	(D)	(E)	(F)	
Name and Title	Average	(do	Positi (do not check me			than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of	
	week	-	JG, W.	1		ector/trustee)		from	from related	other	
	(list any hours for	recto						the	organizations (W-2/1099-MISC)	compensation from the	
	related	D 0	寶			safed		organization (W-2/1099-MISC)	(44-2/1099-141130)	organization	
	organizations	Tuste	喜		ag	mbeu		(***271033-141100)		and related	
	below	dual	튵	ا ا	npfo	ž st	_			organizations	
	line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			. 3.	
(1) RENEE' CHELM	0.20	✝▔	_	Ť	_	-	<u> </u>				
TRUSTEE AND VP	8.10	x		х	l			0.	0.		
(2) HARLEY GROSS	0.20										
TRUSTEE	1.40	x						0.	0.		
(3) STEPHEN H. HOFFMAN	1.70										
TRUSTEE	40.00	х	<u> </u>					0.	1,303,206.	24,95	
(4) BARBARA MANDEL	0.10]		1	1						
TRUSTEE	0.90	X		L_			_	0.	0.		
(5) MORTON L. MANDEL	1,50	1]								
TRUSTEE, PRESIDENT	4.00	х	<u> </u>	х	<u> </u>	<u> </u>	ļ	0.	0.		
(6) DAN A. POLSTER	0.10		1	l				_			
TRUSTEE	5.20	X	!	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.		
(7) CHARLES RATNER	0.20	۱	1	l							
TRUSTEE (8) PENNI WEINBERG	1,50	Х	┝	┝	H	⊢	-	0.	0.		
TRUSTEE	0.10	x	ļ					0.	٥.	1	
(9) JEHUDA REINHARZ	0.10	 	-	H	\vdash	\vdash					
TRUSTEE EFFECTIVE APRIL 2016	0.20	x	l		l			0.	٥.		
(10) BARRY REIS	0.70	 	-	╁		┪	╁				
TREASURER	40.00	1		х		ĺ		0.	278,269.	38,35	
(11) HEDY MILGROM	0.70	Т	┢	┪	┪	┢	t			<u> </u>	
SECRETARY	40.00	1		x				0.	185,147.	13,47	
(12) SHEILA ALLENICK	1.70	Г									
ASST_TREASURER	40.00			х				0.	156,792.	24,03	
					Γ						
				L			_				
		1		Ì					1		
		$oxed{oxed}$	↓_	1_			<u> </u>				
		1	1								
	-	ـــ		↓_	ऻ_	┞	├				
		-			Ì						
		╀	╀	┢	1	╄	┼	 			
	i	1	1	1	1	1	1	1	1	I	

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	(A) Name and title	(B) Average hours per week	Position Reportable Reportable Sperment on the compensation Compensation Reportable Reportable Reportable Reportable Compensation Compensation Reportable		(E) Reportable compensation from related		an	(F) timate nount o	-					
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anızatı d relate anizatı	e on ed
							ļ			<u> </u>	\dashv			
				_		╀	-	-						
			_	<u> </u>										
											İ			
			┢		┢	 	T							
			-	-	-	╂	\vdash	_			\dashv			
			<u> </u>		_		_							
			1											
	Sub-total Total from continuation sheets to Part V	II Cootion A						\	0.	1,923,4	414.		100,	813.
	Total (add lines 1b and 1c)	ii, Section A							0.	1,923,			100,	813.
2	Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho r	received more than \$10	0,000 of reportable	е			0
											г		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey e	mple	oyee	, or	highest compensated e	employee on		3		x
4	For any individual listed on line 1a, is the si	•		•					•	the organization	Ī		,	
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									vidual for services	ŀ	4	Х	
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	nplete Schedul	le J i	for s	uch	per	son				1	5		Х
1	Complete this table for your five highest co										pensa	ation	from	
	the organization Report compensation for (A)	the calendar y	ear	end	ing v	with	or v	<u>/ith</u> !	n the organization's tax (B)	year.		"	C)	
	Name and business								Description of		C		nsatio	n
	WOOD TRUST COMPANY, 919 NORTH MAI ET, SUITE 429, WILMINGTON, DE 19								INVESTMENT MANAGE CONSULTING	MENT		2	,352	557.
	· · · · · · · · · · · · · · · · · · ·												•	
														
	·													
2	Total number of independent contractors (not l	mite	ed to	o the	ose I	ste	d above) who received	more than				
	\$100,000 of compensation from the organ	zation >					1							

Form 990 (2015) & LILYAN MARCH Part VIII Statement of Revenue

& LILYAN MANDEL FUND

		Check if Schedule O conta	ins a response d	or note to any line		<u> </u>		<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					
اجيز		Membership dues	1b					
E, E		Fundraising events	1c					
第三		Related organizations	1d					•
S.E	6	Government grants (contributi	ons) 1e					
P S		All other contributions, gifts, grant				İ		
ğğ		similar amounts not included above	re 1f	19,038,330.		ļ		
	9	Noncash contributions included in lines	1a-1f \$	6,321,330.				1
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			19,038,330.			
				Business Code				٠.
8	2 a							
اُ ۾ کِ	b							
Program Service Revenue	С							
[ě,g	d							
<u>6</u>	е							
- □	f	All other program service reve	nue					
	9	Total. Add lines 2a-2f						
1	3	Investment income (including	dıvidends, ıntere	st, and				
		other similar amounts)		▶ }	12,605,405.		<u> </u>	12,605,405.
	4	Income from investment of tax	c-exempt bond p	roceeds 🕨				245 245
	5	Royalties		<u> </u>	315,317.	ļ		315,317.
			(ı) Real	(ii) Personal	* **		:	
	6 a				•		-	· -
		Less: rental expenses			•			
		Rental income or (loss)				,		
		Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·	▶	<u> </u>			
	7 a	Gross amount from sales of	(i) Securities	(ii) Other			٠, ,	±
		assets other than inventory	47,666,638.	37,840,706.		1		
	ь	Less: cost or other basis	45 553 340	ا ا				- '
		and sales expenses	47,753,342.	0.			į	
		Gain or (loss)	<86,704.	37,840,706.	37 754 003		4,315,354	33,438,648.
		Net gain or (loss)		—	37,754,002.		4,313,334	33,430,040.
e n	8 a	Gross income from fundraisin			_		·	
Revenue		including \$	of					
		contributions reported on line	•		:		,	
Other		Part IV, line 18	a		,	`[
8		Less: direct expenses	b		-		· -	-
		Net income or (loss) from fund	-			 	 	
	a	Gross income from gaming ac			-	1		
	Ι.	Part IV, line 19	а		-	1		
	1	Less: direct expenses	b Dan actuition					
	40 -	` '	-					
	lio a	Gross sales of inventory, less and allowances				1		
			a b					
	1	Less: cost of goods sold	•		1	1		
	 	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 -		16	900099	123,295	.1	1	123,295,
	11 a b			900099	<12,744,405		<7,723,181	
					,,	-	1,121,233	1
	٥			-			 	
	d				<12,621,110			
	12 e	Total revenue. See instructions.			57,091,944		. <3,407,827	.> 41,461,441
	12	i viai ievenue. See monucions.				<u>' </u>	-,,,,	Form 000 (0015

orm	990 (2015) & LILYAN MANDEL FO	DND		34-13505	666 Page 10
Par	IX Statement of Functional Expense	es			
Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon-				
	ot include amounts reported on lines 6b, ib, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,435,267.	4,435,267.		
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	10,000,251.	10,000,251.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	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):				
11	` ' ' '				
a	Management Legal				
b	Accounting	6,873.		6,873.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,525,853.		2,525,853.	
	Other. (If line 11g amount exceeds 10% of line 25,		<u> </u>		
•	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	- "			
17	Travel	9,141.	9,141.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered 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.)				, 1 1 7
а	TAXES/FILING FEES	245,913.		245,913.	
b	LOBBYING EXPENSE	8,333.	8,333,		
C	CUSTODIAL FEES	1,579.		1,579.	
d	MISC.	150.		150.	
е	All other expenses	48 555 555	44 450 655	2 200 250	
25	Total functional expenses. Add lines 1 through 24e	17,233,360.	14,452,992	2,780,368.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

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Form 990 (2015)

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<u>rar</u>	t X	Balance Sheet				· · · · · · · · · · · · · · · · · · ·
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
l	1	Cash · non-interest-bearing		_1		
- 1	2	Savings and temporary cash investments	į	376,488.	2	311,193
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	979,144.	4	471,715	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensation	ited employees. Complete			
ı		Part II of Schedule L	1		5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
ı		employers and sponsoning organizations of sections	ion 501(c)(9) voluntary			
ខ		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	· · · · · · · · · · · · · · · · · · ·
- 1	10a	Land, buildings, and equipment: cost or other	1 1 [
		basis. Complete Part VI of Schedule D	10a	ļ	. [
- !	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		20,307,104.	11	20,595,959
	12	Investments - other securities. See Part IV, line	ı 1	781,397,477.	12	766,139,679
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets	Ī	_	14	
	15	Other assets. See Part IV, line 11	ľ		15	
	16	Total assets. Add lines 1 through 15 (must equ	803,060,213.	16	787,518,546	
	17	Accounts payable and accrued expenses	745,928.	17	783,738	
	18	Grants payable	27,162,259.	18	18,431,626	
	19	Deferred revenue			19	<u> </u>
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
က္ဆ	22	Loans and other payables to current and forme				. — <u>.</u>
		key employees, highest compensated employee	ì			
Liabilities		Complete Part II of Schedule L	, , , , , ,	-	22	
ت	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on line	*			
	İ	Schedule D	,		25	
	26	Total liabilities. Add lines 17 through 25	İ	27,908,187.	26	19,215,364
		Organizations that follow SFAS 117 (ASC 956), check here			
ç,		complete lines 27 through 29, and lines 33 ar	·	-	'	
ည	27	Unrestricted net assets		775,152,026.	27	768,303,18
ā	28	Temporarily restricted net assets	Ì	<u> </u>	28	
<u>00</u>	29	Permanently restricted net assets	1		29	
5		Organizations that do not follow SFAS 117 (A	SC 958) check here			
F	ŀ	and complete lines 30 through 34.				
3	30	Capital stock or trust principal, or current funds			30	
929	31	Paid-in or capital surplus, or land, building, or ea	i		31	
Ass	32	Retained earnings, endowment, accumulated in	• •		32	
Į,		netaired earnings, endowment, accumulated if	iconie, or outer fallus		 "	
Net Assets or Fund Balances	33	Total net assets or fund balances		775,152,026.	33	768,303,182

Form **990** (2015)

MANDEL SUPPORTING FOUNDATIONS - JACK N.

Form	990 (2015) & LILYAN MANDEL FUND	34-1320200	1	Pag	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check If Schedule O contains a response or note to any line in this Part XI	·			х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	57	,091	944.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17	,233	360.
3	Revenue less expenses. Subtract line 2 from line 1	3	39	,858	,584.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,026.
5	Net unrealized gains (losses) on investments	5	<48	,263	,360.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	,555	,932.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	column (B))	10	768	,303	,182.
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	 ○ 0.			ŀ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:		1 .	ŀ	ļ
	Separate basis Consolidated basis Both consolidated and separate basis		1		1
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			
	consolidated basis, or both:		İ	İ	1
	Separate basis X Consolidated basis Both consolidated and separate basis		1 .	1	l
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,	İ		·
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit	1	7	1
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2015

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.lrs.gov/form990.

2015

Open to Public Inspection

Name of	the organization	MANDEL SUPPORTING FOU	NDATIONS - JACK N.				Employer i	dentification number
_		& LILYAN MANDEL FUND						-1350566
Part I	Reason for F	Public Charity Status (All organizations must co	mplete thi	s part.) Se	e instruction	s.	
	A church, convention A school described A hospital or a cool A medical research city, and state: An organization op section 170(b)(1)(A federal, state, or An organization the section 170(b)(1)(A community trust An organization the activities related to income and unrela See section 509(a An organization organization organization organization organization organization organization organization organization Your Type II. A support the supported organization Your Type II. A support Type II. A support Type II. A support Type II. A support Type II. A support Type II. A support Type II. A support Type II. A support Type II. A support Type II. A support Type II. A support Type II. A support Type III. A	LILYAN MANDEL FUND Public Charity Status (atte foundation because it is: (at in section 170(b)(1)(A)(ii). (attention of churches, or associated in section 170(b)(1)(A)(ii). (attention operated in content of the benefit of a content of the benefit of the	(For lines 1 through 11, con of churches described Attach Schedule E (Formanization described in senjunction with a hospital sollege or university owned antial part of its support of the than 33 1/3% of its support to certain exceptions, a (less section 511 tax) from the section section for the benefit of, to seed in section 509(a)(1) of supporting organization supports of certain exceptions, and its support of supporting organization supporting organization supports of certain exceptions of supporting organization supports of controlled in connections A and B.	theck only if in section in 990 or 99 iction 170 described if or operat section 17 rom a gove it ii.) ipport from and (2) no om busines operform t r section 5 n and com by its sup a majority of	one box.) 170(b)(1) 0-EZ).) (b)(1)(A)(iii in section ed by a go 0(b)(1)(A)(ernmental contribution more that asses acqu section 50 the function 509(a)(2). Seplete lines ported org of the direct s supporter	overnmental v). unit or from a33 1/3% or ired by the or see section a11e, 11f, ar anization(s), ctors or trust	s. (iii). Enter t unit describe the general p ship fees, ar f its support rganization a earry out the 509(a)(3). C and 11g. typically by ees of the si on(s), by have	he hospital's name, ed in public described in nd gross receipts from from gross investment after June 30, 1975. purposes of one or heck the box in giving upporting
c [Type III function its supported orgonical Type III non-funthat is not function.	You must complete Part IV, nally integrated. A supporting ganization (s) (see instructions actionally integrated. A supporting integrated. The organic instructions). You must coins.	ng organization operated s). You must complete I porting organization oper zation generally must sa	Part IV, Se rated in co tisfy a dist	ctions A, nnection v ribution re	D, and E. with its suppo	orted organiz	zation(s)
e [_ ' '	f the organization received a	•				e II, Type III	
	functionally integ	grated, or Type III non-function	onally integrated support	ing organi	zation.			
f En	ter the number of su	pported organizations						1
g Pro	ovide the following in (i) Name of supported organization	formation about the support	ed organization(s). (iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the o listed i governing o	n your 🏻 🗎	(v) Amount of support	rt (see	(vi) Amount of other support (see instructions)
JEWISH	FEDERATION OF							
CLEVEL	AND	34-0714445	7	х	_	1	,428,001.	
Total						1	428 001	0

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

34-1350566

Page 2

		, 000 , -0.0				
Part II	Support	Schedule for	or Organizations	Described in Section	s 170(b)(1)(A)(i	v) 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.)

26	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and			T =			
	membership fees received. (Do not		1	İ			
	include any "unusual grants.")			<u></u>			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	·	_	<u> </u>	ļ		
3	The value of services or facilities			1		!	
	furnished by a governmental unit to					1	
	the organization without charge	_		 	 	 	
4	Total. Add lines 1 through 3			ļ	 		
5	The portion of total contributions			1	ļ	1	
	by each person (other than a					1	
	governmental unit or publicly			1			
	supported organization) included on line 1 that exceeds 2% of the		İ				
	amount shown on line 11,			Ì			
	column (f)		İ	1			
6	Public support. Subtract line 5 from line 4		 	 	 	 	
	ction B. Total Support			<u> </u>	<u> </u>	·	
	indar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	(4) 2011	(2) 23 12	(0) = 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(5) = 5 : 5	
8	Gross income from interest,				1		
Ū	dividends, payments received on		1		Ì		
	securities loans, rents, royalties			1			
	and income from similar sources]	1	1		
9	Net income from unrelated business						
	activities, whether or not the	•					
	business is regularly carried on					1	
10	Other income. Do not include gain				_		
	or loss from the sale of capital					l	
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	tions)			12	
13	First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	
_	organization, check this box and stor						
Se	ction C. Computation of Publ	ic Support Pe	ercentage	···· <u>-</u> -			
14	Public support percentage for 2015 (line 6, column (f) e	divided by line 11,	column (f))		14	%
	Public support percentage from 2014		=			15	%
16	a 33 1/3% support test - 2015. If the o	•			e 14 is 33 1/3% or	more, check this b	
	stop here. The organization qualifies						
'	o 33 1/3% support test - 2014. If the				d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual				- 40 40 - 40		
17	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art vi now the orga	nization
	meets the "facts-and-circumstances"	•			=	47a and Co. 45	•
	10% -facts-and-circumstances tes		-				
	more, and if the organization meets the						"
40	organization meets the "facts-and-circ Private foundation. If the organization		-	•			
	rrivate iourioation. It the croanization	ar asa not check a	a cicix cui IIIIH 13. 1	ua. 100. 178. Uf 17	r D. CHIECK WIIS DOX	and See IIISHUCKO	is = 1

Page 3

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

Se	ction A. Public Support	low, please com	piete Part II.)				· · · · · · · · · · · · · · · · · · ·
_	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and						
t	3 received from disqualified persons 5 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		,			, ,	
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6				1	`	
10;	a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources						
ı	b Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12)		J	l	<u> </u>		<u>L</u>
14	First five years. If the Form 990 is for	the organization	i's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
<u>~</u>	check this box and stop here ction C. Computation of Publi	o Support D	oroontogo				
	·····			solume (f)		15	
	Public support percentage for 2015 (li Public support percentage from 2014	,	•	column (ij)		16	<u>%</u> %
	ction D. Computation of Inves			<u> </u>		1 10 1	
17						17	%
18	· · · · · · · · · · · · · · · · · · ·	•	•	,		18	%
	a 33 1/3% support tests - 2015. If the			on line 14. and lin	ne 15 is more than		
	more than 33 1/3%, check this box arb 33 1/3% support tests - 2014. If the	nd stop here. Th	ne organization qua	ulfies as a publicly	supported organi	zation	▶□
	line 18 is not more than 33 1/3%, che	•					. —
20	Tarana and a same and a same and a same a same a same a same a same a same a same a same a same a same a same		•			•	
5320	023 09-23-15						0 or 990-EZ) 2015

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I, If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. Al	Supporting Orga	nizations
---------------	------------------------	-----------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes." explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

1 X 2 X 3a X 3b 3c		Yes	No
2 X 3a X 3b 3c 4a X 4b 4c 5a X 5b 5c 7 X 8 X 9a X 9b X 9c X 10a X			
2 X 3a X 3b 3c 4a X 4b 4c 5a X 5b 5c 7 X 8 X 9a X 9b X 9c X 10a X	,	x	
3a	<u>'</u>		
3a			
3b	2		х
3b	20		x
3c	- 3a		
3c			
4a X 4b	3b		
4a X 4b	30		
4b 4c	<u> </u>		
5a X 5b 5c	4a		х
5a X 5b 5c			
5a X 5b 5c	45		
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5b 5c	_		`
6 X 7 X 8 X 9a X 9b X 9c X	5a	-	<u> </u>
6 X 7 X 8 X 9a X 9b X 9c X	5b	1	-
7 X 8 X 9a X 9b X 9c X 10a X			
7 X 8 X 9a X 9b X 9c X 10a X		1	
7 X 8 X 9a X 9b X 9c X 10a X			: : .
7 X 8 X 9a X 9b X 9c X 10a X			
8 X 9a X 9b X 9c X 10a X	6	х	
8 X 9a X 9b X 9c X 10a X			
8 X 9a X 9b X 9c X 10a X	7		l x
9a X 9b X 9c X 10a X	_		
9b X 9c X 10a X	8		х
9b X 9c X 10a X			
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10a X	9b	<u> </u>	х
10a X			
10b	9c	 -	<u>x</u>
10b	1		
10b	10a		х
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	dule A (Form 990 or 990-EZ) 2015 & LILYAN MANDEL PUND			34-1350566	Page
Rar	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See inst	ructions. All	
	other Type III non-functionally integrated supporting organizations must co				
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current (options	
1	Net short-term capital gain	1			
2	Recovenes of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current (options	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
Ç	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other			_	
	factors (explain ın detail ın Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
ect	ion C - Distributable Amount			Current \	ear_
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	•		
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5	,		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6	·		
7	Check here if the current year is the organization's first as a non-functional	lv-integra	ted Type III supporting o	rganization (see	

Schedule A (Form 990 or 990-EZ) 2015

instructions).

MANDEL SUPPORTING FOUNDATIONS - JACK N.

	dule A (Form 990 or 990-EZ) 2015 & LILYAN MANDEL FUN	<u> </u>		34-1350566	Page 7
Рa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)		
Sect	ion D - Distributions			Current '	Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		<u> </u>	
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.	-			
8	Distributions to attentive supported organizations to which t	he organization is responsive	•		
	(provide details in Part VI). See instructions.			_1	
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount	<u>-</u>		T	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distribut Amount fo	table
1	Distributable amount for 2015 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2015				
	(reasonable cause required-see instructions)		ii		
3	Excess distributions carryover, if any, to 2015			1	
a				 -	
				1	
c			,	1	
_	From 2013			1	
	From 2014				
_	Total of lines 3a through e				
	Applied to underdistributions of prior years				
_	Applied to 2015 distributable amount	· · · · · · · · ·			
					
<u> </u>			. \	 ,	
4	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D.			+	
4	line 7: \$		<i>:</i>	٠,	
				, ,	
	Applied to underdistributions of prior years	 		 `	
_	Applied to 2015 distributable amount Remainder, Subtract lines 4a and 4b from 4.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
			<u>' </u>		
5	Remaining underdistributions for years prior to 2015, if			l l	
	any. Subtract lines 3g and 4a from line 2 (if amount				
_	greater than zero, see instructions).				
6	Remaining underdistributions for 2015. Subtract lines 3h			İ	
	and 4b from line 1 (if amount greater than zero, see	1	•	ŀ	
	instructions).				
7	Excess distributions carryover to 2016. Add lines 3j			\	
	and 4c.				
8	Breakdown of line 7:	<u> </u>	ļ	\	
a		 	, , , , , , , , , , , , , , , , , , , ,		,
b	·	<u> </u>			
С	Excess from 2013			<u> </u>	
d	Excess from 2014				
e	Excess from 2015		1	· ·	

Schedule A (Form 990 or 990-EZ) 2015

MANDEL SUPPORTING FOUNDATIONS - JACK N.

Schedille A (Form 930 of 930-FZ) 2012 & FIFITM MANDER FORD
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART IV, LINE 6
GRANTS WERE MADE TO OTHER SECTION 501(C)(3) ORGANIZATIONS CLASSIFIED AS
PUBLIC CHARITIES WHICH CARRY OUT THE CHARITABLE PURPOSES OF THE
FEDERATION IN ACCORDANCE WITH THE REQUIREMENTS OF SECTION 509(A)(3)(A).
SUCH GRANTS ARE IN FURTHERANCE OF THE FEDERATION'S CHARITABLE PURPOSE
AND CONSTITUTE PERFORMING THE FUNCTION OF THE FEDERATION BY
SUPPLEMENTING AND ENHANCING THE FEDERATION'S GRANT MAKING PROGRAM. A
LIST OF SUCH GRANTS IS INCLUDED IN SCHEDULE F AND SCHEDULE I.

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of organization

Part I-A

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

2015

Open to Public Inspection

Employer identification number 34-1350566

If the organization answered "Yes," on 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.

MANDEL SUPPORTING FOUNDATIONS - JACK N.

- 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.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

& LILYAN MANDEL FUND

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

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

	Provide a description of the organize Political expenditures Volunteer hours	ation's direct and indirect politic	cal campaign activities	ın Part IV. ▶\$	
Pa	art I-B Complete if the org	janization is exempt und	der section 501(c)		
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	► \$	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720) for this year?		Yes No
	Was a correction made?				└── Yes └── No
	If "Yes," describe in Part IV.			account continu FOI/	-\/A\
	<u>-</u>	janization is exempt und			
	Enter the amount directly expended	, , ,	•		
2	Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for s		
	exempt function activities				
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POI		
	line 17b			▶\$	Yes No
4	Did the filing organization file Form Enter the names, addresses and er	•			
_	made payments For each organiza contributions received that were pr political action committee (PAC) If	ition listed, enter the amount pa omptly and directly delivered to	nd from the filing organ a separate political or	ization's funds Also enter th ganization, such as a separa	e 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) 2015

LHA 532041 10-05-15

MANDEL SUPPORTING FOUNDATIONS - JACK N.

Schedule C (Form 990 or 990-EZ) 2015 &	LILYAN	MANDEL F	מאט		34-13	
Part II-A Complete if the orga	anizatio	n is exem	pt under sectio	n 501(c)(3) and file	ed Form 5768 (election under
section 501(h)).				Det March officed		no address CIN
	•		• , ,	Part IV each affiliated	group member's nai	me, address, EIN,
expenses, and share			•			
Check ► L if the filing organizat	ion checke	d box A an	d "limited control" pro	ovisions apply.		
Limit	s on Lobb	ying Expen	ditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	itures" me	ans amou	nts paid or incurred.)	totals	totals
4 - 7-4-11-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						
1a Total lobbying expenditures to influ	•		,	}		ļ
b Total lobbying expenditures to influ	_		y (airect lobbying)	<u> </u>		
c Total lobbying expenditures (add lin		16)		<u> </u>		
d Other exempt purpose expenditure				}		***
e Total exempt purpose expenditures	s (add lines	1c and 1d)	1	ļ		
f Lobbying nontaxable amount. Ente		int from the	following table in bot	th columns		
If the amount on line 1e, column (a) or	r (b) is:	The lobb	ying nontaxable am	ount is:		
Not over \$500,000		20% of t	he amount on line 1e			ļ
Over \$500,000 but not over \$1,000	,000	\$100,000	plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,000	plus 10% of the exc	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,0	000,000	\$225,000 plus 5% of the excess over \$1,500,000. \$1,000,000.				1
Over \$17,000,000	.					
· · · · · · · · · · · · · · · · · · ·						
g Grassroots nontaxable amount (en	ter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero		•				
i Subtract line 1f from line 1c. If zero	-			ľ		-
j If there is an amount other than zer			ne 1i. did the organiz	zation file Form 4720		
reporting section 4911 tax for this						Yes N
reporting addition 17 tax for the		4-Vear Ave	raging Period Under	section 501(h)		
(Some organizations th			• •	• •	of the five columns	below.
(te instructions for l	-		
	Lobb	ying Expen	ditures During 4-Ye	ar Averaging Period		
0-1						
Calendar year (or fiscal year beginning in)	(a) 2	012	(b) 2013	(c) 2014	(d) 2015	(e) Totai
(or fiscal year beginning in)						
			-			
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))		- 1		,	•.	
c Total lobbying expenditures						
		-				
d Grassroots nontaxable amount						
e Grassroots ceiling amount				<u> </u>		
(150% of line 2d, column (e))		-				1
(100,000,000,000,000,000,000,000,000,000	-			<u> </u>		

Schedule C (Form 990 or 990-EZ) 2015

Page 3

Schedule C (Form 990 or 990-EZ) 2015 & 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 on lines 1a through 1ı below, provide in Part IV a detailed description	(a)	(l)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or	-			
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?	<u> </u>	X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>	X		
С	Media advertisements?	<u> </u>	X		
d	Mailings to members, legislators, or the public?	<u> </u>) X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		x		
9	Direct contact with legislators, their staffs, government officials, or a legislative body?		x		
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x			8,333.
i			 		8,333.
1	Total. Add lines 1c through 1i		x		0,333.
	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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912		,		
	, , , , , , , , , , , , , , , , , , , ,	 	 		
Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ction	 :
	501(c)(6).		,(o,, o. o.		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
	t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	•			ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	tical	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
_	expenses for which the section 527(f) tax was paid).		₹. ÷		
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		-
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 e	xcess	1.		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political		1	
	expenditure next year?	·	4	ł	
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pai	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated gro	up list); Part	II-A, lines 1	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information				
PAR	TII-B, LINE 1, LOBBYING ACTIVITIES:				
PAYI	MENTS TO CUYAHOGA COUNTY ARTS & CULTURE LEVY CAMPAIGN COMMITTEE AND				
CUY	AHOGA COUNTY HEALTH & HUMAN SERVICES LEVY CAMPAIGN COMMITTEE				
	 				
					

Schedule C (Form 990 or 990-EZ) 2015

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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.lrs.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
Par	t I Organizations Maintaining Donor Advise	d Funds o	or Other Similar Fun	ds or Acc	punts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6			
		(a) Do	onor advised funds	(b) F	unds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that th	ne assets held in donor ad	lvised funds	
	are the organization's property, subject to the organization's				☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a			be used only	
	for chantable purposes and not for the benefit of the donor				
	impermissible private benefit?				Yes No
Pai	t II Conservation Easements. Complete if the or	ganization an	swered "Yes" on Form 99	0, Part IV, line	7
1	Purpose(s) of conservation easements held by the organizat	lion (check all	that apply).		
	Preservation of land for public use (e.g., recreation or	education)	Preservation of a h	istorically imp	portant land area
	Protection of natural habitat		Preservation of a c	ertified histor	nc structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qual	ified conserva	ation contribution in the fo	rm of a conse	ervation easement on the last
	day of the tax year.			<u> </u>	Held at the End of the Tax Year
а	Total number of conservation easements			2	a
ь	Total acreage restricted by conservation easements			21	b
C	Number of conservation easements on a certified historic st	20	c		
d	Number of conservation easements included in (c) acquired	ucture			
	listed in the National Register	2	d		
3	Number of conservation easements modified, transferred, re	eleased, extin	guished, or terminated by	the organizat	tion during the tax
	year ▶				
4	Number of states where property subject to conservation ea	asement is loc	cated	_	
5	Does the organization have a written policy regarding the pe			of	
	violations, and enforcement of the conservation easements	rt holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of	violations, and enforcing o	conservation of	easements during the year
	>				
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violat	tions, and enforcing conse	ervation easer	ments during the year
	> \$				
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the	e requirements of section	170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				└── Yes └── No
9	In Part XIII, describe how the organization reports conserva	tion easemen	its in its revenue and expe	nse statemer	nt, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financi	ial statements that descri	oes the organ	ization's accounting for
	conservation easements.				
Pa	rt III Organizations Maintaining Collections			r Other Sir	milar Assets.
	Complete if the organization answered "Yes" on For				
1a	If the organization elected, as permitted under SFAS 116 (A				
	historical treasures, or other similar assets held for public ex	xhibition, edu	cation, or research in furth	nerance of pu	blic service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc				
b	If the organization elected, as permitted under SFAS 116 (A				
	treasures, or other similar assets held for public exhibition,	education, or	research in furtherance o	f public servic	ce, provide the following amounts
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			J	> \$ > \$
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical to			ncial gain, pro	ovide
	the following amounts required to be reported under SFAS	116 (ASC 958	8) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			J	> \$
b	Assets included in Form 990. Part X			ì	▶ \$

Schedule D (Form 990) 2015

532051 11-02-15

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

	dule D (Form 990) 2015 & LILYAN MA	NDEL PUND				34-13	50566	Page 2		
Par	t III Organizations Maintaining C	collections of Art,	Historical Tr	easures, c	or Other	Similar As	sets(contin	ued)		
3	Using the organization's acquisition, accessi	on, and other records,	check any of the	following tha	t are a sign	ificant use of	rts collection	n items		
	(check all that apply):									
8	Public exhibition	d j	Loan or exc	hange progra	ams					
ь	Scholarly research	e	Other							
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain h	ow they further t	the organizati	on's exemp	t purpose in	Part XIII.			
5	During the year, did the organization solicit of	r receive donations of a	art, historical trea	asures, or oth	er simılar as	ssets		_		
	to be sold to raise funds rather than to be m	aintained as part of the	organization's c	ollection?			Yes	No_		
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	Ŧ	if the organization	on answered '	"Yes" on Fo	orm 990, Part	IV, line 9, or	· 		
1a	is the organization an agent, trustee, custod	ian or other intermediar	ry for contribution	ns or other as	sets not inc	cluded				
	on Form 990, Part X?						☐ Yes	☐ No		
ь	If "Yes," explain the arrangement in Part XIII									
							Amoun	t		
C	Beginning balance					1c				
d	Additions during the year	1d								
e	Distributions during the year	1e								
f	Ending balance		1f							
2a	Did the organization include an amount on F	?	L Yes	⊢ No						
_	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	f the organization answ	vered "Yes" on F	T						
		rs back (d	Three years b	ack (e) Four	years back					
1a	Beginning of year balance									
b	Contributions									
C	c Net investment earnings, gains, and losses									
đ	Grants or scholarships			ļ						
e	e Other expenditures for facilities									
	and programs									
f	Administrative expenses			 						
g	End of year balance			<u> </u>						
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent en dowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organizati	on that are held	and administe	ered for the	organization	1			
	by:							Yes No		
	(i) unrelated organizations						3a(i)			
	(ii) related organizations			_			3a(ii)	 		
ь	If "Yes" on line 3a(ii), are the related organization	•		7			3b	<u> </u>		
I Da	Describe in Part XIII the intended uses of the		ment funds.							
La	rt VI Land, Buildings, and Equipm		Don't IV Inc. 44 -	Con Farm 00	0 00-44	no 10				
	Complete if the organization answere				1		1 (0.5			
_	Description of property	(a) Cost or oth basis (investme		st or other s (other)		eciation	(a) Boo	ok value		
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other				l					
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X,	, column (B), line	10c)		>		0.		
						Sche	dule D (For	m 990) 2015		

Part VII Investments - Other Securities.	Schedule D (Form 990) 2015 & LILYAN MANDEL	FUND		34-1350566	Page 3
(a) Description of security or category proceding nerse or security (b) Financial derivatives (c) Closely-held equity interests (d) Closely-held equity interests (e) Clother (f) Clother (g) Clother (g) Clother (g) Clother Sundancia (g) Clother (g) Clother Sundancia (g) Clother (g) Clother Sundancia (g) Clother (g) Clother Sundancia (g) Clother (g) Clother Sundancia (g) Clother (g) MED IT LIQUIDANTIAN PARTNERS (CAYMAN) (g) CREMINIAL CALTAAL PARTNERS (CAYMAN) (g) MED IT LIQUIDANTIAN STRUST (g) MED IT LIQUIDANTIAN STRUST (g) MED IT LIQUIDANTIAN STRUST (g) MED IT LIQUIDANTIAN STRUST (g) MED IT LIQUIDANTIAN STRUST (g) Strust					
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					value
	(1) Financial derivetores	1		·	
(3) Other (2) (3) (4) (4) (4) (5) (5) (6) (6) (7) (6) (6) (7) (7) (6) (9) (7) (14) (15)		· · · · · · · · · · · · · · · · · · ·			
(a) MAY INVESTMENTS LTD 25, 114, 431, 1800-0F-YEAR MARKET VALUE					
COLONY INVESTORS IV, LP 285, 999, END-OF-YEAR MARKET VALUE		25 114 421	PMD-OP-VEAR MARKET	VALUE	
CD PRANCISCO PARTHERS 213,566 END-OF-YEAR MARKET VALUE	***				
(E) CP (F) LANDHARK PARTNERS IX (S) MYP 11 L1QUIDATING TRUST (G) MYP 11 L					
C LeP		213,566.	END-OF-YEAR MARKET	VALUE	
	(D) GREENHILL CAPITAL PARTNERS (CAYMAN),				
(G) MYP II LIQUIDATING TRUST (P) THE PARTRERS III, DP TABLE (COL) (D) must equal form 990, Part X, col. (B) line 12.) ► 55, 5841. (B) Book value (C) Method of valuation: Cost or end-of-year market value (D) Book value (E) Method of valuation: Cost or end-of-year market value (I) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (I) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (I) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (I) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (I) (a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (I) (a) Description (b) Investment (b) Investment (c)	(E) LP	<u> </u>	END-OF-YEAR MARKET	VALUE	
FOR PARTNERS IXX	(F) LANDMARK PARTNERS IX	329,236.	END-OF-YEAR MARKET	VALUE	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	(G) MVP II LIQUIDATING TRUST	55,361.	END-OF-YEAR MARKET	VALUE	
Part Vill Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(H) TPG PARTNERS III, LP	55,684.	END-OF-YEAR MARKET	VALUE	
Part VIII Investments - Program Related.	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	766,139,679.			
Complete if the organization answered "Yes" on Form 990, Part IV, Ine 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (9) (7) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (6) (9) (7) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (9) (7) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (9) (7) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (9) (7) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8		on Form 990 Part IV line	11c See Form 990 Part X lin	ne 13	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (t)) must equal Form 990, Part X, col. (B) line 13.)▶ Part XX					t value
[2] [3] [4] [4] [5] [6] [7] [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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. [4] [5] [6] [7] [8] [9] Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		(b) Book value	(0,		
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(5) (6) (7) (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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11l. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	(3)			· · · · · · · · · · · · · · · · · · ·	
(6) (77) (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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)					
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(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	(6)				
Solution Solution	(7)			-	
Solution Solution	(8)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.			-		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)				<u> </u>	
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		on Form 990 Part IV line	11d See Form 990 Part X III	ne 15	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		ny boodinphon		(2) 2 3 3 3	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▼ Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)				F J	
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		s" on Form 990 Part IV line	11e or 11f See Form 900 De	art X line 25	
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(a) December of lightly	S Offrom 990, rait iv, inte		art A, into 25.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		 	(b) Book value		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(2)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(4)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(5)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(6)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶					
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶					
		Inn 25)			
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				-4-4	
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					

532053 09-21-15

SEE PART XIII FOR CONTINUATIONS

Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 & LILYAN MANDEL FUND		34-1350566	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State	ements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	_2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a		
b	Other (Describe in Part XIII.)	_4b		
C	Add lines 4a and 4b	•	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
þ	Prior year adjustments	_2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)		:	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1°			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>) </u>	5	
	t XIII Supplemental Information.			
Prov	de 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 an	y additional information.		
PAR	X, LINE 2:			
INC	ME TAXES - THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TA	XES UNDER		
	ION 501(C)(3) OF THE INTERNAL REVENUE CODE. EXCEPT ON INCO.			

PROM 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. THE

EARLIEST YEAR THAT THE FOUNDATION IS SUBJECT TO EXAMINATION BY THE IRS IS

09-21-1

Schedule D (Form 990) 2015

MANDEL SUPPORTING FOUNDATIONS - JACK N.

Schedule D (Form 990) 2015 & LILYAN MANDEL FUND Part XIII Supplemental Information (continued)	34-1350566	Page 5
Part XIII Supplemental Information (continued)		
THE FISCAL YEAR ENDED JUNE 30, 2013. THE FOUNDATION EXPENSES INTEREST AND		
PENALTIES AS INCURRED.		
FEMALITES AS INCURRED.	*: -:-	
	<u></u>	
		
		
		
532055 09-21-15	Schedule D (Fo	rm 990) 2015

Part XIII | Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, II (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
OZ OVERSEAS FUND. LTD.	159,655.	PMV
FOX PAINE CAPITAL FUND II INTERNATIONAL LP	358,623.	FMV
MIDTOWN FUND III, LP	109,231.	FMV
SIMON CHARITABLE PUBLIC LLC	358,290,950.	FMV
MSF PRIVATE EQUITY FUND LLC	277,257,633.	PMV
MSF REAL ESTATE FUND LLC	73,152,420.	PMV
CHESTER CAPITAL LP	25,628,182.	FMV
PARKWOOD LLC	5,079,069.	FMV
		-

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MANDEL SUPPORTING FOUNDATIONS - JACK N. Employer identification number

& LILYAN MANDEL FUND		. <u> </u>		34-1350566	
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered	"Yes" on
Form 990, Part IV	', line 14b.	_			
		maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	☐ Yes ☐ No
2 For grantmakers. Desc	nbe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance or	utside the
United States					
3 Activities per Region. (Th	ne following Part	t I, line 3 table ca	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices	`employees, agents, and	(by type) (e.g., fundraising, program	is a program service,	expenditures for and
	ın the region	independent contractors	services, investments, grants to	describe specific type	investments
		in region	recipients located in the region)	of service(s) in region	ın region
MIDDLE EAST AND					
NORTH AFRICA	0	0	GRANTMAKING		10,000,251.
					l
CENTRAL AMERICA AND			i		Í
THE CARIBBEAN	<u> </u>	0	INVESTMENTS		568,817.
				Ĭ	
		1		j	
MIDDLE EAST AND				OVERSIGHT OF GRANT	1
NORTH AFRICA		0	PROGRAM SERVICES	RECIPIENTS	8,925.
					-
				1	1
	ŀ				
	1				1
	1	Į			Į.
		ļ			
·	ļ	ļ			
3 a Sub-total		0 0		<u> </u>	10,577,993.
b Total from continuation					
sheets to Part I		0 0			0.
c Totals (add lines 3a				1	
and 3b)		o <u>o</u>			10,577,993.

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

Schedule F (Form 990) 2015

& LILYAN MANDEL FUND

Schedule F (Form 990) 2015

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

34-1350566

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
y		MIDDLE EAST AND NORTH AFRICA	OPERATING SUPPORT	833,334.	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	OPERATING SUPPORT	33,333,	CHECK	0		
		MIDDLE EAST AND NORTH AFRICA	OPERATING SUPPORT	33,333.	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	OPERATING SUPPORT	3,555,55	CHECK	0		
	- Ga	MIDDLE EAST AND NORTH AFRICA	CAPITAL CAMPAIGN	8,333,333,	CHBCK	0		
·		MIDDLE EAST AND NORTH AFRICA	CAPITAL CAMPAIGN	533,333.	WIRE TRANSFER	0.		
	,	MIDDLE EAST AND NORTH AFRICA	OPERATING SUPPORT	66,652.WIRE	WIRE TRANSFER	0		
		MIDDLE EAST AND NORTH AFRICA	OPERATING SUPPORT	50,502.	50,502.WIRE TRANSFER	0		
2 Enter total number of	recipient organizatio	Enter total number of recipient organizations listed above that are i	ecognized as charities by the foreign country, recognized as tax-exempt by	foreign country,	recognized as tax-ex	tempt 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) 2015

MANDEL SUPPORTING FOUNDATIONS - JACK N. & LILYAN MANDEL FUND

Page 2		(i) Method of valuation (book, FMV, appraisal, other)							
	1)	(h) Description of non-cash assistance							
266	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	(g) Amount of non-cash assistance	0.	0.					
34-1350566		(f) Manner of cash disbursement	20,981.WIRE TRANSPER	62,117.WIRE TRANSFER					
	United States.	(e) Amount of cash grant	20,981.	62,117.					
& LILYAN MANDEL FUND	tions or Entities Outside the	(d) Purpose of grant	OPERATING SUPPORT	OPERATING SUPPORT					
	Assistance to Organiza	(c) Region	MIDDLE EAST AND NORTH AFRICA	MIDDLE EAST AND NORTH AFRICA					
& LILYA	f Grants and Other	(b) IRS code section and EIN (if applicable)	,		,	, a	,	, , , , , , , , , , , , , , , , , , ,	
	Part II Continuation of	f (a) Name of organization							

MANDEL SUPPORTING FOUNDATIONS - JACK N.

& LILYAN MANDEL FUND

Schedule F (Form 990) 2015 & 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
Part III can be duplicated if additional space is needed.

Page 3

34-1350566

	(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2015
	(g) Description of non-cash assistance					Schedu
	(f) Amount of non-cash assistance					
	(e) Manner of cash disbursement					
	(d) Amount of cash grant					
i	(c) Number of recipients					
dditional space is neede	(b) Region					
Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

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 separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, do not file with Form 990)

Schedule F (Form 990) 2015

Yes X No

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 2015

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

Information about Schedule I (Form 990) and its instructions is at www.ins.gov/form990. ► Attach to Form 990.

MANDEL SUPPORTING FOUNDATIONS - JACK N.

Employer identification number Open to Public Inspection

Name of	Name of the organization MANDEL SUPPORTING FOUNDATIONS - JACK N.	Employer identification number
	& LILYAN MANDEL FUND	34-1350566
Parti	Part I General Information on Grants and Assistance	
 -	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	
อี	criteria used to award the grants or assistance?	No Tyles

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

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

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRANDEIS UNIVERSITY 415 SOUTH STREET WALTHAM, MA 02453	04-2103552	501 (C) (3)	83,333.	0.			JACK, JOSEPH AND MORTON MANDEL CENTER FOR STUDIES IN JEWISH EDUCATION
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501 (C) (3)	83,333.	0.			JACK, JOSEPH AND MORTON MANDEL SCHOOL OF APPLIED SOCIAL SCIENCES
COMMISSION ON CEMETERY PRESERVATION - 25701 SCIENCE PARK DRIVE - CLEVELAND, OH 44122	34-1771506	501 (C) (3)	133,334.	0.			CEMETERY PRESERVATION CAMPAIGN
JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA - 520 RIGHTH AVENUE - NEW YORK NY 10018	13-559486	501 (C) (3)	33,334.	0			MANDEL CENTER POR EXCELLENCE IN LEADERSHIP AND MANAGEMENT
JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE CLEVELAND OH 44122	34-0714445	501 (C) (3)	1,428,001.	0.			CAMPAIGN POR JEWISH NEEDS, COMMISSION ON JEWISH CONTINUITY, MANDEL LEADERSHIP EXCELLENCE HRD
JEWISH FEDERATION OF PALM BEACH COUNTY, INC 4601 COMMUNITY DR WEST PALM BEACH FL 33417	59-0948696	501 (C) (3)	33,333.	.0		:	ANNUAL CAMPAIGN
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government o	rganizations listed in the	he line 1 table				9.

Enter total number of other organizations listed in the line 1 table
 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2015)

Page 1

ISRAEL'S JACK, JOSEPH AND JORTON MANDEL PROGRAM FOR WEIGHBORHOOD LEADERSHIP (h) Purpose of grant or assistance DEVELOPMENT PROGRAM JEWISH AGENCY POR OPERATING SUPPORT SXCELLENCE AND 34-1350566 (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) valuation (book, FMV, appraisal, other) (f) Method of . ٥. (e) Amount of non-cash assistance (d) Amount of cash grant 2,349,999. 183,333. 107,267. (c) IRC section if applicable 34-6516654 501 (C) (3) 13-1624240 501 (C) (3) 501 (C) (3) 34-1611055 (b) EIN & LILYAN MANDEL FUND AMERICA, INC. - 25 BROADWAY, SUITE UNITED WAY OF GREATER CLEVELAND organization or government JEWISH FEDERATIONS OF NORTH (a) Name and address of NEIGHBORHOOD PROGRESS, INC. 1700 - NEW YORK, NY 10004 CLEVELAND, OH 44115 CLEVELAND, OH 44104 1331 EUCLID AVENUE 11327 SHAKER BLVD. Schedule I (Form 990)

532241 04-01-15

Schedule I (Form 990)

& LILYAN MANDEL FUND

Schedule I (Form 990) (2015)

Page 2

34-1350566

Schedule I (Form 990) (2015) (f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 (H) PURPOSE OF GRANT OR ASSISTANCE: JEWISH AGENCY FOR ISRAEL'S JACK, 532102 10-28-15 NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATION OF CLEVELAND COMMISSION ON JEWISH CONTINUITY, MANDEL LEADERSHIP EXCELLENCE HRD (b) Number of recipients (H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN FOR JEWISH NEEDS JEWISH PEDERATIONS OF NORTH AMERICA, INC. (a) Type of grant or assistance NAME OF ORGANIZATION OR GOVERNMENT: PROGRAM, AND MSP OPERATING SUPPORT PART II, LINE 1, COLUMN (H): Part≅

Schedule I (Form 990) & LILYAN MANDEL FUND	34-1350566	Page 2
Part IV Supplemental Information		
JOSEPH AND MORTON MANDEL PROGRAM FOR EXCELLENCE AND CONSTRUCTION OF THE		··-
JACK, JOSEPH AND MORTON MANDEL INNOVATION CENTER (YERUHAM FOUNDATION)		
SCHEDULE I, PART II:		
THE FOUNDATION REPORTS GRANTS ON SCHEDULE I TO VARIOUS 501(C)(3)		
DOMESTIC U.S. CHARITIES WHICH, AS PART OF THEIR ACTIVITIES, FUND		
OVERSEAS PROJECTS. SOME OF THE GRANTS INCLUDE RECOMMENDATIONS THAT		
SUCH GRANTS BE USED TO SUPPORT CERTAIN FOREIGN CHARITABLE ORGANIZATIONS		
OR THEIR PROJECTS. SUCH RECOMMENDATIONS ARE ADVISORY ONLY AND SUCH		· · · · · · · · · · · · · · · · · · ·
U.S. ORGANIZATIONS MAKE THE FUNDING DECISIONS. THESE 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.		
		· <u>-</u> ·
SCHEDULE I, PART I, LINE 2	.	
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. WRITTEN REPORTS ARE REQUESTED FROM ALL GRANTEES, OTHER		
THAN THE SUPPORTED ORGANIZATION, WITHIN 45 DAYS AFTER THE END OF THE		
GRANT PERIOD. IN SELECTED CASES, SITE VISITS ARE CONDUCTED TO MONITOR		
THE PROGRESS OF FUNDED PROGRAMS.		
		_

Schedule I (Form 990)

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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

ZU 10

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MANDEL SUPPORTING FOUNDATIONS - JACK N.

Employer identification number

& LILYAN MANDEL FUND

Part I Questions Regarding Compensation

34-1350566

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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	<u>1b</u>		
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.		· 1	
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:		1	İ
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	· · · · · ·	х
	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			ĺ
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	١.	· `	
	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.	٠	ľ	
6	For persons listed on 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	L	х
b	Any related organization?	6b	L	х
	If "Yes" on line 6a or 6b, describe in Part III.			1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	٠.	1	
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		1	
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	ļ]	
	Regulations section 53 4958-6(c)?	9	<u> </u>	1

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

Schedule J (Form 990) 2015

Page 2

& LILYAN MANDEL FUND Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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)(i)-(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.

	1	(B) Breakdown of V	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(D)	in column (B) reported as deferred on prior Form 990
(1) STEPHEN H, HOFFMAN	ε	0	0	0.	0	0.	0	0
TRUSTEE	E	535,168.	0	768,038.	13,000.	11,958.	1,328,164.	0.
(2) BARRY REIS	ε	0	0	0	0	0	0	0
TREASURER	: €	272,54	0	5,722.	13,000.	25,352.	316,621.	0.
(3) HEDY MILGROM	€	o	0	0	0	0	0	0.
SECRETARY	: <u>E</u>	181,282.	0.	3,865.	9,219.	4,253.	198,619.	0.
(4) SHEILA ALLENICK	ε	0	0	0	0	0	0	0.
ASST TREASURER	Ξ	153,497.	0	3,295.	. 866,7	16,033.	180,823.	0.
	(i)							
	€							
	Ξ							
	€							
	Ξ							
	Ξ							
	ε							
	(ii)							
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532112				<u> </u>			Schedu	Schedule J (Form 990) 2015

SCHEDULE L

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	► Information	n about s					Form 990-EZ 1 its instructions		nt www.irs.gov/fc	rm99	o.		en To spect	Publion	lic
Name of the organizatio	n MANDEL SU	PPORTI	ING FOUNDAT	ONS	- JAC	K N.				Emp	oloyer	identi	ficati	on nu	mber
	& LILYAN	MANDEI	L PUND							34-	13505	66			
Part I Excess	Benefit Trans	sactio	ns (section 50)1(c)(3), sect	ion 50	1(c)(4), and 50	1(c)	(29) organization	s only	<i>'</i>).				
Complete r	f the organization	n answe	ered "Yes" on F	orm 9	990, Pa	art IV, I	ine 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqual			elationship bety person and or	veen o	disqual				scription of tran				_	Corre	ted?
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		-			-								┿	十	
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													 	\neg	
2 Enter the amount of	of tax incurred by	the org	ganization man	agers	or disc	qualifie	ed persons du	ring	the year under						
section 4958	·		_	•		•	•	Ū	•		▶ \$				
3 Enter the amount of	of tax, if any, on I	ine 2, al	bove, reimburs	ed by	the or	ganiza	tion				▶ \$				
Part II Loans to	o and/or Fro	m inte	erested Per	sons					•						
Complete	ıf the organizatıo	n answ	ered "Yes" on i	Form 9	990-EZ	, Part	V, line 38a or f	orn	n 990, Part IV, Im	e 26;	or if th	e orga	ınızatı	on	
reported a	n amount on For	m 990,	Part X, line 5, 6												
(a) Name of	(b) Relation		(c) Purpose		an to or) Original	(f) Balance due		ln .	(h) Ap by bo	proved ard or	1 (1)	ritten
interested person	with organ	ization	of loan		zation?	princ	cipal amount			defa	ult?	cómn		agree	ment?
				То	From					Yes	No	Yes	No	Yes	No
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T-4-1	J			L	<u> </u>								<u> </u>	-	<u> </u>
Part III Grants o	or Assistance	e Ben	efiting Inter	reste	d Pe	rson	<u>▶ \$</u>		·	<u> </u>				<u>!</u>	
	if the organizatio		_												
(a) Name of interes	·		o) Relationship			T	c) Amount of		(d) Type	of		le	\ Pur	ose o	.f
(a) Name of intere	sated person		interested pers the organiza	son ar		`	assistance		assistan			•	assist		•
		1													
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

Schedule L (Form 990 or 990-EZ) 2015

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

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.

▶ Information about Schedule M (Form 990) and its instructions is at www.lrs.gov/form990. MANDEL SUPPORTING FOUNDATIONS - JACK N.

Open To Public Inspection Employer identification number

Schedule M (Form 990) (2015)

& LILYAN MANDEL FUND 34-1350566 Part I Types of Property (a) (b) (d) Noncash contribution Check If Number of Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 6,321,330, FAIR MARKET VALUE 9 Securities - Publicly traded Х 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 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 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for Х exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. X 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

09530503 130236 551-1000

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

2015.05050 MANDEL SUPPORTING FOUNDATIO 551-1001

Schedule M	(Form 990) (2015) & LILYAN MANDEL FUND	34-1350566	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	d 33, and whether the orga combination of both. Also	nization
CHEDULE	M, LINE 32B:		
THE FOUND	ATION FOLLOWS THE PRINCIPLES OF THE GIFT ACCEPTANCE POLICY OF	 	
HE PEDER	ATION, THE SUPPORTED ORGANIZATION, FOR NON-STANDARD	.	
CONTRIBUT	ions.		
			<u>.</u>
			····
	-		
			<u></u>
			
		 	
			
532142 08-21		Schedule M (Fo	ours 000) (201

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Inspec

2015 Open to Public

. Inspection

MANDEL SUPPORTING FOUNDATIONS - JACK N. **Employer identification number** Name of the organization & 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 IT WAS ESTABLISHED TO MEET IDENTIFIED NEEDS OF THE JEWISH 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: MORTON L. MANDEL, STEPHEN H. HOFFMAN AND JEHUDA REINHARZ STEPHEN H. HOFFMAN, BARRY REIS, HEDY MILGROM, AND SHEILA ALLENICK 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. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization MANDEL SUPPORTING POUNDATIONS - JACK N. & LILYAN MANDEL FUND	Employer identification number 34-1350566
TWO CLASSES OF VOTING MEMBERS: (A) THE FEDERATION MEMBER WHICH HAS A MAJORITY	
OF THE MEMBER VOTING POWER AND IS THE JEWISH FEDERATION OF CLEVELAND	
(FEDERATION), THE SUPPORTED ORGANIZATION (HEREAFTER "SUPPORTED	
ORGANIZATION"), AND (B)DONOR MEMBER(S) - INDIVIDUALS WHO HAVE IN THE	
AGGREGATE A MINORITY OF THE MEMBER VOTING POWER.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE FEDERATION MEMBER ELECTS A MAJORITY OF THE BOARD OF TRUSTEES; THE DONOR	
MEMBER(S) ELECT A MINORITY OF THE BOARD OF TRUSTEES.	····
FORM 990, PART VI, SECTION A, LINE 7B:	
UNDER STATE LAW, MEMBERS MUST APPROVE ANY DISSOLUTION ACTION ADOPTED BY THE	
BOARD AND ANY BOARD APPROVED SALE OR OTHER DISPOSITION OF SUBSTANTIALLY ALL	
OF THE FOUNDATION'S ASSETS AS WELL AS MERGER OR CONSOLIDATION.	
PORM 990, PART VI, SECTION B, LINE 11:	
FORM 990 IS EMAILED TO EACH OFFICER/TRUSTEE FOR REVIEW BEFORE FILING. FORM	
990 IS PREPARED BY THE SUPPORTED ORGANIZATION'S STAFF AND THEN, BEFORE	
FILING, IS REVIEWED BY THE FOUNDATION'S OUTSIDE AUDITORS AND BY THE	
FOUNDATION'S TREASURER (WHO ALSO IS THE SUPPORTED ORGANIZATION'S CPO). THE	
CIRCULATED COPY DOES NOT INCLUDE SCHEDULE B CONTRIBUTORS, IF ANY, OR	
COMPENSATION PAID BY THE RELATED ORGANIZATION. COMPENSATION INFORMATION IS	
MADE AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EVERY TRUSTEE, OFFICER, COMMITTEE MEMBER AND EMPLOYEE IN A POSITION TO	
INFLUENCE, PROVIDE NON-PUBLIC INFORMATION OR VOTE ON FOUNDATION POLICIES OR	
EXPENDITURES, (A KEY INDIVIDUAL) IS REQUIRED TO SIGN A STATEMENT	
532212 09-02-15	Schedule O (Form 990 or 990-EZ) (2015)

52

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization MANDEL SUPPORTING FOUNDATIONS - JACK N.	Page Employer identification number
& LILYAN MANDEL FUND	34-1350566
CKNOWLEDGING AND AGREEING TO THE TERMS OF THE CONFLICT OF INTEREST POLICY	
RIOR TO EMPLOYMENT OR SERVING ON THE FOUNDATION BOARD OR KEY COMMITTEE.	
N ADDITION, ANY NEW KEY INDIVIDUAL IS PROVIDED A COPY OF THE POLICY UPON	
COMMENCEMENT OF HIS OR HER POSITION AS A KEY INDIVIDUAL AND IS REQUIRED TO	
IGN AND DELIVER TO THE FOUNDATION A STATEMENT ACKNOWLEDGING AND AGREEING	
O THE TERMS OF THE POLICY. THE FEDERATION (SUPPORTED ORGANIZATION)	···
NDOWMENT DEPARTMENT PERSONNEL ARE RESPONSIBLE FOR MAINTAINING COPIES OF	
IGNED STATEMENTS AND FOLLOWING UP TO ENSURE THAT A STATEMENT IS OBTAINED	
ROM EACH KEY INDIVIDUAL. THE TREASURER OF THE POUNDATION (WHO IS ALSO CFO	···
OF THE SUPPORTED ORGANIZATION) IS RESPONSIBLE FOR MONITORING CONFLICT	
CITUATIONS, IF ANY.	
	
ORM 990, PART VI, SECTION C, LINE 19:	
OVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS	
ARE NOT MADE AVAILABLE TO THE PUBLIC.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PARTNERSHIP (INCOME)/LOSS NOT RECORDED ON BOOKS -1,385,518.	
CANCELLATION/RETURN OF GRANTS FROM PRIOR YEARS 2,941,450.	
TOTAL TO FORM 990, PART XI, LINE 9 1,555,932.	
FORM 990, PART VI, LINE 16B	
THE ORGANIZATION'S INVESTMENT COMMITTEE MEETS THREE TO FOUR TIMES PER	
YEAR TO REVIEW INVESTMENTS AND INVESTMENT PERFORMANCE. DOCUMENTS	
RELATED TO THESE INVESTMENTS GO THROUGH A LEGAL REVIEW AND A REVIEW BY	
THE SUPPORTED ORGANIZATION'S STAFF. ATTENTION IS GIVEN TO THE	
ORGANIZATION'S EXEMPT STATUS IN THAT REVIEW PROCESS. THERE IS NO	
ACTIVE PARTICIPATION IN THE OPERATIONS OF THESE INVESTMENTS AS THEY ARE	
532212 09-02-15	Schedule O (Form 990 or 990-EZ) (20

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization MANDEL SUPPORTING FOUNDATIONS - JACK N.	Employer identification number
& LILYAN MANDEL FUND	34-1350566
HELD FOR INVESTMENT PURPOSES ONLY.	
	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION B, LINE 15A & 15B	
NOT APPLICABLE. THE FOUNDATION HAS NO EMPLOYEES AND DOES NOT	
COMPENSATE ITS TRUSTEES AND/OR OFFICERS AND THEREFORE DOES NOT MAINTAIN	
A PROCESS FOR DETERMINING COMPENSATION.	
	
	
	
	
	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part |

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Open to Public Inspection 2015

OMB No 1545-0047

Information about Schedule R (Form 990) and Its instructions is at www.irs.gov/form990. MANDEL SUPPORTING FOUNDATIONS - JACK N. Name of the organization

Employer identification number 34-1350566

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

& LILYAN MANDEL FUND

(1)	Direct controlling	entity						
(e)	End-of-year assets							
(P)	Total income							
9	Legal domicile (state or	foreign country)						
(2)	Primary activity							
(a)	Name, address, and EIN (if applicable)	of disregarded entity						

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. Part II

(a)	(g)	(c)	(p)	(0)	(J)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	(EL (0)2
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	Š
JEWISH PEDERATION OF CLEVELAND - 34-0714445 GRANTS &	GRANTS & ALLOCATIONS FOR						
25701 SCIENCE PARK DRIVE	CHARITABLE, EDUCATIONAL						
CLEVELAND, OH 44122-7302	AND RELIGIOUS PURPOSES	онто	501(C)(3)	7	N/A	_	×
JOANN AND THOMAS ADLER FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1858749, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
MILDRED & MARTIN BECKER FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1711965, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
THE SEMI J. & RUTH W. BEGUN FOUNDATION -	SUPPORT CHARITABLE,						
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		×

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

Schedule R (Form 990) 2)15

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MANDEL SUPPORTING FOUNDATIONS - JACK N.

& LILYAN MANDEL FUND

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

							`
(a)	(2)	(0)	(Đ	(e)	E	(g)	200 X 133
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	led to
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organization	to,
BLUMENTHAL FAMILY FOUNDATION - 34-1832963	SUPPORT CHARITABLE.					3	
NCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS			• •	JEWISH FEDERATION		
	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND	_	×
CHELM FAMILY FOUNDATION - 30-0226826	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
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				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	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	онго	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 PEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND		
FEDERATION HOLDINGS, INC 23-7133908			-				
25701 SCIENCE PARK DRIVE	HOLDS LEGAL TITLE TO		-		JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	DONATED REAL ESTATE	онто	501(C)(2)	N/A	OF CLEVELAND		×
FGI FOUNDATION - 34-1916912	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS						
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
RINA & SAMUEL M. FRANKEL FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
31-1502121, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
PEGGY AND JOHN GARSON FAMILY POUNDATION -	SUPPORT CHARITABLE,						
34-1916905, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				æ		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND		×
NATHAN L. & REGINA HERMAN CHARITABLE FUND -	SUPPORT CHARITABLE,						
34-1344368, 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		 ×
ROBERT AND SUSAN R. HURWITZ FAMILY	SUPPORT CHARITABLE,						
FOUNDATION - 34-1916908, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
ELAND, OH 4412	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND	1	 ×
THE IMMERMAN FOUNDATION - 34-1533181	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE					JEWISH FEDERATION		;
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	11A TYPE 1	DF CLEVELAND		

MANDEL SUPPORTING FOUNDATIONS - JACK N. & LILYAN MANDEL FUND

Schedule R (Form 990) & LILYAN MANDEL FUND

Part II Continuation of Identification of Related Tax-Exempt Organizations

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(a)	(q)	(c)	(P)	(e)	£	(g) Section 5 (20) 133	8
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	ì
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	置上	
				((0)(0), (0)		Yes	إ
INC 34-1276120	SEE SCHEDULE R, PART VII,			,	MOTES AND THE PARTY OF THE PART		
25701 SCIENCE PARK DRIVE	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	1
LADER FAMILY FOUNDATION - 31-1566160	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS			9.	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	ļ
THE MT. SINAI HEALTH CARE FOUNDATION -	SUPPORT CHARITABLE,						
34-1777878, 11000 BUCLID AVB, CLEVELAND, OH	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
44106	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
MADAV IX FOUNDATION - 34-1638258	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
MADAV XVII POUNDATION - 34-1827879	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	×	ļ
MADAV XVIII FOUNDATION - 34-1827878	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
MALTZ FAMILY FOUNDATION - 31-1566163	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	1	
CLEVELAND, OH 44122-7302		оню	501(C)(3)	11A TYPE 1	OF CLEVELAND	*	ļ
MANDEL SPPRTING PDTNS-JOSEPH C. AND FLORENCE	SUPPORT CHARITABLE,						
MANDEL FUND - 34-1350568, 25701 SCIENCE PARK	EDUCATION						
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
MANDEL SPPRTING FDTNS-MORTON L. AND BARBARA	SUPPORT CHARITABLE,						
MANDEL FUND - 34-1350570, 25701 SCLENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	ļ
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	×	
MILLER GOOD FAMILY CHARITABLE FOUNDATION -	SUPPORT CHARITABLE,	-					
34-1832965, 25701 SCIENCE PARK DRIVE,							
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оіно	501(C)(3)	11A TYPE 1	OF CLEVELAND	+	
امما	SUPPORT CHARITABLE,						
12	MAL			•	DEWISH FEDERATION	-	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	LIA TYPE I	DF CLEVELAND	4	ļ

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

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(a)	(g)	(၁)	(Đ)	•	ε	(9)	Ę
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	2
of related organization		foreign country)	section	status (if section	entity	organization?	_
				501(c)(3))		Yes No	اه
ALLEN & RUTH MILLER FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
31-1502113, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
DAVID & RUTH MOSKOWITZ FAMILY CHARITABLE	SUPPORT CHARITABLE,						
FOUNDATION - 34-1806783, 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	×	
DAVID AND INEZ MYERS FOUNDATION - 34-6560945	SUPPORT CHARITABLE,					<u> </u>	
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF PEDERATION	ОНІО	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
EILEEN AND MYRON NICKMAN FAMILY SUPPORTING	SUPPORT CHARITABLE,					<u> </u>	l
FOUNDATION - 34-1916911, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
PHYLLIS & DEBRA ANN NOVEMBER CHILDREN'S FUND	SUPPORT CHARITABLE,						l
- 31-1566156, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
OSTARA - 31-1606934	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
THE HARRY RATNER HUMAN SERVICES FUND -	SEE SCHEDULE R, PART VII,						
34-1360076, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302		онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	1
THE RIMON XLI FOUNDATION - 34-1916913	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	×	١
ROBERT S. & SYLVIA K. REITMAN FAMILY	SUPPORT CHARITABLE,						
FOUNDATION - 31-1502117, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
DAVID AND ENID ROSENBERG FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
37-1777614, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
SCHOLNICK FAMILY FOUNDATION - 61-1749334	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS						
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
NATHAN & FANNYE SHAFRAN FOUNDATION -	SUPPORT CHARITABLE,						
0, 25701 SCIENCE PARK DRIVE,	22				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	
					1		

MANDEL SUPPORTING FOUNDATIONS - JACK N.

& LILYAN MANDEL FUND

Schedule R (Form 990)

Part II] Continuation of Identification of Related Tax-Exempt Organizations

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(a)	(q)	(၁)	(p)	(0)	ω	(9)	ŕ
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	ŝ
of related organization		foreign country)	section	status (if section	entity	organization?	-
				501(c)(3))		Yes No	ا ا
LAWRENCE C. SHERMAN FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1806781, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	١
MICHAEL & ANITA SIEGAL FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1832962, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	I
LAURA & ALVIN SIEGAL CLG JUD STDIES ED PDTN	SEE SCHEDULE R, PART VII,						
- 34-0946903, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	отно	501(C)(3)	7	OF CLEVELAND	×	1
NORMA AND ERNIE SIEGLER FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1546349, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	ı
ROBERT AND EILEEN SILL FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
46-4104662, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	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	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	ı
NAOMI G. & EDWIN Z. SINGER FAMILY 17UND -	SUPPORT CHARITABLE,						
34-1638257, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	١
DAVID AND ROBERT STEIN FOUNDATION .	SUPPORT CHARITABLE,						
34-1466318, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	1
IRVING I, STONE SUPPORT FOUNDATION -	SUPPORT CHARITABLE,						
34-1476465, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	١
NINA & NORMAN WAIN FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
31-1502119, 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	×	1
	SUPPORT CHARITABLE,						
FOUNDATION - 30-0884987, 25701 SCIRNCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	1
WOLF FAMILY FOUNDATION - 34-1638259	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH PEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	11A TYPE 1	OF CLEVELAND	×	١

& LILYAN MANDEL FUND

Schedule R (Form 990)

34-1350566

(g) Section 512(b (13) controlled organizatior 7 왿 × × × Yes TEWISH PEDERATION JEWISH PEDERATION JEWISH PEDERATION Direct controlling OF CLEVELAND OF CLEVELAND OF CLEVELAND entity ε status (if section 501(c)(3)) Public charity 11A TYPE 1 11A TYPE 1 11A TYPE 1 <u>e</u> Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) Legal domicile (state or foreign country) OHIO OHIO OHIO EDUCATIONAL AND RELIGIOUS EDUCATIONAL AND RELIGIOUS EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION PURPOSES OF FEDERATION PURPOSES OF FEDERATION Primary activity SUPPORT CHARITABLE, SUPPORT CHARITABLE, SUPPORT CHARITABLE. Continuation of Identification of Related Tax-Exempt Organizations BENNETT & DONNA YANOWITZ FAMILY FOUNDATION - 34-1562999, 25701 SCIENCE PARK DRIVE, DAN AND ELLEN ZELMAN FAMILY FOUNDA'TION ZILBER FAMILY FOUNDATION - 34-1711966 38-3876650, 25701 SCIENCE PARK DRIVE, Name, address, and EIN of related organization ОН 44122-7302 CLEVELAND, OH 44122-7302 CLEVELAND, OH 44122-7302 25701 SCIENCE PARK DRIVE CLEVELAND Part II

Schedule R (Form 990) 2015 & LILYAN MANDEL FUND

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. Part III

34-1350566

(a)	(q)	(၁)	(P)	(e)	Θ	(b)	E	8	8	æ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
SIMON CHARITABLE PUBLIC LLC -										
20-3948339, 25701 SCIENCE										
PARK DRIVE, CLEVELAND, OH				(D)REVENUE						
44122	INVESTMENTS	DE	N/A	EXCLUDED	2,511,097.	358,290,950.	×	8,618.	×	46.56%
MSF PRIVATE EQUITY FUND LLC -										
20-5060858, 25701 SCIENCE			<u>.</u>							
PARK DRIVE, CLEVELAND, OH				(D)REVENUE						
44122	INVESTMENTS	DE	N/A	EXCLUDED	22,610,126.	277,257,633.	×	<7,590,402.>	м	54.00%
MSF REAL ESTATE FUND LLC -										
20-5060891, 25701 SCIENCE										
PARK DRIVE, CLEVELAND, OH				(D)REVENUE						
44122	INVESTMENTS	DE	N/A	EXCLUDED	11,037,649.	73,152,420.	×	2,948,653.	×	44.00%
MAP INVESTMENTS LTD -										
34-1796304, 25701 SCIENCE										
PARK DRIVE, CLEVELAND, OH				(D)REVENUE						
44122	INVESTMENTS	Ю	N/A	EXCLUDED	11,441,235.	25,114,431.	×	162,083.	×	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

	,							
(a)	(q)	<u> </u>	9	•	9		ε	S
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?
		country)		or trust)		assets	1	Yes No
PARKWOOD TRUST COMPANY - 34-1851693								
919 N. MARKET ST., SUITE 429	FINANCIAL, TRUST AND							
WILMINGTON, DE 19801	INVESTMENT SERVICES	DE	PARKWOOD LLC	C CORP	91,867.	1,498,683.	21.67%	<u></u>
				-				
	1							
					•			
							*	
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Schedule R (Form 990) 2015

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ļ		(k) rcentage mership	21.678	1	1				
		(f) (k) General or Percentage managing ownership partner?	×						
34-1350566		Code V-UBI amount in box 20 of Schedule K-1 (Forn 1065)	22,261.						
		(h) Disproportionate allocations7 Yes No	×						
		(g) Share of end-of-year assets	6,940,693.						
		(f) Share of total income	762,071.						
	dį	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(D)REVENUE EXCLUDED						
- JACK N.	able as a Partnersh	(d) Direct controlling entity	N/A						
DATIONS	ations Tax	(c) Legal domicile (state or foreign	DE						
MANDEL SUPPORTING FOUNDATIONS & LILYAN MANDEL FUND	of Related Organiz	(b) Primary activity	FINANCIAL AND INVESTMENT SERVICES						
MANDEL Schedule R (Form 990)	Part III Continuation of Identification of Related Organizations Taxable as a Partnership	(a) Name, address, and EIN of related organization	PARKWOOD LLC - 37-1665471 1000 LAKESIDE AVENUE CLEVELAND, OH 44114						

MANDEL SUPPORTING FOUNDATIONS - JACK N. Schedule R (Form 990) 2015 & LILYAN MANDEL FUND

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
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-10? a Receipt of (ii) interest, (iii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ns with one or more r	elated organizations liste	d in Parts II:IV?	24
Gift, grant, or capital contribution to related organization(s)	,			×
c Gift, grant, or capital contribution from related organization(s)	•		•	1c
d Loans or loan guarantees to or for related organization(s)				1d 3
e Loans or loan guarantees by related organization(s)				1e 3
f Dividends from related organization(s)				
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)		,		1h X
i Exchange of assets with related organization(s)				1
 Lease of facilities, equipment, or other assets to related organization(s) 				х [г
k Lease of facilities, equipment, or other assets from related organization(s)				1k 1
l Performance of services or membership or fundraising solicitations for related organization(s)	anızation(s)	:		+
	anization(s)			1m A
n Snaring of facilities, equipment, mailing lists, of other assets with related organization(s)	ion(s)			+-
 Shanng of paid employees with related organization(s) 				0
 Peimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses 		,		10 × ×
				×
s Other transfer of cash or property to related organization(s)				+
If the answer to any of the above is "Yes," see the instructions for	who must complete th	nis line, including coverec	information on who must complete this 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	peylo
(1) MSF PRIVATE EQUITY PUND LLC	щ	54,054,000.	CASH TRANSFERRED	
(2) MSF PRIVATE EQUITY FUND LLC	Ø	5,940,000.	CASH TRANSFERRED	
(3) MAF INVESTMENTS LTD	Ø	19,799,999.	CASH TRANSFERRED	
(4) SIMON CHARITABLE PUBLIC LLC	Ф	6,199,262.	CASH TRANSFERRED	
(5) SIMON CHARITABLE PUBLIC LLC	Ø	30,518,000.	CASH TRANSFERRED	
(6) MSP REAL ESTATE FUND LLC	В	3,432,000.	CASH TRANSFERRED	
532163 09-08-15	63		Schedule R	Schedule R (Form 990) 2015

34-1350566

Schedule R (Form 990)

& LILYAN MANDEL FUND

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

	,		
(a) Name of other crganization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)MSF REAL ESTATE FUND LLC	ω.	4,180,000.	4,180,000.CASH TRANSFERRED
(8) PARKWOOD TRUST COMPANY	M	2,525,853.	2,525,853,CASH TRANSFERRED
(6)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2015 & 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.

	3	centage nership																						İ
-		A Per Per Per Per Per Per Per Per Per Per	9		 	\dashv						 _		-					_	 				_
	9	Genera manag partne	Yes No				_								_									
	8	Dispropor- COde V-UBI General or Percentage tond amount in box 20 managing ownership allocations? of Schedule K-1 permer?	(Form 1065)																					
ſ	Ξ	propor- onate attons?	Yes No		_																			╛
ŀ		S = 6	٤			\dashv				_	 		 				-	 	 \vdash			_		\dashv
	(6)	Share of end-of-year	assets																					
	€ ;	Share of total	псоте					-							•									
-	(e)	partners sec 501(c)(3) orgs?	Yes No	_			_		 												-		 	_
estment partnersnips.	(D)	Predominant income pa (related, unrelated, excluded from tax under	sections 512-514)																					
Sion for certain inv	©	흜튭	country)																					
iructions regarding excit	(Q)	Primary activity																	•					
that was not a related organization. See instructions regarding excusion for certain investment partnerships.	(a)	Name, address, and EIN of entity																						

Schedule R (Form 990) 21)15

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Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions).		
SCHEDULE R, PART V, QUESTION 2		
(1) - (7) ADDITIONAL CASH INVESTMENTS IN OR DISTRIBUTIONS FROM LIMITED		
LIABILITY INVESTMENT VEHICLES		
(8) PAYMENT OF FEES FOR INVESTMENT MANAGEMENT CONSULTING, GRANT MAKING		
CONSULTING & TAX SERVICES		
SCHEDULE R, PART III, COLUMN D		
THE ORGANIZATION IS UNDER COMMON CONTROL WITH MANDEL SUPPORTING		
FOUNDATIONS - JOSEPH C. & FLORENCE MANDEL FUND AND MANDEL SUPPORTING		
FOUNDATIONS - MORTON L. & BARBARA MANDEL FUND WHICH COLLECTIVELY OWN		
100% OF THE ORGANIZATIONS LISTED IN PART III, EXCEPT FOR PARKWOOD LLC		
WHICH IS 65% OWNED.		
SCHEDULE R, PART II, COLUMN B		
CONTINUATION OF PRIMARY ACTIVITY:		
CLEVELAND HEBREW SCHOOLS EDUCATIONAL FOUNDATION:		
SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION		
INCLUDING THE PROMOTION OF QUALITY JEWISH EDUCATION		
SCHEDULE R, PART II, COLUMN B		
CONTINUATION OF PRIMARITY ACTIVITY:		
COMMISSION ON CEMETERY PRESERVATION:	·	
SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION		
INCLUDING THE PRESERVATION OF JEWISH CEMETERIES		
SCHEDULE R, PART II, COLUMN B	-	
CONTINUATION OF PRIMARY ACTIVITY:		
JEWISH COMMUNITY HOUSING INC.:		
532165 00-08-15	Schodule P (Fo	rm 900) 201

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Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions).		
SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION		
INCLUDING PROVIDING SERVICES FOR SENIOR CITIZENS AND THE DISABLED		
	·	
SCHEDULE R, PART II, COLUMN B		
		
CONTINUATION OF PRIMARY ACTIVITY:		
		
THE HARRY RATNER HUMAN SERVICES FUND:		
THE HART RATHER HUMAN SERVICES FUND:	 .	
GUDDODE GUADIES HOVIGARIOVAL AND BRITCHOUGH DEPOSITE OF HERMANICAL		
SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION		
TVA:		
INCLUDING ASSISTING THE INDIGENT AND HOLOCAUST SURVIVORS WITH MEDICAL		
AND BASIC FAMILY NEEDS	····	
SCHEDULE R, PART II, COLUMN B		
CONTINUATION OF PRIMARY ACTIVITY:		
		
LAURA & ALVIN SIEGAL COLLEGE OF JUDAIC STUDIES EDUCATIONAL FOUNDATION:		
SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION		
INCLUDING THE PROMOTION OF QUALITY LIFE-LONG JEWISH LEARNING		
The state of the s		
OPPORTUNITIES		
OT ONLONG THE CONTRACT OF THE		
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