EXTENDED TO MAY 15, 2018

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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

<u>A</u>	For th	e 2016 calendar year, or tax year beginning JUL 1, 2016 and	ending J	UN 30, 2017	
В	Check if applicab	C Name of organization		D Employer identifie	cation number
		MANDEL SUPPORTING FOUNDATIONS - JACK N.			
	Addre	Ge & LILYAN MANDEL FUND			
	Name	pe Doing business as		34-135	0566
	Initial		Room/suite	E Telephone number	 r
	Final	25701 SCIENCE PARK DRIVE		(216)	593-2900
	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	88,095,083.
	Amen	ded of Exertant on 44122		H(a) is this a group re	eturn
	Appli			for subordinates	
	pend	25701 SCIENCE PARK DR., CLEVELAND, OH 44122	26	H(b) Are all subordinates in	
$\overline{}$	Taylor	empt status X 501(c)(3)	Or 1 1527	- ' '	list (see instructions)
_		te: NONE	O COL	H(c) Group exemptio	• • • • •
		f organization: X Corporation Trust Association Other	l Vear		State of legal domicile; OH
_	art I	Summary	I I car	oriormation, 2222 []	y Otate of legal dofficie, oss
	1	Briefly describe the organization's mission or most significant activities: MANDEL	SUPPORT	TNG FOUNDATIONS -	
Governance	{ '	JACK N. & LILYAN MANDEL FUND IS A SUPPORTING FOUNDATION OF T			
Ē	2	Check this box I if the organization discontinued its operations or dispose		e than 25% of its net as	cete
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	35CU 0111101	3	g
ၓၟ	1.			4	8
අ ජ ග	4	Number of independent voting members of the governing body (Part VI, line 1b)		├ ─	
ij	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	
Activities &	6	Total number of volunteers (estimate if necessary)		6	<6,023,984,>
Ą	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
	 	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2d)	\ 	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	RS-OSC	19,038,330.	23,316,757.
ě	9	Program service revenue (Fart VIII, line 2g)	181 -		0.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	100 F	50,359,407.	50,460,429.
	11	Other revenue (Part VIII, Column (A), lines 5, 60, 80, 80, 100, 100, 100, 100	フ彦 上	<12,305,793.	<8,939,295.>
	1 12	Total revenue • add lines 8 through 11 thrust equalifiant viii. Columniar fine 12⊨		57,091,944.	64,837,891.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1350EN.	_	14,435,518.	12,042,614.
	14	Benefits paid to or for members (Part IX, column (A)) line 4)	 	0.	0.
ės	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	'	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Ř	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	2,797,842.	3,162,403.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	17,233,360.	15,205,017.
		Revenue less expenses. Subtract line 18 from line 12		39,858,584.	49,632,874.
ances	}		В	eginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		787,518,546.	867,062,381.
Net Asset Fund Bala	21	Total liabilities (Part X, line 26)		19,215,364.	14,969,549.
		Net assets or fund balances Subtract line 21 from line 20		768,303,182.	852,092,832.
	art II	-1			
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedul	les and stater	nents, and to the best of m	y knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vhich prepare	r has any knowledge.	
		IN SOFT		5/11	//8
Sìg	n	Signature of officer		//Date	
Her	e	BARRY REIS, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	-	Date Check	PTIN
Paid		MELANIE WERNERT TULANU ULA	MO	5/9/18 self-employ	P01258969
	narer	Firm's name BDO USA, LLP		Firm's EIN	13-5381590
Use	Only	Firm's address 32125 SOLON ROAD			
		SOLON, OH 44139-2284		Phone no.(44	0) 248-8787
May	the I	RS discuss this return with the preparer shown above? (see instructions)			Yes X No
6320	01 11 1	1 14 For Panarwork Reduction Act Notice see the congrete inchange	L:		Form 990 (2016)

90 (2016) & LILYAN MANDEL FUND	34-1350566	Page
Statement of Program Service Accomplishments		
Check if Schedule O contains a response or note to any line in this Part III	 	<u> </u>
·		
ANDEL SUPPORTING FOUNDATIONS - JACK N. & LILYAN MANDEL FUND IS A		
UPPORTING FOUNDATION OF THE JEWISH FEDERATION OF CLEVELAND AND AS		
UCH, IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE,		
DUCATIONAL OR RELIGIOUS PURPOSES BY CONDUCTING OR SUPPORTING		
old the organization undertake any significant program services during the year which were not listed on the	_	
rior Form 990 or 990-EZ?	Į.	Yes 🗓 No
"Yes," describe these new services on Schedule O.	_	
hid the organization cease conducting, or make significant changes in how it conducts, any program services?	[Yes 🗓 No
f "Yes," describe these changes on Schedule O.		
escribe the organization's program service accomplishments for each of its three largest program services, as	measured by	xpenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total ex	enses, and
evenue, if any, for each program service reported.		
Code) (Expenses \$ 12,042,614. Including grants of \$ 12,042,614.) (Reven	ue \$)
RANTS PAID TO ORGANIZATIONS MADE TO FURTHER CHARITABLE, EDUCATIONAL &		
ELIGIOUS PURPOSES OF THE JEWISH FEDERATION OF CLEVELAND (FEDERATION)		
Code) (Expenses \$ 12,715. Including grants of \$) (Rever	nue \$)
		
·		

Code) (Expenses \$ including greats of \$) (Reven	nue \$	
Code) (Expenses \$) (Reven	nue \$)
Code () (Expenses \$ including grants of \$) (Reven	nue \$)
Code) (Expenses \$) (Rever) (Rever)	rue \$)
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Code (Expenses \$ including grants of \$) (Rever	nue \$	
	nue \$	
Code) (Expenses \$	nue \$	
	Andel Supporting Foundations - Jack N. & Lilyan Mandel Fund IS A Supporting Foundation of the Jewish Federation of Cleveland and as Such, Is organized and operated exclusively for Charitable, Such Is organization undertake any significant program services during the year which were not listed on the orior form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Old the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe evenue, if any, for each program service reported. Code () (Expenses 1 12,042,614. Including grants of 1 12,042,614.) (Reven SEANTS FAID TO ORGANIZATIONS MADE TO FURTHER CHARITABLE, EDUCATIONAL & SELLIGIOUS PURPOSES OF THE JEWISH FEDERATION OF CLEVELAND (FEDERATION)	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission. BARDEL SUPPORTING FOUNDATIONS - JACK N. & LILYAN MANDEL FUND IS A BUDPORTING FOUNDATION OF THE JEWISH FEDERATION OF CLEVELAND AND AS BUCK, IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE, BUCKATIONAL OR RELIGIOUS PURPOSES BY CONDUCTING OR SUPPORTING But the organization undertake any significant program services during the year which were not listed on the Burder form 990 or 990-E27 If "Yes," describe these new services on Schedule O. Could the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Coescribe the organization's program service accomplishments for each of its three largest program services, as measured by e section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience, if any, for each program service reported. BURNETS FAID TO ORGANIZATIONS MADE TO FURTHER CHARITABLE, EDUCATIONAL & BURLIGIOUS PURPOSES OF THE JEWISH FEDERATION OF CLEVELAND (FEDERATION) Code () (Expenses S) (Revenue S) (Revenu

& LILYAN MANDEL FUND



Part IV Checklist of Required Schedules

34-1350566

			Yes	NC
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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	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			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44		х
	Part VI	11a		
b	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	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			_
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1]
	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	X	ļ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	.
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		}	l v
10	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 1c and 8a? If "Yes," complete Schedule G, Part II	10		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	 	 ^- -
	complete Schedule G, Part III	19	}	x
	complete consocia di, i di tili		990	(2016)
		. 5111		(2010)

Part IV | Checklist of Required Schedules (continued)

20a Dit the organization operate one or more hospital societies / If "Yes", complete Schedule II", and it is exposed to the season of the seas		·	أحجم	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operation of domestic operation of domestic operation of the organization report more than \$5,000 of grants or other assistance to or for domestic endividuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 IX 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic endividuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 IX 23 Did the organization have a tax-everify bond issue with an outstanding principle and or the organization of the year, that was issued after December 31, 2002? if "Yes," answer hines 240 through 24d and complete Schedule K if "No", go to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 25c Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II of the organization aparty to a business transaction with one of the solitowing parties (see Schedule L, Part IV anstructions for applicable litting thresholds, conditions, and exceptions) a A current or former officerd, director, trustee, or key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV anstructions for applicable litting thresholds, conditions, and exceptions? a A current or former officerd, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV anstructions for applicable litting thresholds, conditions, and exceptions? b A family member of a current or former of	2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 21 X 2 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 27 If "Yes," complete Schedule I, Parts I and III 22 X 2 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization is current and former officers, directors, rustees, key employees, and highest compensated employees? If "Yes," complete Schedule I 22 X 2 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "No", go to line 25a 24a X 2 25 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? 26 bid the organization minest any proceeds of tax-exempt bonds beyond a temporary peniod exception? 27 bid the organization minest and across account other than a refunding secrow at any time during the year? 28 Section 501((38), 501((4)), and 501((5)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 2 28 bid the organization aware that engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 2 29 bid the organization are part at engaged in an excess benefit transaction has not been reported on any of the organization in a prof year, and that the transaction has not been reported on any of the organization engage in an excess benefit transaction with organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, organization engage in any transaction and profess organization and part is engaged and any excess benefit transaction and	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 27 if "Yes," complete Schedule I, Part I and III 22 II 22 II 23 II 24 Did the organization on here "Yes" to Part IV, section A), line 3, 4 or 5 about compensation of the organization is current and former officers, directors, trustees, key emplyoses, and highest compensated employees? If "Yes,", complete Schedule II 14 To 47 (a) or 14 the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the yeer, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II "No"; go to line 25e 24a Did the organization martian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25b Did the organization martian an escrow account other than a refunding escrow at any time during the year? 25c Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person did in the year? If "Yes, "complete Schedule II, Part I II 25b II 15 the organization exported on any of the organization organization exported on any of the organization organization exported on any of the organization for payables to any ourrent or former officer, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule II, Part III 25b II 25b I	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Í
Part IX, column (A), line 27 ii "Yes," complete Schedule I, Parts I and III 23 Dd the organization networt "res" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, instales, key employees, and highest compensated employees? If "Yes," complete Schedule I and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If "No", go to fine 25a 25a 25b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? 25b Dd the organization invest are proceeds of tax-exempt bonds beyond a temporary peniod exception? 25c Dd the organization invest are not behalf of its surface for bonds outstanding except any time during the year? 25d Dd the organization invest are as an "on behalf of its surface for bonds outstanding at any time during the year? 25d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dd the organization engage in an excess benefit transaction with a disqualified person during the year? 25d Its the organization wave that the gragaged in an excess benefit transaction with a disqualified person during the year? 25d Its the organization aware that the gragaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not bean reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule I, Part II 25d Its department or good or any of the organization report are against electron committee member, or to a 59% controlled entity or family member of informer officer, director, trustee, when prolyees If "Yes," complete Schedule I, Part IV 27d A mentry of which a current or former officer, director, frustee, or key employees or a family member thereof) was an officer, director, frustee, or key employees or a family mem		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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 Schedule L and the last day of the year, that was issued after December 31, 2002? If 'Yes, 'answer lines 24b through 24d and complete Schedule K If 'No', go to line 25s. 24g. b Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No', go to line 25s. 24g. x 24g. x 24d. c Schedule K If 'No', go to line 25s. 24d. c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25d. Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 25d. Did the organization as an 'in behalf of 'issuer for bonds outstanding at any time during the year? 25d. Did the organization as an 'in behalf of 'issuer for bonds outstanding at any time during the year? 25d. Did the organization as ware that it engaged in an excess benefit transaction with a disqualited person on in a prior year, and that the transaction what not been reported on any of the organization's prior Forms 990 or 990-EZ7 If 'Yes,' complete Schedule L, Part II 'I bid the organization report any amount on Part X, tine 5, 6, or 22 for receivables from or payables to any current or former assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons If 'Yes,' complete Schedule I, Part II 'I bid the organization is period by the part of the payables to any time thereof to the payable to the pa	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			İ
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25s 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24c 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any time during the year to defease any tax-exempt bonds? 24b Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c Did the organization with a disqualfied person during the year." If "Yes," complete Schedule L, Part I I is the organization has not been reported on any of the organization's pnor Forms 990 or 990-EZ7 If "Yes," complete Schedule L, Part I I Did the organization report any amount on Part X, tine 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, biphest compensated employees, or disqualfied persons? If "Yes," complete Schedule L, Part II I Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV I I A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV I I A family member of a current or former officer, director, trustee, or other similar assets, or qualified conservation contributions or applicable linghing thresholds, conditions,		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
Schedule J 24a Dd the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "Not," go to line 25a 24b Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25b Dd the organization maintain an escrow account other than a refunding escrow at any time during the year 10 defease any tax exempt bonds? 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II transaction with a disqualified person of the year? If "Yes," complete Schedule L, Part II transaction in a print year year and that the transaction has not been reported on any of the organization's pron Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 25b A the organization report any amount on Part X, tine 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, indighest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b A farmly member of a current or former officer, director, trustee, experiment, or farmly member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A farmly member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A farmly member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A farmly member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A farmly member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A farmly mem	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ł
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Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		ļ
If "Yes," complete Schedule N, Part I 31		contributions? If "Yes," complete Schedule M	30		x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 The organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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	31	Did the organization liquidate, terminate, or dissolve and cease operations?			1
Schedule N, Part II 32		If "Yes," complete Schedule N, Part I	31		X
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1	}	1
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33			32		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	L	X
Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		}	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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		Part V, line 1	34	X	L
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 X	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	1
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 X	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 X		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	L
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 X		If "Yes," complete Schedule R, Part V, line 2	36	L	X
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 X	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
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 X		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
Note. All Form 990 filers are required to complete Schedule O	38				Γ
Form 990 (2016			38	x	
			Form	990	(201

Form **990** (2016)

14a

X

c Enter the amount of reserves on hand

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13b

MANDEL SUPPORTING FOUNDATIONS - JACK N & LILYAN MANDEL FUND Page ! Part VI Governance, Management, and Disclosure For each "Yes' response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Δ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? x 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a x b Each committee with authority to act on behalf of the governing body? 8b 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 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b x 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 X Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a 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 List the states with which a copy of this Form 990 is required to be filed ▶OH 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 Upon request Own website Another's website 」 Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

Form **990** (2016)

State the name, address, and telephone number of the person who possesses the organization's books and records:

OH 44122

BARRY REIS - 216-593-2900

statements available to the public during the tax year.

25701 SCIENCE PARK DRIVE, CLEVELAND

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 report able 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.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week				rson i			compensation from	compensation from related	amount of other
	(list any	ē						the	organizations	compensation
	hours for	director		ŀ			1	organization	(W-2/1099-MISC)	from the
	related	re or	stee	Ì		nsate		(W-2/1099-MISC)		organization
	organizations	l trus	nal tru	1	oyee	E .	}			and related
	below	Individual frustee or	institutional trustee	Officer	Key employee	Highest compensated employee	Former	i	ļ	organizations
(1) proper court	(ine)	Ĕ	SUI.	ŧ	ş	물통	Ē			
(1) RENEE' CHELM	0.20		ł	۱	1			0.	0.	,
TRUSTEE AND VP (2) HARLEY GROSS	3.00	X	<u> </u>	X_	├	<u> </u>	-	٠.	0.	0
(2) HARLEY GROSS TRUSTEE	0.20	x						0.	0.	,
(3) STEPHEN H. HOFFMAN	1,30	<u> </u>	-		 	-			 	0
TRUSTEE	40.00	x			1	l		0.	546,515.	32,430
(4) BARBARA MANDEL	0.10	<u> </u>	┝╌	├	├		-	<u> </u>	340,313.	32,430
TRUSTEE	0.90	x		•]			0.	0.	0
(5) MORTON L. MANDEL	1.50	-		├─	├	-	-			
TRUSTEE, PRESIDENT	4.00	x	 	x				0.	0.	0
(6) DAN A. POLSTER	0.10		-	-	 	-	-			
TRUSTEE	4,20	x		l		l		0.	0,,	0
(7) CHARLES RATNER	0.20	\vdash		<u> </u>	 				ļ · · · · · · · · · · · · · · · · · · ·	
TRUSTEE	1.20	x			1			0.	0.	o
(8) PENNI WEINBERG	0.10									
TRUSTEE	0.20	x			1	ŀ		0.	0.	0
(9) JEHUDA REINHARZ	0.10				Π					
TRUSTEE	0.20	х	<u> </u>		L			0.	0.	0
(10) BARRY REIS	0,70				[
TREASURER	40.00	L		х	<u> </u>	L		0.	292,768.	41,139
(11) HEDY MILGROM	0.70			-		ſ -				
SECRETARY	40.00	L	<u> </u>	Х		1_		0.	191,152.	13,460
(12) SHEILA ALLENICK	1.70	}	1	1	1	1	1		1	ł
ASST TREASURER, UNTIL JUNE 2017	40.00	L	<u></u>	X	L	L	<u> </u>	0.	163,496.	20,338
(13) NANCY HOFFNER	0.10	Į		1	1	l	į .		}	ł
ASST TREASURER, EFFECTIVE JUNE 2017	40.00	<u> </u>	_	Х	_	_	ــــ	0,	129,518.	19,230
	 		1	1			}			
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	 	├	 	 —	├	├	 		 	
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Form 990 (2016)

632007 11-11-16

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Pa	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	compensated Employe	es (continued)	 -			
•	(A) Name and title	(B) Average hours per week (list any hours for	offi	not c , unle cer ar	ss pe	nore rson i	than is both or/trus	tee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization: (W-2/1099-MIS	n i s	com	(F) timate nount other pensa om th	of ation
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	anızat d relat ınızatı	ed
			-	_										
				-		-		-						
_														
			_	_		_	_							
			-	-	-	_					_			
			-	_	-	-	-							
				-	-		-	-						
1b	Sub-total							>	0.	1,323,			126	,597.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						▶	0.	1,323,	0. 449.		126	0. 597.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed a	bov	e) wi	no r	eceived more than \$100	0,000 of reportab	le		-	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	mple	yee	, or	highest compensated e	mployee on	[3	Yes	No
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le c							the organization	ļ	4		<u> </u>
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion '	from	any	וחט /			idual for services	·	5		х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	mnoncotod in	don		nt o				that recoved more than	\$100,000 of con		ation 1	rom	
	the organization. Report compensation for										npensi	ation :		
	(A) Name and business	address							(B) Description of	services	C	(C ompe	C) nsatio	n
	WOOD TRUST COMPANY, 919 NORTH MAR ET, SUITE 429, WILMINGTON, DE 198							- 1	INVESTMENT MANAGEN CONSULTING	IENT		2	,736	,360.
														
												-		
								_			ļ ——			
2	Total number of independent contractors (i	ncluding but r	not li	mite	ed to	tho	se li	ste	d above) who received i	nore than				
	\$100,000 of compensation from the organi	zation 🕨					1						000	

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

Other Revenue

632009 11-11-16

<8,994,991.

64,837,891

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions.

٥.

<6,023,984.>

Page 1

Form 990 (2016) & LILYAN MANDEL FUND
Part IX Statement of Functional Expenses

Section	501(c)(3) and 501(c)(4)	organizations must con	nplete all columns	All other organization	zations must con	plete column (A)

Do	Check if Schedule O contains a responsional include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	l		1	_
	and domestic governments. See Part IV, line 21	1,489,600.	1,489,600.		
2	Grants and other assistance to domestic	1	1	(
	individuals. See Part IV, line 22	 '	 		
3	Grants and other assistance to foreign	1	1	1	
	organizations, foreign governments, and foreign	1	10 553 014	(
	individuals. See Part IV, lines 15 and 16	10,553,014.	. 10,553,014.	·	
4 5	Benefits paid to or for members	<i></i> '			
5	Compensation of current officers, directors,	<u>, </u>	1	(
٠	trustees, and key employees Compensation not included above, to disqualified	ر <i>-</i>	 	·	
6	persons (as defined under section 4958(f)(1)) and	<i>'</i>	1	1	
	persons (as defined under section 4958(1)(1)) and persons described in section 4958(c)(3)(B)	<i>'</i>	1	1	
7	Other salaries and wages	/ 	 		
	Pension plan accruals and contributions (include	(
6	section 401(k) and 403(b) employer contributions)	(1	1	
9	Other employee benefits	(
_	Payroll taxes	í 	 	1	
	Fees for services (non-employees):	í	 		
		<i>i</i>	1	1	
	·	6,576.	.[6,576.	
	, * , F	7,817.	.[7,817.	
	· · · · · · · · · · · · · · · · ·		 		
	- Davidson	·			
	Investment management fees	2,858,668.		2,858,668.	
		ı ,	1		
-	column (A) amount, list line 11g expenses on Sch O.)	(l!	í	
	Advertising and promotion				
	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy			<u> </u>	
17	Travel	12,715.	. 12,715.	<u></u>	
18	Payments of travel or entertainment expenses	ί ,	1		
	for any federal, state, or local public officials	' '	<u> </u>		·
19	Conferences, conventions, and meetings		<u></u>	<u></u>	
	Interest	 '	<u> </u>		
	Payments to affiliates		 '	1	
	Depreciation, depletion, and amortization		 '		
	Insurance		 '		
	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		
	TAXES/FILING FEES	275,472.		275,472.	
b	CUSTODIAL FEES	1,014.		1,014.	
c	MISC.	141.		141.	
d					
e	All other expenses		,		
	Total functional expenses. Add lines 1 through 24e	15,205,017.	. 12,055,329.	3,149,688.	
26	Joint costs. Complete this line only if the organization	1	,		
	reported in column (B) joint costs from a combined	1	1	1	
	educational campaign and fundraising solicitation.	i	1	1	
	Check here If following SOP 98-2 (ASC 958-720)	1	}		

Form 990 (2016)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 311,193 1,210,339 2 Savings and temporary cash investments Pledges and grants receivable, net 3 471,715. 330,637 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part il of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10c 20,595,959. 15,915,788. 11 Investments - publicly traded securities 11 766,139,679. 849,605,617. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 787,518,546. 867,062,381. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 783 738. 17 795,882. Accounts payable and accrued expenses 18,431,626. 14,173,667. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 19,215,364. 14,969,549. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 768,303,182. 852,092,832. Unrestricted net assets 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 768,303,182. 852,092,832. 33 33 Total net assets or fund balances Total liabilities and net assets/fund balances 787,518,546. 867,062,381.

Form 990 (2016)

Form	990 (2016) & LILYAN MANDEL FUND	34-1350566		Pag	ge T
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	64	837	891
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	,205,	017
3	Revenue less expenses. Subtract line 2 from line 1	3	49	,632,	874
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	768	,303,	182
5	Net unrealized gains (losses) on investments	5	27	402,	523
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	6	,754,	253
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	,			
	column (B))	10	852	092	832.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990. L. Cash LX Accrual L. Other				}
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	1 1		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 reviewe	d on a	1 1		
	separate basis, consolidated basis, or both:		1 1		
	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 separa	te basis,	1 1		1
	consolidated basis, or both.		} }		}
	Separate basis				}
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,	1 1		}
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	1 1		l
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			1
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		<u> </u>
			Form	990	(2016)

SCHEDULE A

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)

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. Inspection

MANDEL SUPFORTING FOUNDATIONS - JACK N. Employer identification number

2016

Open to Public Inspection

			AN MANDEL FUND				ì		-1350566
Par	ŧΠ	Reason for Public	Charity Status (All organizations must co	mplete th	ıs part) Se	e instructions	3.	
The o	rgani	zation is not a private found							
1 [A church, convention of ch					YAYO.		
2 [A school described in sect					74-74-7-		
3 [A hospital or a cooperative					O.		
4	=	A medical research organiz						(uii) Enter:	the hospital's name
, .		city, and state:	anon operated in co	njanotion with a noopital	000011000	, , , , , , , , , , , , , , , , , , ,		Minio Erico	and modphar o marno,
5 [7	An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a gr	nvernmental I	ort describ	ed in
J		section 170(b)(1)(A)(iv). (0		nege or university owner	J Or Opera	led by a go	Jverimentar c	min describ	ica III
٦ ۾					4! 49	70/L\/4\/A\	4.3		
6 L	=	A federal, state, or local go	_						
, ,		An organization that norma	•	ntial part of its support t	rom a gov	ernmentai	unit or from t	ne generai	public described in
٦. ٦		section 170(b)(1)(A)(vi). (C	•						
8 L	=	A community trust describe							_
9 1		An agricultural research org	•			-		_	-
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the colleg	e or
-		university.							
10 L		An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, members	ship fees, a	nd gross receipts from
		activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	from gross investment
		income and unrelated busi	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the or	ganızatıon	after June 30, 1975.
_		See section 509(a)(2). (Co	mplete Part III)						
11 5		An organization organized	and operated exclus	ively to test for public sa	ifety. See :	section 50)9(a)(4).		
12 L	X.	An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to ca	arry out the	purposes of one or
		more publicly supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section (5 <mark>09</mark> (a)(3). C	Check the box in
		lines 12a through 12d that	describes the type of	f supporting organizatio	n and con	nplete lines	12e, 12f, and	d 12g.	
а	X	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s), i	ypically by	giving
		the supported organization							
		organization. You must o		T . T .					•
ь		Type II. A supporting org			tion with it	s supporte	ed organizatio	n(s), by ha	vina
		control or management of	•				-		-
		organization(s). You mus						.g	F
c	F	Type III functionally inte			in connec	tion with a	and functiona	lly integrate	ed with
•		its supported organization						,g.a.	,
ч	_	Type III non-functionally		•				rtod orano	zation(c)
u								-	• •
		that is not functionally int	-					u an anem	iveriess
_	_	requirement (see instruct	•	•				u T w	
e		Check this box if the orga					турет, туре	ii, Type iii	
		functionally integrated, o	**	nally integrated support	ing organi	zation.			1
		r the number of supported	•						L
		ride the following information Name of supported	n about the supporte	(iii) Type of organization	(iv) is the orga	nization listed	(v) Amount of	moneten	(vi) Amount of other
	٠,	organization	}	(described on lines 1-10	in your governi	ing document?	support (see in	- 1	support (see instructions)
				above (see instructions))	Yes	No			
		EDERATION OF		_	l	}	}		
CLEVE	LAN	D 	34-0714445	7	X	 	 	932,333.	
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T-4-1		1)		1			1	032 333	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 & LILYAN MANDEL FUND 34-1350566 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organızatıon's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line Section B. Total Support (c)²014 Calendar year (or fiscal year beginning in) (a) 2012 (d) 2015 (f) Total (b) 2013 (e) 2016 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2015 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization gualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets, the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2016

MANDEL SUPPORTING FOUNDATIONS - JACK N. Schedule A (Form 990 or 990-EZ) 2016 & LILYAN MANDEL FUND 34-1350566 Page: Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 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 busmess under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b 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 vea c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6 Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2013/ (a) 2012 (c) 2014 (d) 2015 (e) 2016 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 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) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2015 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f) 17

18 Investment income percentage from 2015 Schedule A, Part III, line 17

18 19a 33 1/3% support tests - 2016 If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not %

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ)

632023 09-21-16

Page ·

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I if you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 12a or 12b 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) purposes
- 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?
- 6 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.)

Yes No X 1 X 2 X За 3b Зс Х 4a 4b 4c x 5a 5b 5c X 6 X 7 X 8 X 9a X 9b Х 9c X 10a

632024 09-21-16

	MANDEL SUPPORTING FOUNDATIONS - JA	CK N.			
Sche	dule A (Form 990 or 990-EZ) 2016 & LILYAN MANDEL FUND			34-1350566	Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explai	n in Part VI.) See in:	structions
	other Type III non-functionally integrated supporting organizations must co	_			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Curre	
1	Net short-term capital gain	1			
2	Recoveries 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	1-1	· · · · · · · · · · · · · · · · · · ·		
	collection of gross income or for management, conservation, or	1 1			
	maintenance of property held for production of income (see instructions)	6		-	
7		7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
_	ion B - Minimum Asset Amount	-1	(A) Prior Year	(B) Curre	
1	Aggregate fair market value of all non-exempt-use assets (see	1			
	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			
С	Fair market value of other non-exempt-use assets	1c			
ď	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):	-		i	
2		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,	7			
	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			
	ion C - Distributable Amount			Curren	t Year
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	-11-			

Lheck here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MANDEL SUPPORTING FOUNDATIONS - JACK N.

Employer identification number

& LILYAN MANDEL FUND 34-1350566 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part 1 organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 & LILYAN MA	NDEL FUND				34-	13505	66	Page
Pai	rt III Organizations Maintaining C	ollections of A	rt, Historica	Treasures,	or Oth	er Similar /	Asset	S(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of	the following th	hat are a s	significant use	of its o	collection	rtems
	(check all that apply):								
а	Public exhibition	c	Loan or	exchange prog	grams				
b	Scholarly research	6	• Ll Other_			·			
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	in how they furt	ner the organiza	ation's exe	empt purpose	ın Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical	treasures, or of	ther simila	ar assets		,	
	to be sold to raise funds rather than to be ma							Yes	<u> </u>
Pai	reported an amount on Form 990, Par		ete if the organi	zation answered	d "Yes" o	n Form 990, Pa	art IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for contrib	utions or other	assets no	t included			
	on Form 990, Part X?							Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table						
	•	•	_					Amount	
c	Beginning balance					1c			
đ	Additions during the year					1d			
е	Distributions during the year	-				1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow	or custodial ac	count liab	ulity?		Yes	No
	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanation has l	peen provided o	on Part XI	11			
Pai	rt V Endowment Funds. Complete	f the organization ai	nswered "Yes" o	on Form 990, Pa	art IV, line	10.			
		(a) Current year	(b) Prior yea	r (c) Two ye	ears back	(d) Three years	s back	(e) Four y	years back
ta	Beginning of year balance								
b	Contributions					<u> </u>			
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs		1						
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g, colu	nn (a)) held as:					
а	Board designated or quasi-endowment		%						
Ь	Permanent endowment	%							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are h	eld and adminis	stered for	the organization	on		
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requ	ired on Schedul	e R?				3b	
4	Describe in Part XIII the intended uses of the		owment funds						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line 1	1a. See Form 9	90, Part >	(, line 10.			
	Description of property	(a) Cost or o	other (b)	Cost or other	(c) /	Accumulated		(d) Book	value
		basis (invest	ment) b	asıs (other)	de	epreciation			
1a	Land								
b	Buildings								
c	Leasehold improvements		I						
	Equipment								
e	Other				1				
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Pan	t X. column (B).	line 10c)		<u> </u>	•		0,

Schedule D (Form 990) 2016

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2016

632053 08-29-16

(8)

SEE PART XIII FOR CONTINUATIONS

Schedule D (Form 990) 2016

632054 08-29-16

Schedule D (Form 990) 2016 & LILYAN MANDEL FUND	34-1350566	Page !
Schedule D (Form 990) 2016 & LILYAN MANDEL FUND Part XIII Supplemental Information (continued)		
THE INTERNAL REVENUE SERVICE ("IRS") UP TO THREE YEARS FROM THE EXTENDED		
DUE DATE OF EACH RETURN. THE FOUNDATION EXPENSES INTEREST AND PENALTIES		
AS INCURRED.		
	 .	
		
		
		
		
		
		
		
	Schedule D (Form	n 990) 2016

Part XIII | Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
MSF PRIVATE EQUITY FUND LLC	342,243,535.	FMV
MSF REAL ESTATE FUND LLC	78,371,673.	FMV
CHESTER CAPITAL LP	23,924,772.	FMV
PARKWOOD LLC	5,708,738.	FMV
LAKESIDE PARTNERS I LP	3,900,000.	FMV
		
		
		
		1

2016.03050 MANDEL SUPPORTING FOUNDATIO 551-1001

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

OMB No 1545-0047

Inspection

Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990. Employer identification number

C LIIVAN MANDEL BUND	DATIONS - UA	JA N.		34-1350566	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple		od "Voc" on
Form 990, Part IV		ictivities ou	tside the Officed States. Compi	ete ii trie organization answere	ed tes on
		maintain recor	ds to substantiate the amount of its gr	ants and other assistance.	
	•		the selection criteria used to award the	Г	X Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance	outside the
United States					
3 Activities per Region (T	he following Parl	I, line 3 table c	an be duplicated if additional space is	needed)	
(a) Region	(b) Number of	(c) Number of employees,	1, ,		(f) Total expenditures
	offices in the region	I aαents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to	is a program service, describe specific type	for and
	in the region	independent contractors	recipients located in the region)	of service(s) in the region	investments
	 	in the region	Toolpionio isolated in the regiony	1	in the region
MIDDLE EAST AND	ļ				
NORTH AFRICA	0	0	GRANTMAKING		10,553,014
CENTRAL AMERICA AND					
THE CARIBBEAN		0	INVESTMENTS		435,364
MIDDLE EAST AND		ļ		OVERSIGHT OF GRANT	1
NORTH AFRICA	0	0	PROGRAM SERVICES	RECIPIENTS	12,715
			1		
]				ĺ
				ļ	
	 				
			}		
	<u> </u>		<u></u>		
	Ì]]]	
	1		Į.		
	1				
	}		1	1	
3 a Sub-total	0	0			11,001,093
b Total from continuation	_				
sheets to Part I	<u> </u>	0		 	0
c Totals (add lines 3a and 3b)	}		}		11,001,093
and an		. •			1,,

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

Schedule F (Form 990) 201

& LILYAN MANDEL FUND

Schedule F (Form 990) 2016

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

34-1350566

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

		(c) Region	grant	of cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
<u> </u>	3 2	MIDDLE EAST AND NORTH AFRICA	OPERATING SUPPORT	1,666,667,CHECK	НЕСК	0		
		MIDDLE RAST AND NORTH AFRICA	OPERATING SUPPORT	33,334,0	CHECK	0		
	* * Z	MIDDLE EAST AND NORTH AFRICA	OPERATING SUPPORT	377,633.0	СНЕСК	0		
	¥ Z	MIDDLE EAST AND NORTH AFRICA	OPERATING SUPPORT	33,333,	WIRE TRANSFER	0.0		
	* Z	MIDDLE EAST AND NORTH AFRICA	OPERATING SUPPORT	3.886,88	CHECK	0.		
		MIDDLE EAST AND NORTH AFRICA	OPERATING SUPPORT	763,778.	763,778, WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	NEW BUILDING	2,033,333,	WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	OPERATING SUPPORT	2,435,640.	2,435,640,WIRE TRANSFER	0		

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

222072 00 2/1:16

(i) Method of valuation (bodk, FMV, appraisal, other) Page 2 (h) Description of non-cash assistance Part II 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 ö 34-1350566 of cash grant cash disbursement (f) Manner of 1,907,883. WIRE TRANSFER 1,268,080.WIRE TRANSFER (e) Amount OPERATING SUPPORT OPERATING SUPPORT (d) Purpose of grant IIDDLE EAST AND KIDDLE EAST AND & LILYAN MANDEL FUND (c) Region NORTH AFRICA NORTH AFRICA (b) IRS code section and EIN (if applicable) (a) Name of organization Schedule F (Form 990)

632182 04-01-16

Schedule F (Form 990) 2016

& 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. 34-1350566

Page 3

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, Rho)	(included)					Schedule F (Form 990) 2016
(g) Description of noncash assistance						Schedul
(f) Amount of noncash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of (d) Amount of recipients cash grant						
(b) Region						
(a) Type of grant or assistance						

	ule F (Form 990) 2016 & LILYAN MANDEL FUND	34-1350566	Page 4
Part	IV Foreign Forms		
1,	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2010

Schedule F (Form 990) 2016

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047 Open to Public

Inspection

34-1350566

X Yes

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

Employer identification number 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 MANDEL SUPPORTING FOUNDATIONS - JACK N. General Information on Grants and Assistance & LILYAN MANDEL FUND criteria used to award the grants or assistance? Name of the organization Parti

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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Part

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000 Part II car	i be duplicated if additi	ional space is need	ed			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BRANDEIS IMIVERSITY							JACK JOSEPH AND MORTON
415 SOUTH STREET							MANDEL CENTER FOR STUDIES
WALTHAM, MA 02453	04-2103552	501 (C) (3)	83,334.	0.			IN JEWISH EDUCATION
CASE WESTERN RESERVE UNIVERSITY							JACK, JOSEPH AND MORTON
10900 EUCLID AVENUE							MANDEL SCHOOL OF APPLIED
CLEVELAND, OH 44106	34-1018992	501 (C) (3)	83,334,	0.			SOCIAL SCIENCES
HEBREW UNION COLLEGE - JEWISH							
INSTITUTE OF RELIGION - 3101					-		MANDEL INITIATIVE ON
CLIFTON AVENUE - CINCINNATI, OH				, , , , , , , , , , , , , , , , , , ,			BUILDING CAPACITY FOR
45220	31-0537067	501 (C) (3)	33,333.	0.			VISIONARY LEADERSHIP
					_	_	
JEWISH COMMUNITY CENTER OF THE					-		
GREATER PALM BEACHES, INC 8500							
JOG ROAD - BOYNTON BEACH, FL 33472	59-1582799	501 (C) (3)	33,333.	0			OPERATING SUPPORT
							CAMPAIGN FOR JEWISH
JEWISH FEDERATION OF CLEVELAND							NEEDS, COMMISSION ON
25701 SCIENCE PARK DRIVE				-			JEWISH CONTINUITY, MANDEL
CLEVELAND, OH 44122	34-0714445	501 (C) (3)	932,333.	0			LEADERSHIP EXCELLENCE HRD
JEWISH FEDERATION OF PALM BEACH							
COUNTY, INC 1 HARVARD CIRCLE -				-			
WEST PALM BEACH, FL 33409	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	nd government or	ganizations listed in th	e line 1 table				8.

Schedule I (Form 990) (2016)

37

3 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

632101 11-01-16

MANDEL SUPPORTING FOUNDATIONS - JACK N. & LILYAN MANDEL FUND

Schedule I (Form 990) & LILYAN MANDEL FUND Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa		34-1350566 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD PROGRESS, INC. 11327 SHAKER BLVD. CLEVELAND, OH 44104	34-1611055	501 (C) (3)	183,333.	0.			OPERATING SUPPORT
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115	34-6516654	501 (C) (3)	107,267.	0.			NEIGHBORHOOD LEADERSHIP DEVELOPMENT PROGRAM
				,			
							Schedule I (Form 990)

632241 04-01-16

& LILYAN MANDEL FUND

Schedule I (Form 990) (2016)

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 34-1350566 (e) Method of valuation (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 NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATION OF CLEVELAND COMMISSION ON JEWISH CONTINUITY, MANDEL LEADERSHIP EXCELLENCE HRD GRANTS TO DOMESTIC 501(C) (3) ORGANIZATIONS THAT SUPPORT A SINGLE (b) Number of recipients (H) PURPOSE OF GRANT OR ASSISTANCE: CAMPAIGN FOR JEWISH NEEDS, FOREIGN ENTITY HAVE BEEN INCLUDED ON SCHEDULE F. (a) Type of grant or assistance PROGRAM, AND MSF OPERATING SUPPORT PART II, LINE 1, COLUMN (H): SCHEDULE I, PART II: 632102 11-01-16 Part III

Schedule I (Form 990) & LILYAN MANDEL FUND	34-1350566	Page 2
Part IV Supplemental Information	 	
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 FEDERATION, 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 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.lrs.gov/form990.

Open to Public

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

	rt Questions Regarding Compensation		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		1	
	Travel for companions Payments for business use of personal residence		Ì	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		1	
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	}]
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on 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	1		
	establish compensation of the CEO/Executive Director, but explain in Part III	1	1	1
	Compensation committee	1	ļ	
	Independent compensation consultant Compensation survey or study	1	l	
	Form 990 of other organizations Approval by the board or compensation committee			
	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.	ļ		
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1.	1	l
	contingent on the revenues of:	`	1	1
а	The organization?	5a	<u> </u>	X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III	1	1	ł
3	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1	1	ļ
	contingent on the net earnings of:	_	1	1
a	The organization?	6a	ļ	X
b	Any related organization?	6b	 	X
	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 nonfixed payments	}	1	
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
3	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1	1	
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	↓	X
€	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	l g	1	l l

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 £ LILYAN MANDEL FUND
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 aren't 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.

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Trtle		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(n)-(i)(s)	In column (b) reported as deferred on prior Form 990
(1) STEPHEN H. HOFFMAN	Ξ	0	0	0	0	0	0	0.
TRUSTEE	<u> </u>	534,124.	0	12,391.	13,375.	19,055.	578,945.	0
(2) BARRY REIS	Ξ	0.	0	0.	0	0	0	0
TREASURER	(ii)	284,667.	0.	8,101.	13,375.	27,764.	333,907.	0
(3) HEDY MILGROM	(Ξ)	0	0.	0	0	0	0	0
SECRETARY	Ξ	187,160.	0	3,992.	.002,6	3,960.	204,612.	0
(4) SHEILA ALLENICK	Ξ	0	0	0	0	0	0	0.
ASST TREASURER, UNTIL JUNE 2017	(E)	160,090.	0	3,406.	8,238.	12,100.	183,834.	0
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							Schedu	Schedule J (Form 990) 2016

Page 3 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information 34-1350566 THIS PAGE INTENTIONALLY LEFT BLANK Part III | Supplemental Information Schedule J (Form 990) 2016 NOTE:

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open To Public

Internal Revenue Service	Intermatio	n about	Schedule F (Lot	III 990 (01 990-	EZ) and its instructio	ns is at www.	irs.gov/i	omnyy	U.	ln:	specti	ion	
Name of the organization	MANDEL SU	PPORT	ING FOUNDAT	IONS	- JAC	K N.	····		Em	ploye	ridenti	fication	on nu	mbe
	& LILYAN									1350	566			
Part I Excess E	Benefit Tran	sactio	ons (section 5	01(c)(3), secti	ion 501(c)(4), and 5	01(c)(29) org	anizatio	ns only	y).				
Complete if	the organizatio	n answ	ered "Yes" on	Form 9	90, Pa	art IV, line 25a or 25	b, or Form 9	90-EZ, F	art V,	line 40)b			
1 (a) Name of disquali	fied person	(b) R	elationship bet			ıfıed	c) Description	on of trai	nsactio	าก		(d)	Corre	cted
		 	person and or	rganıza	ition							Ye	es	No
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		├										+-	+	
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		 										+		
2 Enter the amount of	f tax incurred by	the or	ganization mar	nagers	or disc	qualified persons d	uring the vea	r under	_	-				
section 4958				J		,				\$				
3 Enter the amount of	f tax, if any, on l	ine 2, a	bove, reimburs	sed by	the or	ganization				▶ \$				
Part II Loans to	and/or From	m Inte	erested Per	sons.	•									
•	•					, Part V, line 38a or	Form 990, F	Part IV, li	ne 26;	or if t	ne orga	ınızatı	on	
	amount on For	-			2. an to or		T		Ι		Yb) An	proved		
(a) Name of interested person	(b) Relation		(c) Purpose of loan	from	n the	(e) Original principal amount	(f) Balan	ce due) In ault?	by bo	ard or	(ı) W agree	ritten ment
milionation policies]		0. 102.1		zation? From	printing and announce			Yes	No	Yes	No	Yes	_
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otal Part III Grants o	r Assistance	Bon	ofiting Into	rocto	д Ба	reone	<u> </u>						<u> </u>	
 _			_											
(a) Name of interes	the organizatio					(c) Amount of	 	(d) Type	o of) Purp	-000.0	
(a) Name of litteres	sted person		b) Relationship interested pers			assistance		assistai			•	assista		•
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Schedule L (Form 990 or 990-EZ) 2016

	ered "Yes" on Form 990, Part IV, line 28a, 28			T I O OF	nein
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		zation's
PARKWOOD TRUST COMPANY	ORGANIZATION AND	2,858,668.	TNV MGMT	Yes	No X
ARCHOOD TROOT COMPANY	ORGANIZATION AND	2,050,000.	INV MONI	 	 ^ -
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					—-
				 	├
art V Supplemental Information			<u> </u>	<u> </u>	Щ
	responses to questions on Schedule L (see i	netructione)			
Provide additional information for r	esponses to questions on Schedule E (see)	ristructions).			
H L, PART IV, BUSINESS TRANSACTION	NS INVOLVING INTERESTED PERSONS:				
) NAME OF PERSON: PARKWOOD TRUST (COMPANY			<u> </u>	
B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
RGANIZATION AND CERTAIN OF ITS RE	ELATED ORGS INDIRECTLY OWN 65% OF	ENTITY			
D) DESCRIPTION OF TRANSACTION: INV	MGMT CONSULPING GRANT MAKING				
	MGMT CONSULTING, GRANT MAKING				
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ONSULTING, & TAX SERVICES	none compositio, contribution				
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Schedule M (Form 990) (2016)

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.

Inspection Employer identification number

	& LILYAN MANDEL FU	ND			34-135	0566		
Pa	rt I Types of Property							
<u>,</u>		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	_		
1	Art - Works of art	l L						
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications		1					
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	х	38	23,316,757.	FAIR MARKET VALUE	3		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests)	1					
12	Securities · Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures	ł						
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts		ţ — — — — — — — — — — — — — — — — — — —					
23	Scientific specimens		ļ — — — — — — — — — — — — — — — — — — —				_	
24	Archeological artifacts		† 	 				
25	Other ()		 		 			
26	Other ()	<u> </u>	 	 	 	-		
27	Other (<u> </u>	 	 				
28	Other ()		 				_	
29	Number of Forms 8283 received by the organi	zation dunn	g the tax year for	contributions	 			
	for which the organization completed Form 82		-	l I			0	
	Tel William the organization completed form of	00, 1 4,111,	201100710111011100	901110111		Y	es	No
30a	During the year, did the organization receive b	v contributi	on any property re	ported in Part Lilines 1 throu	ah 28, that it			
	must hold for at least three years from the dat	-			-		ı	
	exempt purposes for the entire holding period		a. 00///////////////////////////////////	o milion to quita to to	-00-	30a	- [x
b	If "Yes," describe the arrangement in Part II.	•					+	
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions?	31]	x
	Does the organization hire or use third parties	-	•				\dashv	
	contributions?	or related 0	· garnzanons to so	ion, process, or sentioness	•	32a		X
h	If "Yes," describe in Part II.					 	$\neg \dagger$	
33	If the organization didn't report an amount in o	column (c) fo	or a type of proper	ty for which column (a) is chi	ecked.			
	_describe in Part !!	Ciarrii (O) IC	s. a type of proper	ry for windir column (a) is cit			[
	_describe in r_art ii							

LHA

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

Schedule M (Form 990) (2016) & LILYAN MANDEL FUND	34-1350566	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 3 is reporting in Part I, column (b), the number of contributions, the number of items receive this part for any additional information.	32b, and 33, and whether the orga d, or a combination of both. Also o	nization
SCHEDULE M, LINE 32B:		· · · · · · · · ·
THE FOUNDATION FOLLOWS THE PRINCIPLES OF THE GIFT ACCEPTANCE POLICY OF		
THE FEDERATION, THE SUPPORTED ORGANIZATION, FOR NON-STANDARD		
CONTRIBUTIONS.		
		
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632142 08-23-16

Schedule M (Form 990) (2016)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

& LILYAN MANDEL FUND 34-1350566 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: JEWISH FEDERATION OF CLEVELAND AND AS SUCH, IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL OR RELIGIOUS PURPOSES BY CONDUCTING OR SUPPORTING ACTIVITIES FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF, THE FEDERATION. IT WAS ESTABLISHED TO MEET IDENTIFIED NEEDS OF THE JEWISH AND GENERAL COMMUNITIES. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ACTIVITIES FOR THE BENEFIT OF, OR TO CARRY OUT THE PURPOSES OF, THE 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: 1. MORTON L. MANDEL, STEPHEN H. HOFFMAN AND JEHUDA REINHARZ STEPHEN H. HOFFMAN, BARRY REIS, HEDY MILGROM, NANCY HOFFNER 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.

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization MANDEL SUPPORTING FOUNDATIONS - JACK N.	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 000 DART UT CECTION A LINE 7A.	
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.	
of the tookenion b about at wall at make on competitation.	
	
FORM 990, PART VI, SECTION B, LINE 11B:	
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 CFO). 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.	
MADE AVAILABLE OF ON ARGURDI.	
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	
632212 08-25-16	Schedule O (Form 990 or 990-EZ) (2016

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization MANDEL SUPPORTING FOUNDATIONS - JACK N. & LILYAN MANDEL FUND	Employer identification number 34-1350566
•	
ACKNOWLEDGING AND AGREEING TO THE TERMS OF THE CONFLICT OF INTEREST POLICY	
PRIOR TO EMPLOYMENT OR SERVING ON THE FOUNDATION BOARD OR KEY COMMITTEE.	
IN 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	
SIGN AND DELIVER TO THE FOUNDATION A STATEMENT ACKNOWLEDGING AND AGREEING	
TO THE TERMS OF THE POLICY. THE FEDERATION (SUPPORTED ORGANIZATION)	
ENDOWMENT DEPARTMENT PERSONNEL ARE RESPONSIBLE FOR MAINTAINING COPIES OF	
SIGNED STATEMENTS AND FOLLOWING UP TO ENSURE THAT A STATEMENT IS OBTAINED	
FROM EACH KEY INDIVIDUAL. THE TREASURER OF THE FOUNDATION (WHO IS ALSO CFO	
OF THE SUPPORTED ORGANIZATION) IS RESPONSIBLE FOR MONITORING CONFLICT	
SITUATIONS, IF ANY.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING 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 5,551,495.	
CANCELLATION/RETURN OF GRANTS FROM PRIOR YEARS 1,202,758.	
TOTAL TO FORM 990, PART XI, LINE 9 6,754,253.	
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 632212 08-25-16	Schedule O (Form 990 or 990-EZ) (2016)
50	

Schedule O (Form 990 or 990-EZ) (2016)	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 000 DARM VIT OFORTON D. CIND 150 C 150	
FORM 990, PART VI, SECTION B, LINE 15A & 15B	
NOT APPLICABLE. THE FOUNDATION HAS NO EMPLOYEES AND DOES NOT	
101 101 101 101 101 101 101 101 101 101	
COMPENSATE ITS TRUSTEES AND/OR OFFICERS AND THEREFORE DOES NOT MAINTAIN	
A PROCESS FOR DETERMINING COMPENSATION.	
	
	
	
	
	
	

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 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) ▶ Attach to Form 990. OHIO OHIO EDUCATIONAL AND RELIGIOUS GRANTS & ALLOCATIONS FOR HARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES URPOSES OF FEDERATION Primary activity Primary activity SUPPORT CHARITABLE, MANDEL SUPPORTING FOUNDATIONS - JACK N. 9 & LILYAN MANDEL FUND JEWISH FEDERATION OF CLEVELAND - 34-0714445 JOANN AND THOMAS ADLER FAMILY FOUNDATION Name, address, and EIN (if applicable) 34-1858749, 25701 SCIENCE PARK DRIVE, Name, address, and EIN of related organization of disregarded entity CLEVELAND, OH 44122-7302 CLEVELAND OH 44122-7302 25701 SCIENCE PARK DRIVE Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Employer identification number

34-1350566

Direct controlling

End-of-year assets

Total income

D

Part

e

entity

Open to Public Inspection

OMB No 1545-0047 2016

52

Schedule R (Form 990) 2016

×

JEWISH FEDERATION

OF CLEVELAND

12A TYPE 1

501(C)(3)

OHIO

IDUCATIONAL AND RELIGIOUS

PURPOSES OF FEDERATION

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

(g) Section 512(b)(13)

controlled

Direct controlling

entity

status (if section Public charity 501(c)(3))

Exempt Code

Ē

Part

section

entity?

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Yes

×

1/A

501(C)(3)

×

TEWISH FEDERATION

OF CLEVELAND

12A TYPE 1

501(C)(3)

EWISH FEDERATION

OF CLEVELAND

TYPE 1

12A

501(C)(3)

OHIO

IDUCATIONAL AND RELIGIOUS

SUPPORT CHARITABLE,

MILDRED & MARTIN BECKER FAMILY FOUNDATION

34-1711965, 25701 SCIENCE PARK DRIVE,

CLEVELAND, OH 44122-7302

PURPOSES OF FEDERATION

SUPPORT CHARITABLE,

THE SEMI J. & RUTH W. BEGUN FOUNDATION

34-1594565, 25701 SCIENCE PARK DRIVE,

CLEVELAND, OH 44122-7302

832161 09-06-16 LHA

34-1350566

Schedule R (Form 990) & LILYAN MANDEL FUND

Part II Continuation of Identification of Related Tax-Exempt Organizations

(g) Section 512(b)(13) ŝ organization? × controlled × × × × × × × × × × × Yes EWISH FEDERATION TEWISH FEDERATION EWISH FEDERATION EWISH FEDERATION EWISH FEDERATION EWISH FEDERATION TEWISH FEDERATION EWISH FEDERATION EWISH FEDERATION EWISH FEDERATION EWISH FEDERATION EWISH FEDERATION Direct controlling OF CLEVELAND OF CLEVELAND F CLEVELAND OF CLEVELAND entity ε status (if section Public charity 12A TYPE 1 501(c)(3)) 12A TYPE 1 L2A TYPE 1 12A TYPE 1 12A TYPE 1 12A TYPE 1 12A TYPE <u>e</u> 12A TYPE 12A TYPE 12A TYPE 12A TYPE N/A Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(2) ਉ Legal domicile (state or foreign country) OHIO OIHO OHIO OIHC OIHC OHIO OHIO OHIO OHIO OHIO OHIO IDUCATIONAL AND RELIGIOUS EDUCATIONAL AND RELIGIOUS SDUCATIONAL AND RELIGIOUS SDUCATIONAL AND RELIGIOUS EDUCATIONAL AND RELIGIOUS SDUCATIONAL AND RELIGIOUS EDUCATIONAL AND RELIGIOUS EDUCATIONAL AND RELIGIOUS SEE SCHEDULE R, PART VII, SEE SCHEDULE R, PART VII, SEE SCHEDULE R, PART VII, SUPPLEMENTAL INFORMATION SUPPLEMENTAL INFORMATION SUPPLEMENTAL INFORMATION URPOSES OF FEDERATION PURPOSES OF FEDERATION URPOSES OF FEDERATION OR PRIMARY ACTIVITY FOR PRIMARY ACTIVITY FOR PRIMARY ACTIVITY HOLDS LEGAL TITLE TO Primary activity DONATED REAL ESTATE UPPORT CHARITABLE SUPPORT CHARITABLE, SUPPORT CHARITABLE, UPPORT CHARITABLE, SUPPORT CHARITABLE, SUPPORT CHARITABLE, SUPPORT CHARITABLE, SUPPORT CHARITABLE 9 CLEVELAND HEBREW SCHOOLS EDUCATIONAL FDIN -NATHAN L. & REGINA HERMAN CHARITABLE FUND -FOUNDATION - 31-1606939, 25701 SCIENCE PARK FOUNDATION - 34-1916908, 25701 SCIENCE PARK RINA & SAMUEL M. FRANKEL FAMILY FOUNDATION - 34-1276120 PEGGY AND JOHN GARSON FAMILY FOUNDATION - 23-7133908 34-1916905, 25701 SCIENCE PARK DRIVE, 34-0714599, 25701 SCIENCE PARK DRIVE, 34-1771506, 25701 SCIENCE PARK DRIVE, 31-1502121, 25701 SCIENCE PARK DRIVE, 34-1344368, 25701 SCIENCE PARK DRIVE, 30-0226826 THE IMMERMAN FOUNDATION - 34-1533181 ELLEN E. & VICTOR J. COHN SUPPORTING COMMISSION ON CEMETERY PRESERVATION ROBERT AND SUSAN R. HURWITZ FAMILY DRIVE, CLEVELAND, OH 44122-7302 DRIVE, CLEVELAND, OH 44122-7302 Name, address, and EIN of related organization JEWISH COMMUNITY HOUSING INC. FGI FOUNDATION - 34-1916912 CHELM FAMILY FOUNDATION -ОН 44122-7302 CLEVELAND OH 44122-7302 CLEVELAND, OH 44122-7302 FEDERATION HOLDINGS, INC. CLEVELAND, OH 44122-7302 CLEVELAND, OH 44122-7302 CLEVELAND, OH 44122-7302 CLEVELAND, OH 44122-7302 CLEVELAND, OH 44122-7302 CLEVELAND, OH 44122-7302 CLEVELAND, OH 44122-7302 25701 SCIENCE PARK DRIVE 25701 SCIENCE PARK DRIVE 25701 SCIENCE PARK DRIVE 25701 SCIENCE PARK DRIVE 25701 SCIENCE PARK DRIVE CLEVELAND

34-1350566

& LILYAN MANDEL FUND

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

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NIE par souther smcN	(C)	(5)	(a)	(a)	3	Section 512(b)(13)	(13)
of related organization	rilliary activity	Legal domicile (state or foreign country)	exempt code section	Public charity status (if section	Ulrect controlling entity	controlled organization?	~
		•		501(c)(3))		Yes No	ه ا
THE MT. SINAI HEALTH CARE FOUNDATION -	SUPPORT CHARITABLE,						
34-1777878, 11000 EUCLID AVE, CLEVELAND, OH	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
44106	PURPOSES OF FEDERATION	онго	501(C)(3)	12A TYPE 1	OF CLEVELAND	*	
MADAV IX FOUNDATION - 34-1638258	SUPPORT CHARITABLE,					-	
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND	×	
MADAV XVII FOUNDATION - 34-1827879	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оню	501(C)(3)	12A TYPE 1	OF CLEVELAND	×	
MADAV XVIII FOUNDATION - 34-1827878	SUPPORT CHARITABLE,						1
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онго	501(C)(3)	12A TYPE 1	OF CLEVELAND	×	
MALTZ FAMILY FOUNDATION - 31-1566163	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS			.••	JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND	×	
MANDEL SPPRTING FDINS-JOSEPH C. AND FLORENCE SUPPORT CHARITABLE,	SUPPORT CHARITABLE,						
MANDEL FUND - 34-1350568, 25701 SCIENCE PARK	SCIENCE PARK EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND	×	
MANDEL SPPRTING FDTNS-MORTON L. AND BARBARA	SUPPORT CHARITABLE,					-	
MANDEL FUND - 34-1350570, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND	×	ĺ
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)	12A TYPE 1	OF CLEVELAND	×	ĺ
MILLER GOOD FAMILY CHARITABLE FOUNDATION -	SUPPORT CHARITABLE,					_	
34-1832965, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	12A TYPE 1	OF CLEVELAND	×	
ALEX & ANNE MILLER FAMILY CHARITABLE FUND -	SUPPORT CHARITABLE,						
31-1204735, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND	×	1
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	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND	×	
DAVID AND INEZ MYERS FOUNDATION - 34-6560945	SUPPORT CHARITABLE,						
NCE P	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	DF CLEVELAND	×	

34-1350566

& LILYAN MANDEL FUND

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(a)	(0)	(P)	(e)	E	(B)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled	2(b)(13) ed
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organization?	وا <mark>و</mark>
EILEEN AND MYRON NICKMAN FAMILY SUPPORTING	SUPPORT CHARITABLE,						
FOUNDATION - 34-1916911, 25/01 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
- 1	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	12A TYPE 1	OF CLEVELAND		×
RA ANN NOVEMBER CHILDREN'S FUND	SUPPORT CHARITABLE,						
- 31-1566156, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND	_	×
OSTARA - 31-1606934	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	DF CLEVELAND		×
THE HARRY RATNER HUMAN SERVICES FUND -	SEE SCHEDULE R, PART VII,						
34-1360076, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND		×
THE RIMON XLI FOUNDATION - 34-1916913	SUPPORT CHARITABLE,					!	
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	12A TYPE 1	OF CLEVELAND		×
ROBERT S. & SYLVIA K. REITMAN FAMILY	SUPPORT CHARITABLE,)
FOUNDATION - 31-1502117, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND		×
DAVID AND ENID ROSENBERG FAMILY FOUNDATION -	SUPPORT CHARITABLE,						ı
37-1777614, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND		×
SCHOLNICK FAMILY FOUNDATION - 61-1749334	SUPPORT CHARITABLE,						
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	DHIO	501(C)(3)	12A TYPE 1	OF CLEVELAND		×
NATHAN & FANNYE SHAFRAN FOUNDATION -	SUPPORT CHARITABLE,						
34-1458950, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				TEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND		×
	SUPPORT CHARITABLE,			!			
34-1806781, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND		×
MICHAEL & ANITA SIEGAL FAMILY FOUNDATION -	SUPPORT CHARITABLE,						
34-1832962, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	OHIO	501(C)(3)	12A TYPE 1	OF CLEVELAND		×
LAURA & ALVIN SIEGAL CLG JUD STDIES ED FDTN	SEE SCHEDULE R, PART VII,						
- 34-0946903, 25701 SCIENCE PARK DRIVE,	SUPPLEMENTAL INFORMATION				JEWISH FEDERATION		
CLEVELAND, OH 44122-7302	FOR PRIMARY ACTIVITY	онто	501(C)(3)	4	OF CLEVELAND		×

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& LILYAN MANDEL FUND

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(g)	(0)	<u>9</u>	(e)	£	(g)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 312(0)(13)
of related organization	_	foreign country)	section	status (if section	entity	organization?
				501(c)(3))		Yes No
NORMA AND ERNIE SIEGLER FAMILY FOUNDATION -	SUPPORT CHARITABLE,					
34-1546349, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	12A TYPE 1	OF CLEVELAND	×
ROBERT AND EILEEN SILL FAMILY FOUNDATION -	SUPPORT CHARITABLE,					
46-4104662, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	12A 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)	12A TYPE 1	OF CLEVELAND	×
NAOMI G. & EDWIN Z. SINGER FAMILY FUND -	SUPPORT CHARITABLE,					
34-1638257, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	12A TYPE 1	OF CLEVELAND	x
DAVID AND ROBERT STEIN FOUNDATION -	SUPPORT CHARITABLE,					
34-1466318, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS			-,	JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND	×
IRVING I, STONE SUPPORT FOUNDATION -	SUPPORT CHARITABLE,					_
34-1476465, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	ОНІО	501(C)(3)	12A TYPE 1	OF CLEVELAND	×
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)	12A TYPE 1	OF CLEVELAND	×
STANLEY E, AND SALLY HARRIS WERTHEIM FAMILY	SUPPORT CHARITABLE,	i				
FOUNDATION - 30-0884987, 25701 SCIENCE PARK	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	
DRIVE, CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND	×
WOLF FAMILY FOUNDATION - 34-1638259	SUPPORT CHARITABLE,					
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	оніо	501(C)(3)	12A TYPE 1	OF CLEVELAND	×
BENNETT & DONNA YANOWITZ FAMILY FOUNDATION -	SUPPORT CHARITABLE,					
34-1562999, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	отно	501(C)(3)	12A TYPE 1	OF CLEVELAND	×
DAN AND ELLEN ZELMAN FAMILY FOUNDATION -	SUPPORT CHARITABLE,					-
38-3876650, 25701 SCIENCE PARK DRIVE,	EDUCATIONAL AND RELIGIOUS		-		JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND	×
ZILBER FAMILY FOUNDATION - 34-1711966	SUPPORT CHARITABLE,					
25701 SCIENCE PARK DRIVE	EDUCATIONAL AND RELIGIOUS				JEWISH FEDERATION	
CLEVELAND, OH 44122-7302	PURPOSES OF FEDERATION	онто	501(C)(3)	12A TYPE 1	OF CLEVELAND	×

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& LILYAN MANDEL FUND Schedule R (Form 990) 2016 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

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eneral or Percentage 47.60% 54.00% 44.00% 33,33% ownership 3 esNo 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) < 096 69> <8,172,852.> 1,178,054. 547,455. Ξ Disproportionate Yes No allocations? Ξ 375,468,376. 342,243,535, 78,371,673, 19,361,840. Share of end-of-year assets 9 21,757,030. 12,451,809. 8 542 320. 3,327,235. Share of total income (related, unrelated, excluded from tax under sections 512-514) Predominant income D)REVENUE D) REVENUE D) REVENUE D) REVENUE XCLUDED SXCLUDED SXCLUDED SXCLUDED (d)
I Direct controlling | N/A N/A N/A X/A (c)
Legal
domicile
(state or
foreign DE DE DΕ Ю Primary activity NVESTMENTS INVESTMENTS INVESTMENTS INVESTMENTS <u>@</u> SIMON CHARITABLE PUBLIC LLC MSF PRIVATE EQUITY FUND LLC 20-3948339, 25701 SCIENCE 20-5060858 25701 SCIENCE CLEVELAND, OH CLEVELAND, OH PARK DRIVE, CLEVELAND, OH 20-5060891, 25701 SCIENCE PARK DRIVE, CLEVELAND, OH 34-1796304, 25701 SCIENCE Name, address, and EIN of related organization MSF REAL ESTATE FUND LLC MAF INVESTMENTS LTD e PARK DRIVE, PARK DRIVE, 44122 44122 44122

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

							1		ì			
	512(b)(13) controlled entity?	No			×						L	
		Yes								 		
Ê	Percentage ownership				21.678							
	Share of end-of-year	assets			1,733,550.							
	Share of total income				237,250.							
(e)	Type of entity (C corp, S corp,	or trust)			C CORP							
(P)	Direct controlling entity				PARKWOOD LLC							
စ	Legal domicite (state or	country)			DE							
(q)	Primary activity	 		FINANCIAL, TRUST AND	INVESTMENT SERVICES							
(a)	Name, address, and EIN of related organization		PARKWOOD TRUST COMPANY - 34-1851693	919 N. MARKET ST., SUITE 429	WILMINGTON, DE 19801							

Schedule R (Form 990) 2016

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Schedule R (Form 990)

& LILYAN MANDEL FUND

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

(a)	(q)	(3)	(p)	(e)	(s)	(b)	(F)	(9)	8	8
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under, sections 512-514)	Share	Share of end-of-year assets	tion- lons?	UB! n box nedule 1065)	General or managing partner?	Perc
PARKWOOD LLC - 37-1665471 1000 LAKESIDE AVENUE CLEVELAND, OH 44114	FINANCIAL AND INVESTMENT SERVICES	DE	N/A	(D)REVENUE EXCLUDED	1,048,386.	7,803,878.		6,477.	×	21.678
									i 	

Schedule R (Form 990) 2016 & LILYAN MANDEL FUND

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more r	elated ordanizations lister	n Parts II-IV?	Yes No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	` >			ta ×
b Gift, grant, or capital contribution to related organization(s)				x qt
c Gift, grant, or capital contribution from related organization(s)				1c ×
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				16 ×
f Dividends from related organization(s)				1f X
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)				± ×
j Lease of facilities, equipment, or other assets to related organization(s)				1j ×
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
1 Performance of services or membership or fundraising solicitations for related organization(s)	anızation(s)			11 X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			×
	ion(s)			×
 Sharing of paid employees with related organization(s) 				10 ×
 P Reimbursement paid to related organization(s) for expenses 				1p x
 Reimbursement paid by related organization(s) for expenses 				10 ×
r Other transfer of cash or property to related organization(s)				× ×
s Other transfer of cash of property from felated organization(s) 2. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line inclinding covered relationships and transaction thresholds.	who must complete t	his line including covered	relationships and transaction thresholds	18 1
	(4)	1-7	47	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(a) Method of determining amount involved	olved
(1) MSF PRIVATE EQUITY FUND LLC	æ	24,182,280.	24,182,280,CASH TRANSFERRED	
(2) MSF PRIVATE EQUITY FUND LLC	w	1,080,000.	CASH TRANSFERRED	
(3) MAF INVESTMENTS LTD	S	7,233,400.	CASH TRANSFERRED	ľ
(4) SIMON CHARITABLE PUBLIC LLC	æ	28,073,757.	CASH TRANSFERRED	
(5) SIMON CHARITABLE PUBLIC LLC	ß	27,395,000.	27,395,000,CASH TRANSFERRED	
IN MSP REAL ESTATE FUND LLC		924 000	924 000 CASH TRANSFERRED	
			-1 1 -1 ·	
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& LILYAN MANDEL FUND

Schedule R (Form 990)

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Schedule H (Form 990) * Lilian manual Fond			34-1350566
Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)	m 990), Part V, line 2		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)MSF REAL ESTATE FUND LLC	S	3,960,000	3,960,000.CASH TRANSFERRED
(8)PARKWOOD TRUST COMPANY	W	2,858,668.	2,858,668.CASH TRANSPERRED
(6)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			
		!	

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Schedule R (Form 990) 2016 & 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

(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Very roof res No				
Share of Dispupor- End-of-year alterations assets	Ves No				
Share of total					
	No section of the sec				
(c) Legal domicile (state or foreign country)					
(b) (c) (d) Primary activity Legal domicile (related, unrelated, state or foreign excluded from tax under country) sections 5,7-514)					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2016 & LILYAN MANDEL FUND	34-1350566	Page
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		
SCURDAVE D. DADE II. COVIDE D.		
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.:		
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Schedule R (Form 990) 2016 & LILYAN MANDEL FUND	34-1350566	Page 8
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 INDIVIDUALS WITH		
DISABILITIES		
		
SCHEDULE R, PART II, COLUMN B		
CONTINUATION OF PRIMARY ACTIVITY:		
THE HARRY RATNER HUMAN SERVICES FUND:		
SUPPORT CHARITABLE, EDUCATIONAL AND RELIGIOUS PURPOSES OF FEDERATION		
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		
OPPORTUNITIES		
- 		
		
		
		
		
		