Form **990** 

# 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.

Open to Public

OMB No. 1545-0047

2020

A       For the 2020 calendar year, or tax year beginning       , 2020, and ending       , 20         B       Check if applicable:       C       The Koby Mandell Foundation, Inc.       91-2169027         B       Address change       S66 Pearsall Avenue #1       Cedarhurst, NY 11516       E Telephone number         Initial return       F Name and address of principal officer:       Seth Mandell       H(e) Is this a group return for subordinates?       Yes       X No         Application pending       F Name and address of principal officer:       Seth Mandell       H(e) Is this a group return for subordinates?       Yes       No         J       Website: ►       Www.Kobymandell.org       H(e) Coroup exemption number       H(e) Group exemption number       No         K       Form of organization:       X Corporation       Trust       Association       Other *       L Year of formation:       2001       M State of legal domicile: NY         Part I       Summary       1       Briefly describe the organization's mission or most significant activities: The Koby Mandell Foundation provides       Individuals and families with the tools to translate the pain and suffering of         1       Driefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.       3         2       Check this box ►       I if the organization discontinued its operati	Depa Inter	artment mal Rev	of the Treasury enue Service		iter social security numbers on <i>irs.gov/Form990</i> for instruc.					Inspection	
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Bown dramp Index dramp       366 Pearsall Avenue #1 Cedarhurst, NY 11516       E Testem dramp         Bown dramp       366 Pearsall Avenue #1 Prediction       E Testem dramp         Application of the stand dramp       F Terrer dramp       F Testem dramp         Application of the stand dramp       F Testem dramp       Sign As C Above         Tate-event       Maintain Sign Crassing of the stand dramp       Testem dramp         J Website: * www.Kobymandell.org       Test event dramp       Association         J Website: * www.Kobymandell.org       Test event dramp       Association         J Website: * www.Kobymandell.org       Test event dramp       Maintain Sign Crassing of the *         L Yeer of dramp       Summary       Test event dramp       Maintain Sign Crassing of the *         V Hotsite of the organizations       Test event dramp       Maintain Sign Crassing of the *       L Yeer of test event ev	В	Check i	if applicable:	C	-		-	D Employe	er ident	tification number	
Cedarhurst, NY 11516       (301) 654-7045         Instrument parking       Final manuferminant       Mainter parking       Final manuferminant       Mainter parking       Final manuferminant         Application parking       Final manuferminant       Final manuferminant       Mainter parking       Final manuferminant		Ac	ddress change	The Koby Mandell	Foundation, Inc	2.		91-2	2169	027	
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Same As C Above       Improve Area and another of the advancement o		Ap	pplication pending	F Name and address of principa	<sup>I officer:</sup> Seth Mandel	1					No
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Part I Summary         I Brefy describe the organization's mission or most significant activities: The Koby Mandell Foundation provides individuals and families with the tools to translate the pain and suffering of tragedy into positive personal growth, deeper interpersonal relationships and activities of the powering body (Part VI, line 1a).         3       Number of independent voltage members of the governing body (Part VI, line 1a).       3       11         4       11       Total number of independent voltage members of the governing body (Part VI, line 1a).       3       11         4       11       Total number of independent voltage members of the governing body (Part VI, line 1a).       3       11         5       12       Total number of independent voltage members of the governing body (Part VI, line 1a).       4       11         4       11       Total number of induduals employed in calendar year 2020 (Part VI, line 1a).       5       13         6       12       7a       0.0       7a       0.0         7       Total number of induduals employed members of the governing body (Part VI, line 1a).       408,235.       306,014.         9       Program service revewe (Part VIII, column (A), lines 3, 4, and 7d).       408,235.       306,014.         10       there there and lines 8 through 1 (must equal Part VII, column (A), line 12).       991,009.       6055,055.         13	J	We	bsite: ► 🛛 WW		J		н	(c) Group exemption nu	mber 🕨	•	
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4       Number of independent voting members of the governing body (Part VI, line 1b).       4       1         5       Total number of independent voting members of the governing body (Part VI, line 2a).       5       7         6       Total number of independent voting members of the governing body (Part VI, line 2a).       6       0         7       Total number of volunteers (estimate if necessary).       7       7       0         7       Total number of volunteers (estimate if necessary).       7       7       0         9       Program service revenue (Part VIII, line 1b).       Prior Year       Current Year         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d).       422, 602.       991, 009.       608, 505.         11       Other revenue (Part VIII, column (A), lines 4, 68, 9c, 10c, and 11e).       -422, 605.       9, 965.         13       Grants and similar amounts paid (Part IX, column (A), lines 4.       731, 500.       249, 030.         14       Benefits paid to or members (Part IX, column (A), lines 4.       10, 046, 366.       14, 866.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5.10.       29, 073.       14, 866.         16       Protel fundraising fees (Part IX, column (A), line 42.       10, 046, 366.       326, 314.         17       O	g	3									11
b Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>ര</b> ്ഗ ഗ	4			0 0 , (				4		10
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B       Contributions and grants (Part VIII, line 1h)	Ā								-		
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9       Program service revenue (Part VIII, line 2g)		8	Contributions	s and grants (Part VIII, line	1h)				35		4
12       Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)       991, 009.       608, 505.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3).       731, 500.       249, 030.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3).       731, 500.       249, 030.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).       29, 073.       14, 856.         16a       Professional fundraising fees (Part IX, column (D), line 25) •       10, 857.       249, 796.       72, 428.         17       Other expenses (Part IX, column (D), line 25) •       10, 857.       1, 046, 369.       336, 314.         19       Revenue less expenses. Subtract line 18 from line 12.       -55, 360.       272, 191.         18       Total assets (Part X, line 16).       24, 659.       437, 651.         21       Total liabilities (Part X, line 26).       78, 257.       219, 058.         21       Total assets or fund balances. Subtract line 21 from line 20.       -53, 598.       218, 593.         22       Net assets or fund balances. Subtract line 21 from line 20.       -53, 598.       218, 593.         22       Net assets or fund balances. Subtract line 21 from line 20.       -53, 598.       218, 593.         23       Net assets or	Jue							/			
12       Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)       991, 009.       608, 505.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3).       731, 500.       249, 030.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3).       731, 500.       249, 030.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).       29, 073.       14, 856.         16a       Professional fundraising fees (Part IX, column (D), line 25) •       10, 857.       249, 796.       72, 428.         17       Other expenses (Part IX, column (D), line 25) •       10, 857.       1, 046, 369.       336, 314.         19       Revenue less expenses. Subtract line 18 from line 12.       -55, 360.       272, 191.         18       Total assets (Part X, line 16).       24, 659.       437, 651.         21       Total liabilities (Part X, line 26).       78, 257.       219, 058.         21       Total assets or fund balances. Subtract line 21 from line 20.       -53, 598.       218, 593.         22       Net assets or fund balances. Subtract line 21 from line 20.       -53, 598.       218, 593.         22       Net assets or fund balances. Subtract line 21 from line 20.       -53, 598.       218, 593.         23       Net assets or	evel	10	Investment in	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)			,			
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)	ď									/	
14       Benefits paid to or for members (Part IX, column (A), line 4)       Image: Control of the expenses of the compensation, employee benefits (Part IX, column (A), lines 5-10)       29,073.       14,856.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       29,073.       14,856.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       36,000.       36,000.         b       Total fundraising expenses (Part IX, column (D), line 25) >       10,857.       10,857.         17       Other expenses (Part IX, column (A), line 11e)       10,857.       1,046,369.       336,314.         19       Revenue less expenses. Subtract line 18 from line 12       -55,360.       272,191.         18       Total assets (Part X, line 16)       24,659.       437,651.         20       Total assets (Part X, line 26)       78,257.       219,058.         21       Total liabilities (Part X, line 26)       -53,598.       218,593.         22       Net assets or fund balances. Subtract line 21 from line 20.       -53,598.       218,593.         24       Fort II       Signature Block       -53,598.       218,593.         Under the officer         25       Seth Mandel1       President         Type or print nare and tile       President				_							
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       29,073.       14,856.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       36,000.       36,000.         b       Total fundraising expenses (Part IX, column (D), line 25) ►       10,857.       249,796.       72,428.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       249,796.       72,428.       1,046,369.       336,314.         19       Revenue less expenses. Subtract line 18 from line 12.       -55,360.       272,191.       -55,360.       272,191.         20       Total assets (Part X, line 16)       24,659.       437,651.       78,257.       219,058.         21       Total liabilities (Part X, line 26)       78,257.       219,058.       -53,598.       218,593.         22       Total assets (Part II.       Signature Block       -53,598.       218,593.       -53,598.       218,593.          Linder penaties of perjury.       Idea Professional fundrais of which preparer has any knowledge.       -53,598.       218,593.         Volder penaties of perjury.       Idea Balances.       Superior of filter       Date         Signature of officer       Date       Prosident       Pol072109       Firm's name       SUPERIOR CONS								731,5	00.	249,03	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)				•						14.05	<u> </u>
17       Other expenses (Part IX, column (A), lines 11a-11d, 117-249)	es	15					-			14,85	6.
17       Other expenses (Part IX, column (A), lines 11a-11d, 117-249)	sus	16a						36,0	00.		_
17       Other expenses (Part IX, column (A), lines 11a-11d, 117-249)	ă.	b									
19       Revenue less expenses. Subtract line 18 from line 12	ш	17						/ .			
Sign Here       President       President         Paid Preparer Use Only       Print/Type preparer's name       Preparer's signature       Date         Paid Prim's name       Preparer's signature       Date         Print's name       SUPERIOR CONSULTING SERVICES       Print's EIN > 113640383         Firm's address       SUPERIOR CONSULTING SERVICES       Firm's EIN > 113640383         May the IRS discuss this return with the preparer shown above? See instructions       Sign structure structions       X								/ / -			
<sup>2</sup> ± 22 Net assets or fund balances. Subtract line 21 from line 20			Revenue less	s expenses. Subtract line 1	8 from line 12			1			1.
<sup>2</sup> ± 22 Net assets or fund balances. Subtract line 21 from line 20	a or Nces		T	(Dent ) line 10)							-
<sup>2</sup> ± 22 Net assets or fund balances. Subtract line 21 from line 20	sset Bala	20									
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign Here       Signature of officer       Date         Sign Here       Signature of officer       Date         President       President         Type or print name and title       Preparer's signature         Preparer       Date         Use Only       Firm's name         Firm's name       SUPERIOR CONSULTING SERVICES         Firm's address       216 GRANT ST         MASSAPEQUA PARK, NY 11762       Phone no. 5162140537         May the IRS discuss this return with the preparer shown above? See instructions       X Yes	let A Ind I	21						· · · · ·			
Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.         Sign Here       Signature of officer       Date         Sign Here       Signature of officer       Date         President       President         Type or print name and title       Preparer's signature       Date         Paid Preparer       Print/Type preparer's name       Preparer's signature       Date         Firm's name       SUPERIOR CONSULTING SERVICES       P01072109         Firm's address       216 GRANT ST       Firm's EIN ► 113640383         MASSAPEQUA PARK, NY 11762       Phone no. 5162140537         May the IRS discuss this return with the preparer shown above? See instructions       X Yes       No	_							-53,5	98.	218,59	3.
Sign Here       Signature of officer       Date         Signature of officer       Date         Seth Mandel1       President         Type or print name and title       President         Paid Preparer Use Only       Print/Type preparer's name       Preparer's signature         Aron Epstein, CPA       Aron Epstein, CPA       Date       Check if self-employed         Firm's name       SUPERIOR CONSULTING SERVICES       P01072109         Firm's address       SUPERIOR CONSULTING SERVICES       Firm's EIN ► 113640383         MASSAPEQUA PARK, NY 11762       Phone no. 5162140537         May the IRS discuss this return with the preparer shown above? See instructions       X       Yes	-	-	5		Irn including accompanying scher	dules and stateme	ents and to th	e best of my knowledge	and hel	ief it is true correct and	
Sign Here       Seth Mandel1 Type or print name and title       President         Paid Preparer Use Only       Print/Type preparer's name       Preparer's signature Aron Epstein, CPA       Date       Check if self-employed       PTIN P01072109         Firm's name Firm's address       SUPERIOR CONSULTING SERVICES       Firm's EIN ► 113640383       Firm's EIN ► 113640383         May the IRS discuss this return with the preparer shown above? See instructions       Phone no. 5162140537       No	com	plete. D	eclaration of prepa	arer (other than officer) is based on	all information of which preparer h	has any knowledg	je.			,,,,	
Sign Here       Seth Mandel1 Type or print name and title       President         Paid Preparer Use Only       Print/Type preparer's name       Preparer's signature Aron Epstein, CPA       Date       Check if self-employed       PTIN P01072109         Firm's name Firm's address       SUPERIOR CONSULTING SERVICES       Firm's EIN ► 113640383       Firm's EIN ► 113640383         May the IRS discuss this return with the preparer shown above? See instructions       Phone no. 5162140537       No			►								
Type or print name and title       Preparet's signature       Date       Check       if       PTIN         Paid       Aron Epstein, CPA       Aron Epstein, CPA       Date       Check       if       P01072109         Preparer       Firm's name       ► SUPERIOR CONSULTING SERVICES       Firm's EIN ► 113640383       Firm's EIN ► 113640383         Phone no.       5162140537       May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       No	Sig	gn	<ul> <li>Signatu</li> </ul>	ure of officer				Date			
Paid Preparer Use Only       Print/Type preparer's name Aron Epstein, CPA       Preparer's signature Aron Epstein, CPA       Date       Check if self-employed       PTIN P01072109         Firm's name Firm's address       ► SUPERIOR CONSULTING SERVICES       Firm's EIN ► 113640383       P13640383         May the IRS discuss this return with the preparer shown above? See instructions       Phone no. 5162140537       No	Не	ere						President			
Paid Preparer Use Only       Aron Epstein, CPA       Aron Epstein, CPA       self-employed       P01072109         Firm's name Firm's address       ► SUPERIOR CONSULTING SERVICES       Firm's EIN ► 113640383         MASSAPEQUA PARK, NY 11762       Phone no. 5162140537         May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       No			21		Propararia cignatura		Data		<u> </u>	DTIN	
Preparer Use Only       Firm's name       ►       SUPERIOR CONSULTING SERVICES         Firm's address       ►       216 GRANT ST       Firm's EIN ► 113640383         MASSAPEQUA PARK, NY 11762       Phone no. 5162140537         May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       No	_						Date		-		
Use Only       Firm's address       ► 113640383         MASSAPEQUA PARK, NY 11762       Phone no. 5162140537         May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       No				<b>-</b>				self-employe	a	LOTO/5102	
MASSAPEQUA PARK, NY 11762       Phone no.       5162140537         May the IRS discuss this return with the preparer shown above? See instructions       X       Yes       No	lle	epare se On			SOFITING SERATCES			Eirmia EIN I	• 11	2610202	
May the IRS discuss this return with the preparer shown above? See instructions X Yes No	03		••y Firm's addr								
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Form	990 (2020) The Koby Mandel	ll Foundation, Inc.	91-2169027	Page <b>2</b>
Part	III Statement of Program S	ervice Accomplishments		
		a response or note to any line in this Part III		
1	Briefly describe the organization's mis			
		<u>nd_families_in_crisis;_promote</u>		ng
		outh; support programs that de	epen_and_strengthen_an	
	individuals connection	to his/her heritage		
2	Did the organization undertake any sign	ficant program services during the year which were	not listed on the prior	
	, , , , , , , , , , , , , , , , , , ,		· —	X No
	If "Yes," describe these new services on			A no
		g, or make significant changes in how it conduct	s, any program services? <b>Yes</b>	X No
	If "Yes," describe these changes on Sch			
4	Describe the organization's program s	service accomplishments for each of its three la	rgest program services, as measured by ex	xpenses.
	Section 501(c)(3) and 501(c)(4) organ and revenue, if any, for each program	nizations are required to report the amount of gr	ants and allocations to others, the total exp	penses,
	and revenue, if any, for each program			
<b>4</b> a	(Code: ) (Expenses \$	278,833. including grants of \$	249 030 ) (Revenue \$ 292	2,492.)
		nd families in crisis; promote		<u> </u>
		outh; support programs that de		<u></u>
	individuals connection			
4 b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4.0	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
40				)
	Other program services (Describe on			
	(Expenses \$	including grants of \$	) (Revenue \$ )	)
4 e BAA	Total program service expenses ►	278,833.	Earm	<b>990</b> (2020)
DAA		TEEA0102L 10/07/20	I <sup>-</sup> UIII	JJU (2020)

Form 990 (2020) The Koby Mandell Foundation, Inc.
Part IV Checklist of Required Schedules

i u				V	
1		ne organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete redule A	1	Yes X	No
2	ls th	ne organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did for j	the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates oublic office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Sec in e	tion 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election ffect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	ls th	ne organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, essments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	to p	the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right rovide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D,</i> t <i>I</i>	6		Х
7	Did	the organization receive or hold a conservation easement, including easements to preserve open space, the ironment, 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? <i>If 'Yes,'</i>	8		Х
9	for a	the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation rices? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did or ii	the organization, directly or through a related organization, hold assets in donor-restricted endowments n quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
11		e organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, $\zeta$ as applicable.			
	D, F	the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule</i> Part VI	11 a		Х
	b Did asso	the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total ets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	c Did ass	the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total ets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	<b>d</b> Did in P	the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported 'art X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
	<b>e</b> Did	the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the	the organization's separate or consolidated financial statements for the tax year include a footnote that addresses organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12		the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete edule D, Parts XI and XII	12a		Х
	<b>b</b> Was if th	the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and e organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	ls th	ne organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	<b>a</b> Did	the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	busi	the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, ness, investment, and program service activities outside the United States, or aggregate foreign investments valued 100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b	Х	
15	Did fore	the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any ign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
16	Did or fe	the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did colu	the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, mn (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
18	Did line	the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, s 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did <i>con</i>	the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' aplete Schedule G, Part III	19	х	
20	<b>a</b> Did	the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
I	<b>b</b> If 'Y	'es' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did dom	the organization report more than \$5,000 of grants or other assistance to any domestic organization or nestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х

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Form 990 (2020)The Koby Mandell Foundation, Inc.Part IVChecklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		х
24	a 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 25a	24a		Х
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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 I	25a		Х
I	<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
l	<b>b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
l	<b>b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u>i L</u>
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4		Yes	No
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	
BAA	TEEA0104L 10/07/20	Form	990 (	(2020)

91-2169027

Part V         Statements Regarding Other IRS Filings and Tax Compliance (continued)           2 = Exter the number of engiptypes regorded on in Fam W3, Transmittal of Wage and Tax State         1         1           b If at least neits is and 2a signal that 200 yours pto regulate field and engiptypes returns of the organization that page accounts of \$1,000 or more dump the year?         2b X           a Dat the organization there unrelated basiness gross income of \$1,000 or more dump the year?         2b X           b If Yes, and flad a fam M5.1 for this set of the 2a parabolic accounts securities account; or other number of enginess accounts of \$1,000 or more dump the year?         2b X           b If Yes, and flad a fam M5.1 for this set of the 2a parabolic account; excerting account; or other number of enginess the first familiance of the regime curve; a set of the organization that it was or to a parabolic account; or other number of enginess the first familiance of the regime curve; a set of the organization that it was or to a parabolic account; or other number of enginess the first familiance of the organization that it was or to a parabolic account; or other number of enginess the first familiance of the organization that it was or to a parabolic account; or other number of enginess the first familiance of the organization that it was or to parabolic account; or other account	Form 990 (2020) The Koby Mandell Foundation, Inc. 91-216902	7	F	Page 5
2a Exter the number of employees reported on Form W-3. Transmittal of Wage and Tax State       1         b if at less on seported on the 2A, dd te organization if lead interquined federal employment tax returns?       2b         A at any time to a reported on the 2A, dd te organization if lead interquined federal employment tax returns?       2b         B of the organization have untraded busines grows income of 3 Julio on rome during the year?       3a         A at any time during the calcular expansion how on thread in the year?       3b         B of the organization have intergen country?       3a         A at any time during the calcular expansion how on thread in account, or other financial account, or the financial account of the grow of the organization in the anegulation at any time during the tax year?       3a         B of the organization in a public tax shalls       5a       X         B of the organization in the organization in the any time during the tax year?       5c       X         B of the organization induce with every solicitation an express statement that such contributions or offs were not tax deductible as chentable orbit hubits as required to fire orbit during the organization induce with every solicitation an express statement that such contributions or offs were not tax deductible as chentable orbit hubits as required to fire organization express a payment in excess of \$75 mde payle as a contribution and particle orbit contract?       7b         C The calculate the manual pross explication induce with every solicitation an express statement that such contributions or offs were nort tax deductib	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	
bit at least one is reported on line 2a, did the organization file all required fedral employment fax returns?       2b       X         Mote: the sum of lines 1a ad 2b greater than 320, you may be required to e the (see instructions)       3a       Did the organization have unreliated business gross income of \$1,000 or more during the year?       3a       Did the organization have unreliated business gross income of \$1,000 or more during the year?       3b       X         bit Yes; that thild a fore 3DD Te this growth an explanation of \$1,000 or more during the year?       3a       X       X         Ad All xy time during the calendary set, if the line 30, provide an explanation a Solitabil 0.       3b       X       X         See instructions for time growth an theorem county?       See instructions for time requires the fore 3000 or more any time during the tax year?       Sa       X         bit any baxable party notify the organization the from 3866.7?       Sc       C       C       Sc       C         c) If Yes; to the organization have annual gross precipts that are normally greater than \$100,000, and did the organization solit any ortholitons that may receive deductible contributions multic any contributions fast may receive deductible contributions nucles section 170(c).       Sc       C         10 Yes; did the organization in excess of \$75 mede party as a contribution and party for goods and party for goods and growthin section 170(c).       Te       X         11 Yes; indicate the number of Forms 8826 field during the year.       7d </th <th></th> <th></th> <th>Yes</th> <th>No</th>			Yes	No
bit at least one is reported on line 2a, did the organization file all required fedral employment fax returns?       2b       X         Mote: the sum of lines 1a ad 2b greater than 320, you may be required to e the (see instructions)       3a       Did the organization have unreliated business gross income of \$1,000 or more during the year?       3a       Did the organization have unreliated business gross income of \$1,000 or more during the year?       3b       X         bit Yes; that thild a fore 3DD Te this growth an explanation of \$1,000 or more during the year?       3a       X       X         Ad All xy time during the calendary set, if the line 30, provide an explanation a Solitabil 0.       3b       X       X         See instructions for time growth an theorem county?       See instructions for time requires the fore 3000 or more any time during the tax year?       Sa       X         bit any baxable party notify the organization the from 3866.7?       Sc       C       C       Sc       C         c) If Yes; to the organization have annual gross precipts that are normally greater than \$100,000, and did the organization solit any ortholitons that may receive deductible contributions multic any contributions fast may receive deductible contributions nucles section 170(c).       Sc       C         10 Yes; did the organization in excess of \$75 mede party as a contribution and party for goods and party for goods and growthin section 170(c).       Te       X         11 Yes; indicate the number of Forms 8826 field during the year.       7d </td <td>2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-</td> <td></td> <td></td> <td></td>	2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-			
Note:         The sum of these 1a and 2a is greater than 250, you may be required to e (if (see instructions))         The sum of these 1a and 2a is greater than 250, you may be required to e (if (see instructions))         The sum of t	ments, filed for the calendar year ending with or within the year covered by this return 2a 1			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?.       3 a       X         4 a Atary time during the coloridal year off the organization matched on a signature or other financial accounts?       3 b         4 a Atary time during the coloridal year off the organization factor and interest in or a signature or other financial accounts?       4 a       X         5 a Was the organization and year off the organization factor and year of the foreign country *       5 a       X         5 a Was the organization the organization flat two or is a pray to a prohibited tax sheller transaction?       5 a       X         5 a Oss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization fact the very solicitation are spress statement that such contributions and reverses the ordination of the organization nuclew with every solicitation and express statement that such contributions and reverses the organization include with every solicitation are spress statement that such contributions and reverses the organization are press statement that such contributions and reverses the organization are presses that such contributions and reverses the organization reverse and tradicatible as christination and partly for goods and services provided to the payor.       7 a       X         9 bit first, idd the organization include with every solicitation are spresses that such contributions and reverses provided to the payor.       7 a       X         10 first, organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and evereverse provided to the payor.       7 a	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
b If Yes, has it Hield a Form 300 T for this year? If Mo to Kine 3b, pravide an explanation on Schedule 0.       3b         4 a A lary time during the calendar year, d Hield the organization have an interest in, or a signature or other authority over, a the transaction is accountily.       4a         5 If Yes, i that the nume of the foreign countily 's control scale accountily or other transaction accountily or other transaction accountily or the organization ap party to a prohibited tax shelt errors active that such contributions or gifts were on the organization that were not tax deductible contributions and prare transaction accountily or the organization that were not tax deductible contributions under section 170(c).       5a         a bit if were in the organization number were were solicitation an express statement that such contributions or gifts were of the proyot.       7a       X         b If Yes, in the organization number of forms 2822 filed during the year.       7a       X         b If the organization receive a payment in access of S75 made party as a contribution and party for grounds.       7a       X         b If Yes, induce the number of Forms 2822 filed during the year.       7a       X         f If Yes, inducate the number of forms 2822 filed during the year.       7a       X         f If the organization receive a purymere in access of stransdee	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4 A lary time dump the calendar year, diff he organization have an inferest in or a signature or other national recountly.       4 a       X         bit "res," enter the name of the foreign country.       5 a bank account, securities account, or other financial accountly.       5 a         5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?       5 a       X         c If "res," to the Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5 b       X         c If "res," to the Sa or 5b, did the organization the organization the rem sets of sa party to a prohibited tax shelter transaction?       5 a       X         c If "res," to the Sa or 5b, did the organization the organization the rem sets of sa or 5b, did the organization and the organization account where not tax declubile ac christication account that was required to the organization and the organization and the organization and party to a prohibited tax shelter transaction?       5 a         c If "res," idd the organization neity the donor of the value of the goods or services provided?       6 b       7         c D if the organization set, scheare, or otherwise dispose of tanglie beronal poperty for which it was required to the argument of the scheare or abuse of the organization file a       7 a       X         f If the organization neity the year, ap terminums, directly or indirectly, on a personal benefit cantract?       7 c       X         f If the organization set a scheare base or abuse of the scheare baccount by the scheare base?	3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
Intractal account in a foreign country (such as a bark account, securities account, or other financial account)?       4 a       X         Bit "Yes," enter the name of the foreign country - Save instructions for fing requirements for FinCEN Form 11A, Report of Foreign Bank and Financial Accounts (FBAP).       5 a       X         5 Was the organization a park to be prohibited tax shelter transaction at any time during the tax year?       5 a       X         b Did any taxable park notify the organization file form 8886-77.       5 c       5 c         6 a Does the organization a park to a prohibited tax shelter transaction?       5 c       5 c         b If "sc," id the organization that it was or is a park to a prohibited tax shelter transaction?       5 c       6 d         b If "sc," id the organization notify the organization shell exceeded tax deductible account to a deductible?       6 d       X         b If "sc," id the organization notify the donor of the value of the goods or services provided?       7 d       X         b If "sc," id the organization notify the donor of the value of the goods or services provide?       7 d       X         b If the organization sele, exchange, or chewise dispose of tangible personal property for which it was required to file       7 d       X         b If the organization sele, exchange, or chewise dispose of tangible personal property for which it was required to file       7 d       X         f If the organization sele a contribution of cars, basis, airplanes, or othe	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3 b		
bit Yes, 'enter the name of the foreign country's       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Sa Was the organization a party to be a prohibited tax shelter transaction at any time during the tax year?       Sa X         bit any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Sa X       Sa X         cit Yes, 'is the sa so t5, at the organization that it was or is a party to a prohibited tax shelter transaction?       Sa X       Sa X         cit Yes, 'is the sa so t5, at the organization that it was or is a party to a prohibited tax shelter transaction?       Sa X       Sa X         cit Yes, 'is during the organization that it was or is a party to a prohibited tax shelter transaction?       Sa X       Sa X         cit Yes, 'is during the organization include with every solicitation an express statement that such contributions or gifts were not tax (deuchthe?       Ga X         7 Organization secure a payment in excess of 750 made party as a contribution and party for goods and services provided?       Za X         bit Yes, 'indicate the number of Forms 8282 filed during the year.       Zd       Za         ci Ul the organization neceives any turns, directly or indirectly, on parsonal benefit contract?       Ze X         fi He organization secure any turns, directly or indirectly, on parsonal benefit contract?       Ze X         fi He organization neceives a any time during the year.       Zd       Zd	4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for thing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         Sa Dots the organization to a party to a prohibited tax shelter transaction?       5c         Sa Dots the organization new numal gross receipts that are normally greater than \$100,000, and dd the organization       6a         Sa Dots the organization needwe with every solicitation an express tatement that such contributions or gifts were not tax deductible as charitable contributions?       6b         7 Organizations that may receive deductible contributions under section 170(c).       7a       X         16 If Yes, ' told the organization include with every solicitation and express tatement that such contributions or gifts were not tax deductible?       7b         7 Organizations that may receive deductible contributions under section 170(c).       7a       X         16 If Yes, ' indicat the number of Forms 8282 filed during the year.       7d       7c       X         16 Ut the organization receive a paymenti mex bas of targible personal property for which it was required to file       7c       X         17 Yes, ' indicat the number of Forms 8282 filed during the year.       7d       7c       X         17 Yes, ' indicat the number of Forms 8282 filed during the year.       7d       7d       X         17 Uses, ' four tax       7d <td>financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td> <td>4a</td> <td></td> <td>Х</td>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
5 a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?.       5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?.       5 b X 5 c         6 a Does the organization have annual gross receipts that are normally greater, than \$100,000, and dd the organization solicit any vortificutions that were not tax deductible as charinable contributions?.       6 a         7 Organizations that may receive deductible as charinable contributions and party for goods and services provided to the party?.       6 b         7 Organizations that may receive deductible contributions under section 170(c).       a Did the organization notify the donor of the value of the goods or services provided?       7 b         7 Did the organization notify the donor of the value of the goods or services provided?       7 c       X         7 U*s; 'indicate the number of Forms 8282 field during the year.       7 d       7 c       X         7 Id the organization neceive any tumbs, directly or indirectly, to pay premiums on a personal benefit contract?       7 e       X         7 Id the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a from 1086?       7 d       7 d         8 Sponsoring organizations maintaining donor advised funds.       10 a donor advised funds.       10 a       10 a         9 Sponsoring organization make any taxable distributions under section 4966?       9 a       9 d       9 d       9 d     <				
bDid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c If Yes; to line 5a or 5b, did the organization file Form 8886-77.       5c       5c         6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization fave annual gross receipts that are normally greater than \$100,000, and did the organization fave annual gross receipts that are normally greater than \$100,000, and did the organization fave mere deductible contributions can express statement that such contributions or gifts were on tax deductible contributions under section 170(c).       6a         7 Organization have precive deductible contributions under section 170(c).       7a       X         9 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7b       7c         10 Tws; indicate the number of Forms 8282 filed during the year.       Zd       7c       X         10 the organization receive a paymentims, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         11 Tws; indicate the number of Forms 8282 filed during the year?       7a       X       Yd         12 the organization received a contribution of cas:, boats, airplanes, or other vehicles, did the organization fave any thand, directly or indirectly, to pay premiums, on a personal benefit contract?       7t       X         13 the organization mave any thand, directly or indirectly, to pay premiums				
c If Yes,' to line 5a or 5b, did the organization file Form 8886-17.       5c         6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as Annual StateMethol (1996).       6a       X         b If Yes,' did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       6b       X         7 Organizations that may receive deductible contributions under section 170(c).       a Did the organization notify the donor of the value of the goods or services provided?       7a       X         b If Yes,' did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         of Did the organization receive a grout did. (if express dispose of langible personal property for which it was required to file       7c       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       Zd       7d       X         g If the organization, during the year, gor permixing, directify or indirectly, on a personal benefit contract?       7f       X         g If the organization may may be presson with the donor advised funds.       7a       X       1         g If the organization may maintaining door advised funds.       7d       X       1         g If the organization may maintaining door advised funds.       10a       10a       10a       10a				
6a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions?       6a       X         bill "Ves: idd the organization include with every solicitation an express statement that such contributions or gilts were not tax deductible?       6b       6a         7 Organizations that may receive deductible contributions under section 170(c).       a Did the organization networks dispose of tangible personal property for which it was required to file form 8282?       7a       X         bill "Ves: indicate the number of Forms 8282 filed during the year.       7d       7d       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file of metally are availed form 8899       7g       7g         n H the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file of Form 8899       7g       7d         9 Sponsoring organization meave avails distributions to a donor advisor for advisor for advisor for advisor for advisor or related person?       9a       9b         9 Sponsoring organization meave avails distributions on darks of und maintained by the sponsoring organization meave avails distributions or acrued during the year.       10a       10a         10 Section 501(c)(2) organization meave avails				Х
solicit any contributions that were not tax deductible as charitable contributions?.       6a       X         bill "Yes," idde meganization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.       6b         7 Organizations that may receive deductible contributions under section 170(c).       a Did the organization receive a payment in excess of \$57 made partly as a contribution and partly for goods and services provided to the payor?.       7b         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d If "Yes," indicate the number of Forms 8282 field during the year.       7d       7d       X         f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization field or form 8999       7g       7d         a Form 1089 G?       7g       7d       7d       X         9 Sponsoring organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organization field form 8999       7g       7d       7d         8 Did the sponsoring organizations maintaining door advised funds.       9a       9b       9a       9b       9a       9b       9a       9	<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
solicit any contributions that were not tax deductible as charitable contributions?       6a       X         bill "Yes," idde meganization include with every solicitation an express statement this such contributions or gifts were not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       a       X         a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7b         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d If "Yes," indicate the number of Forms 8282 field during the year.       7d       7d       X         f Did the organization received a contribution of cars, boats, airplanes, or other which it was required to file form 8299 as required?       7e       X         f Did the organization received a contribution of cars, boats, airplanes, or other whickes, did the organization file a form 1098 of 20.       7e       X         f If the organization received a contribution of cars, boats, airplanes, or other whickes, did the organization file a form 1098 of 20.       7e       X         g If the organization make any taxble distributions under section 49667.       9a       9a       9b         9 Sponsoring organizations maintaining donor advised funds.       9a       9a       9a       9a       9a       9a       9a       9a       9a       <	6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       7a         3 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         V Tyes, i did the organization notify the donor of the value of the goods or services provided?       7b         c Did the organization notify the donor of the value of the goods or services provided?       7c         c Did the organization notify the donor of indirecity, to pay premiums on a personal benefit contract?       7c         c Did the organization, gring the year, pay premiums, directly or indirecity, on a personal benefit contract?       7c         A gif the organization received a contribution of qualified intellectual property, did the organization file a form 8399       7g         a form 1098-0?       7d       7h         8 Sponsoring organization, maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised funds.       9b         9 Sponsoring organization make a distribution to a donor, donor advised funds.       10a       10a         10 section 501(c/(2) organizations. Enter:       10a       10b       10b         11 Section 501(c/(2) organizations. Finer:       11b       12a       12a         12 Section 501(c/(2) organizations. Enter:       11b       12a       12a<	solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
7       Organizations that may receive deductible contributions under section 170(c).       a) Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided 0 the payor?.       7a       X         b) If 'Yes,' did the organization notify the donor of the value of the goods or services provided 7       7b       7c       X         c) Did the organization notify the donor of the value of the goods or services provided 7       7c       X         d) If Yes,' indicate the number of Forms 8282 field during the year.       7d       7c       X         f) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f) Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1898       7g       7d         h If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1898 (SC)       7h       7d         8       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         9       Sponsoring organizations make any taxable distributions under section 4966?       9a       9b       9b       9b       9b       9b       10b       10a       10b       10a       10b       10a       10b       10b       10b       10b       10b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	~ .		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		6 b		
services provided to the payor?	7 Organizations that may receive deductible contributions under section 170(c).			
b If Yes,' did the organization notify the donor of the value of the goods or services provided?       7b         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file       7c       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       7e       X         e Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8399       7g       7d         a required?       7h       X       7h       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098.CO:       7h       7h         8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Sponsoring organizations maintaining door advised funds.       10a       10b       10b       10b         10 Section 501(c)(2) organizations.       Ferr:       a fors included on Form 990, Part VIII, line 12.       10a       10b       10b         11 Section 501(c)(2) organization.       Ferr:       a forss income from other sources (Do not net amounts due or paid to other sources againsta mounts due or received form them).       11	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_		v
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Form 8282?       7c       X         d If Yes,' indicate the number of Forms 8282 filed during the year.       7d       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8399       7g       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organizations maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b         9 Job the sponsoring organizations make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c)(X) organizations. Enter:       10a       10a       10b       10b         11 Section 501(c)(X) organizations. Enter:       10a       10b       11a       12a         12 Section 501(c)(X) organizations. Enter:       10a       10b       11a       12a         13 Section 501(c)(X) organization. Enter:       10a       11b       12a       11a         13 Section 501(c)(X) organization intervests. Is the organization filing Form 909 in lieu of Form 10412.       12a       12a       14a <t< td=""><td></td><td>/ b</td><td></td><td><u> </u></td></t<>		/ b		<u> </u>
d If Yes,' indicate the number of Forms 8282 filed during the year.       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899       7g       X         a Form 1098-C?       8       7h       X         8 Sponsoring organizations maintaining door advised funds.       1d a donor advised fund maintained by the sponsoring organization make any time during the year?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b         10 d the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10 Section 501(c)(2) organizations. Enter:       10a       10a       10b         11 Section 501(c)(12) organizations. Enter:       11a       10b       11a         12 Gross income from other sources (00 not net amounts due or paid to other sources (00 not net amounts due or received from them.)       11a       12a         13 Section 501(c)(23) qualified nonprofit health plans       11a       12a       12a       13a         14 Gross income from other sources (00 not net am		7 c		Х
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899       7g       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1086 C?       7h       7h         8 Sponsoring organizations maintaining donor advised funds.       7h       7h       7h         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a         b Did the sponsoring organization make a distributions included on Part VIII, line 12.       10a       10b         10 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b         11 Section 501(c)(2) organizations. Enter:       11a       10b       10b       10b       10b         12 Section 501(c)(2) organizations. Enter:       11a       10b       10b <td< td=""><td></td><td>7 e</td><td></td><td>Х</td></td<>		7 e		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9 Sponsoring organizations maintaining donor advised funds.       a Did the sponsoring organization make any taxable distributions under section 4966?       9a         10 Section 501(c)(7) organizations. Enter:       a Initiation fees and capital contributions included on Part VIII, line 12.       10a         11 Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders.       11a       12a         a Gross income from members or shareholders.       11a       11b       12a         12 Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       13a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         14a Did the organization is licensed to issue qualified health plans.       13a         14a Did the organization is licensed to issue qualified health plans.       14b         15 Is the organization is		-		
as required?.       7 g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7 h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       7 h         9 Sponsoring organizations maintaining donor advised funds.       8       8         9 Sponsoring organizations maintaining donor advised funds.       9 a       8         9 Did the sponsoring organization make any taxable distributions under section 49667.       9 a       9 a         b Did the sponsoring organizations. Enter:       10 a       10 a       9 b         10 Section 501(c)(2) organizations. Enter:       10 a       10 b       10 b         11 Section 501(c)(12) organizations. Enter:       11 a       10 b       10 b         12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412.       12 a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       11 a       12 a       13 a         13 A Note: See the instructions for additional information the organization must report on Schedule O.       13 a       13 a         14 B organization is licensed to issue qualified health plans.       13 b       13 a         14 B organization is licensed to issue qualified health plans.       13				
Form 1098-C2.       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?.       8         9       Sponsoring organizations maintaining donor advised funds.       8         a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       9b         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11       Bection 501(c)(2) organizations. Enter:       11a         a Gross income from members or shareholders.       11a       12a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12 a Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b If Yes, 'net the amount of reserves on hand       13c       13a         Ves, 'has it filed a Form 720 to rep		7 g		
8       Sponsoring organizations maintaining donor advised funds.       11         9       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       9         9       Sponsoring organizations maintaining donor advised funds.       9         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(27) organizations. Enter:       10a         a initiation fees and capital contributions included on Part VIII, line 12.       10b         11       Section 501(c)(12) organizations. Enter:       10b         a Gross income from members or shareholders.       11a       11b         b Gross income from other sources digainst amounts due or received from them.       12a       12a         28       Section 501(c)(29) qualified nonprofit health insurance issuers.       11b       12a         29       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         29       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         20       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         30       Note: See the instructions for additional information the organization must report on Sch				
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9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   10 Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12.   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.   11   Section 501(c)(12) organizations. Enter:   a Gross income from members or shareholders.   a Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them).   12   28   20   13   Section 501(c)(29) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans.   13   b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?   14a   14b   15   15   16   16   16    16   16   16   16   17   18   19    10    11   12a   13   14a    15    16    16				
a Did the sponsoring organization make any taxable distributions under section 4966?       9 a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9 b         10 Section 501(c)(7) organizations. Enter:       10 a         a Initiation fees and capital contributions included on Part VIII, line 12.       10 a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10 b         11 Section 501(c)(12) organizations. Enter:       11 a         a Gross income from members or shareholders.       11 a         b Gross income from other sources (Do not net amounts due or paid to other sources)       11 b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12 a         b If Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12 b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13 a         a Is the organization licensed to issue qualified health plans.       13 b         c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14 a         14 a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excress parachute payment(s) during the year?       15 X         15 Is the organ		8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter: a linitiation fees and capital contributions included on Part VIII, line 12.       10a         a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders.       11a         a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b         12a Section 501(c)(29) qualified nonprofit health insurance issuers.       11b         a Is the organization licensed to issue qualified health plans in more than one state?       12b         13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b fr Yes,' enter the amount of reserves on hand       13b         c Enter the amount of reserves on hand       13b         b a Did the organization receive any payments for indoor tanning services during the tax year?       14a         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14b         5       Is the organization and during the year?       15         If 'Yes,' see instructions and file Form 4720, Schedule N.       16				
10       Section 501(c)(7) organizations. Enter:         a Initiation fees and capital contributions included on Part VIII, line 12				
a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b         13 Section 501(c)(22) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14a         b If 'Yes,' see instructions and file Form 4720, Schedule N.       15         15       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16         14       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16		96		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year       12b       13a         3 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         Vest. See the instructions for additional information the organization must report on Schedule O.       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>				
11       Section 501(c)(12) organizations. Enter:       IIa       IIa         a Gross income from members or shareholders.       IIa       IIb         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       IIb       IIb         12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       I2a       I2a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       I2b       I2a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       I2b       I3a         Note: See the instructions for additional information the organization must report on Schedule O.       Iab       Iac         b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       I4a       X         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       I4b       I4b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       I5       If 'Yes,' see instructions and file Form 4720, Schedule N.       I6       X				
a Gross income from members or shareholders.       11 a       11 a       11 b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11 b       11 b       12 a         22 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12 a       12 a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12 b       12 a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13 a       13 a         a Is the organization licensed to issue qualified health plans in more than one state?       13 a         Note: See the instructions for additional information the organization must report on Schedule O.       13 a         b Enter the amount of reserves on hand       13 b       13 c         c Enter the amount of reserves on hand       13 c       14 a         14 a Did the organization receive any payments for indoor tanning services during the tax year?       14 a       X         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14 b       15         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15 X       15 X         If 'Yes,' see instructions and file Form 4720, Schedule N.				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization reserves on hand       13c       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X				
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12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12 a         b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12 b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12 b         a Is the organization licensed to issue qualified health plans in more than one state?       13 a         Note: See the instructions for additional information the organization must report on Schedule O.       13 b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       13 b         c Enter the amount of reserves on hand       13 c         14 a Did the organization receive any payments for indoor tanning services during the tax year?       14 a         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15 X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16 X         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16 X	against amounts due or received from them.).			
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X         If 'Yes,' complete Form 4720, Schedule O.       16       X		12 a		
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> .       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         If 'Yes,' see instructions and file Form 4720, Schedule N.       16         X       16         If 'Yes,' complete Form 4720, Schedule O.       16		13a		
which the organization is licensed to issue qualified health plans.       13b       13b         c Enter the amount of reserves on hand       13c       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i> .       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X         If 'Yes,' complete Form 4720, Schedule O.       16       X	Note: See the instructions for additional information the organization must report on Schedule O.			
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14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X         If 'Yes,' complete Form 4720, Schedule O.       16       X	which the organization is licensed to issue qualified health plans 13b			
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?				
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
excess parachute payment(s) during the year?       15       X         If 'Yes,' see instructions and file Form 4720, Schedule N.       16       X         16       If 'Yes,' complete Form 4720, Schedule O.       16       X	<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	14 b		
If 'Yes,' see instructions and file Form 4720, Schedule N.         16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If 'Yes,' complete Form 4720, Schedule O.       Image: Complete Form 4720, Schedule O.       Image: Complete Form 4720, Schedule O.       Image: Complete Form 4720, Schedule O.		15		Х
If 'Yes,' complete Form 4720, Schedule O.	If 'Yes,' see instructions and file Form 4720, Schedule N.			
	16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.			

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 on Schedule O. See instructions. Х

Check if Schedule O	contains a r	achanca ar nata '	to only	ling in	thic Dort V/I
	contains a n		u anv		

Sec	tion A. Governing Body and Management			
			Yes	No
1:	a Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 11			
	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 on Schedule O.			
2	<b>b</b> Enter the number of voting members included on line 1a, above, who are independent       1b       10         Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee nave a family relationship of a business relationship with any other	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	6		Х
/ 7	members of the governing body?	7 a		Х
I	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
•	the following:			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
I	<b>b</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?	10 b		
11 :	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	Πü		
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
I	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
(	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See. Schedule .0	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
á	a The organization's CEO, Executive Director, or top management official. See Schedule. 0	15a	Х	
I	<b>b</b> Other officers or key employees of the organization	15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
I	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?	16 b		
<u>Sec</u> 17	List the states with which a copy of this Form 990 is required to be filed  NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50 available for public inspection. Indicate how you made these available. Check all that apply.	JT(C)(	s)s on	iy)
	X     Own website     Image: Second s			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year. See Schedule O	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► Organization Netzach Yerushalayim Street Tsrael TS 9036500 (301) 654-7045			

Form 990 (2020) The Koby Mandell Foundation, Inc.	91-2169027	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and							
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									
<b>1 a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year ending vorganization's tax year.									

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Х Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C)						
(A) Name and title		thar	n one b s both a direo	oox, i an of ctor/f	unles fficer truste	ee)	n	(D) Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Seth Mandell	40									
President	0	Х		Х	-			0.	0.	0.
(2) Margery Libin	1									
Chairperson	0	Х		Х				0.	0.	0.
<u>(3)</u> Lee Lasher								_	_	
Trustee	0	Х		Х	-			0.	0.	0.
_(4) Melodie Scharf	1							_	_	
Secretary	0	Х						0.	0.	0.
_(5)_Cory_Baker	1									
Trustee	0	Х						0.	0.	0.
_(6)_Heshy_Feldman										
Trustee	0	Х						0.	0.	0.
_(7)_Cheryl_Spielman										
Trustee	0	Х						0.	0.	0.
(8) Robert Mischel	5									
Treasurer	0	Х		Х				0.	0.	0.
_(9) Tod Sukol	1									
Trustee	0	Х						0.	0.	0.
(10) Fran Hirmes	1									
Trustee	0	Х						0.	0.	0.
(11) Lawrence Deutch	1									
Trustee	0	Х						0.	0.	0.
(12) Melissa Hatter	1									
Trustee	0	Х						0.	0.	0.
(13)		•								
(14)										
										Farm 000 (2020)

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91-2169027

Part VI	I Section A. Officers, Directors, Tr		Key	Em	plo	oye	es, a	anc	Highest Com	pensated Emp	loyees	(continued)
		(B)			(0							
	(A) Name and title	Average hours per week	box	, unle	heck	erson	e than is both or/trust	n an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from	Estimate	<b>F)</b> ed amount other
		(list any hours for	Indiv or dir	Institu	Officer	Key e	Highe	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compens the orga	ation from anization elated
		related organiza - tions	dividual t director	utiona	ę	Key employee	ist con byee	ler				zations
		below dotted	or director	nstitutional trustee		/ee	Highest compensated employee					
		line)		Ж			ated					
(15)												
(16)												
(17)												
(18)												
(19)			•									
(20)			•									
(21)												
(22)												
(23)												
(24)												
(25)												
	ototal								0.	0.		0.
	al from continuation sheets to Part VII, Sect al (add lines 1b and 1c).							► ►	0.	0.		0.
2 Tota	al number of individuals (including but not limiter							ved			pensation	0.
fron	n the organization <b>b</b> 0											res No
3 Did on I	the organization list any <b>former</b> officer, dire- line 1a? If 'Yes,' complete Schedule J for su	ctor, truste ch individu	ee, ke <i>ial</i>	ey er	npl	oyee	e, or I	high	est compensated	employee	. 3	X
4 For the	any individual listed on line 1a, is the sum or organization and related organizations great h individual	of reportab er than \$1	le co 50,00	mpe 00?	ensa If '\	ation Yes,	and ' com	oth plei	er compensation te Schedule J for	from	. 4	X
5 Did	any person listed on line 1a receive or accruses rendered to the organization? If 'Ye	le comper	nsatio	n fro	om	anv	unre	late	d organization or	individual		X
	B. Independent Contractors	acted ind	0000	dant		ntro	atora	the	t received more t	202 \$100 000 of		
com	nplete this table for your five highest compenents of the organization. Report compenents of the organization.	nsation for	the ca	alend	dar	year	endir	ng w	vith or within the or	ganization's tax year	·.	
	(A) Name and business add	lress							(B) Description o	of services	(C) Compens	sation
0 T-/	al number of independent contractions (incl. 1)	hut mat li	ناممان	- 1L-	· · · ·	ict-	- L -		ubo roceius-lin	then		
	al number of independent contractors (including 0.000 of compensation from the organization		ned to	U tho	se l	ISTE	a abo	ve) \	who received more	ulan		

# Form 990 (2020) The Koby Mandell Foundation, Inc.

# Part VIII Statement of Revenue

91-2169027

				(B)	(C)	(D)
·			<b>(A)</b> Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from under section 512-514
1 a	a Federated campaigns 1 a					
ł	b Membership dues 1 b					
0	Fundraising events					
	d Related organizations 1 d e Government grants (contributions) 1 e					
f	All other contributions, gifts, grants, and					
	similar amounts not included above 1 f	306,014.				
ç	g Noncash contributions included in lines 1a-1f					
1 a b c c f f	<b>n Total.</b> Add lines 1a-1f		306,014.			
-		Business Code	500,014.			
2 a	• <u>North American Camp in IL</u>	900099	292,492.	292,492.		
k						
C	:					
C	d					
e	• •					
	All other program service revenue					
-	g Total. Add lines 2a-2f		292,492.			
3	Investment income (including dividends, other similar amounts)	interest, and ►	34.			
4	Income from investment of tax-exemption		54.			
5	, Royalties					
	(i) Real	(ii) Personal				
6 a	a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
C	d Net rental income or (loss)					
7 a	a Gross amount from (i) Securities	(ii) Other				
	sales of assets other than inventory <b>7a</b>					
ł	b Less: cost or other basis and sales expenses <b>7b</b>					
	c Gain or (loss) 7c					
	d Net gain or (loss)					
8 -	a Gross income from fundraising events					
	(not including \$					
	of contributions reported on line 1c).					
		a				
		b				
	c Net income or (loss) from fundraising					
9 a	a Gross income from gaming activities. See Part IV, line 19	a 35.078.				
ł		a <u>35,078.</u> b 28,125.				
	c Net income or (loss) from gaming act	20,123.	6,953.			6,9
			3,3001			0, 5.
		)a				
	3	)b				
0	c Net income or (loss) from sales of inv					
1-		Business Code				-
11 a k c	<u>Miscellanous Income</u>	900099	3,012.			3,0
	d All other revenue					
-		L	3,012.			
	e Total. Add lines 11a-11d	►	י ניוח ק			

Form 990 (2	2020) Th	e Koby	Mandell	Foundatio	n, Inc.		91-
Part IX	Stateme	nt of Fu	nctional E	xpenses			
Section 501	(c)(3) and 50	01(c)(4) org	ganizations mu	ust complete all o	columns. All other	organizations must	complete column (A).

Check if Schedule O contains a r	,			
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16	249,030.	249,030.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	(
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	C
7 Other salaries and wages	14,856.		14,856.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,0001		11/0001	
9 Other employee benefits				
10 Payroll taxes				
1 Fees for services (nonemployees):				
a Management				
<b>b</b> Legal				
<b>c</b> Accounting	4 705		4 705	
5	4,705.		4,705.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
<ul> <li>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)</li> <li>Advertising and promotion</li> </ul>	4,585.			4,585
<b>I3</b> Office expenses	4,505.			4,500
I4 Information technology	897.		897.	
5 Royalties	097.		097.	
	1 700		1 700	
	1,700.	0 41 4	1,700.	
<b>7</b> Travel	2,414.	2,414.		
8 Payments of travel or entertainment expenses for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
20 Interest	4,406.		4,406.	
21 Payments to affiliates				
<b>2</b> Depreciation, depletion, and amortization				
23 Insurance	1,230.		1,230.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>NA Camp in Israel</u>	27,389.	27,389.		
b License and Subscription Fees	7,880.	21,000	7,880.	
c Fundraising Costs	6,272.		,,	6,272
d Office Supplies	5,935.		5,935.	0,212
e All other expenses	5,015.		5,015.	
25 Total functional expenses. Add lines 1 through 24e	336,314.	278,833.	46,624.	10,857
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ►	550,514.	210,033.	40,024.	10,037
SOP 98-2 (ASC 958-720)				

# Form 990 (2020) The Koby Mandell Foundation, Inc. Part X Balance Sheet

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash – non-interest-bearing	24,659.	1	385,998
2	Savings and temporary cash investments.		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6			-	
Ŭ	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7			7	
	Inventories for sale or use		8	
8 9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation		10 c	
	Investments – publicly traded securities.		11	
12			12	
13			13	
14			14	
15			15	51,653
16		24,659.	16	437,651
17	Accounts payable and accrued expenses	77,257.	17	68,058
18		1,000.	18	1,000
19		1,000.	19	1,000
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21				
			22	1 = 0 . 0 0
23			23	150,000
24			24	
25	and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
26	Total liabilities. Add lines 17 through 25	78,257.	26	219,058
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	-53,598.	27	218,593
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
1 20	Capital stock or trust principal, or current funds		29	
29			30	
30			31	
29 30 31	Retained earnings, endowment, accumulated income, or other funds		21	
30	-	-53,598.	32	218,593

### 91-2169027

Form	990 (2020) The Koby Mandell Foundation, Inc. 91-2		27	Р	age <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1		608,	505.
2	Total expenses (must equal Part IX, column (A), line 25)	2		336,	
3	Revenue less expenses. Subtract line 2 from line 1	3		272,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4		-53,	
5	Net unrealized gains (losses) on investments.	5			
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 on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		218,	593.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	in Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a			
	separate basis, consolidated basis, or both:				
	X         Separate basis         Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	ite			
	basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
	Audit Act and OMB Circular A-133?		3	a	Х
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b	
BAA	TEEA0112L 10/19/20		Foi	m <b>990</b>	(2020)

SCHEDULE A	
(Form 990 or 990-EZ	2

# 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.

OMB No.	1545-0047
20	20

Open	to	Public
Insp	bec	tion

Department of the Treasury Internal Revenue Service			► (	<ul> <li>► Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>							
		e organization						Employer identifi			
			11 Foundat						91-2169027		
					organizations must				ictions.		
The o	orga	1	•		For lines 1 through 12,		2	,			
1	_	,		,	hurches described in sec	•		i).			
2					Schedule E (Form 990 or						
3	_		•		ization described in sec						
4			A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	Γ	1		, ,	ental unit described in s	ection 1	<b>70(b)(</b> 1)	(A)(v).			
7	Х	An organizatio	n that normally i	C C	part of its support from a				ublic described		
8		A community	trust described	in section 170(b)(1)(	A)(vi). (Complete Part	II.)					
9	Γ	-			ction 170(b)(1)(A)(ix) oper		onjunctio	on with a land-grant col	lege		
					e (see instructions). Enter						
10		An organizati from activities	on that normall s related to its e	y receives (1) more t exempt functions, sub	han 33-1/3% of its supp pject to certain exception	oort from	n contrib (2) no r	utions, membership f nore than 33-1/3% of	ees, and gross receipts its support from gross		
		investment in June 30, 197	come and unre 5. See <b>section</b>	lated business taxabl <b>509(a)(2).</b> (Complete	e income (less section Part III.)	511 tax)	from b	usinesses acquired by	the organization after		
11	_	Ű	5		ely to test for public saf	5					
12		or more publi	cly supported of	rganizations describe	ely for the benefit of, to ed in <b>section 509(a)(1)</b> of upporting organization	or <b>sectio</b>	n 509(a	)(2). See section 509(	a)(3). Check the box in		
а		organization(s	orting organizati ) the power to re <b>t IV, Sections /</b>	gularly appoint or elec-	d, or controlled by its sup t a majority of the directo	oported o rs or trus	rganizat tees of t	ion(s), typically by givir he supporting organiza	ng the supported tion. <b>You must</b>		
b		management of	oporting organiz of the supporting <b>te Part IV, Sect</b>	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organiza	/ having control or ation(s). <b>You</b>		
c		Type III function	onally integrated s) (see instructi	. A supporting organizations). <b>You must com</b>	tion operated in connectio plete Part IV, Sections	n with, ar <b>A, D, an</b>	nd functio <b>d E.</b>	onally integrated with, its	s supported		
d		functionally in	ntegrated. The o	organization generally	panization operated in cor must satisfy a distribu <b>is A and D, and Part V.</b>	tion rea	with its s uiremen	supported organization( t and an attentivenes	s) that is not s requirement (see		
e	<u>.</u>	integrated, or	Type III non-fu	inctionally integrated	en determination from supporting organization		that it is	а Туре I, Туре II, Ту	pe III functionally		
f				organizations							
			-	n about the supporte							
	(1) 14	ame of supported of	rganization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
(A)											
(B)											
(C)											
(D)											
(E)											
Tota											

Schedule A (Form 990 or 990-EZ) 2020	The Koby	Mandell	Foundation,	Inc.	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

#### Section A. Public Support

	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	959,237.	801,737.	493,562.	408,236.	306,014.	2,968,786.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	959,237.	801,737.	493,562.	408,236.	306,014.	2,968,786.
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)						0.
6	Public support. Subtract line 5 from line 4						2,968,786.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	<b>(f)</b> Total
7	Amounts from line 4	959,237.	801,737.	493,562.	408,236.	306,014.	2,968,786.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	580,561.	706,962.	762,765.	625,379.	292,492.	2,968,159.
	Total support. Add lines 7 through 10						5,936,945.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and						►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20	•					50.01%
15	Public support percentage from a	2019 Schedule A,	Part II, line 14			15	50.26%
16a	<b>33-1/3% support test–2020.</b> If t and <b>stop here.</b> The organization						
b	33-1/3% support test-2019. If th and stop here. The organization						
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test, check this b	box and stop here	. Explain in Part	VI how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances'	nd-circumstances test. The organiza	test, check this b tion qualifies as a	box and <b>stop here</b> a publicly support	e. Explain in Part ed organization.	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check th	is box and see ins	structions 🕨

Schedule A (Form 990 or 990-EZ) 2020

91-2169027

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91-2169027

Page 3

# 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.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 business under section 513.						
4	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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from						
	disgualified persons.						
h	Amounts included on lines 2						
	and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year						
С	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
500	tion B. Total Support						
	••	(-) 2010	<b>(h)</b> 0017	(-) 2010	(4) 2010	(-) 2020	
	dar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
	Amounts from line 6						
TUa	payments received on securities loans,						
	rents, royalties, and income from						
h	similar sources Unrelated business taxable						
U	income (less section 511						
	taxes) from businesses						
	acquired after June 30, 1975						
	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						
	čapital assets (Explain in						
	Part VI.).						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is	for the organization	on's first second	third fourth or f	ifth tay year as a	section $501(c)(3)$	
14	organization, check this box and						
Sec	tion C. Computation of Pu	blic Support F	ercentage				
15	Public support percentage for 20	20 (line 8, colum	n (f), divided by li	ne 13, column (f)	)	15	olo
16	Public support percentage from	2019 Schedule A,	Part III, line 15.			16	olo
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	e			
17	Investment income percentage f	or <b>2020</b> (line 10c,	column (f), divide	ed by line 13, col	umn (f))	17	0\0
18	Investment income percentage f	rom <b>2019</b> Schedu	le A, Part III, line	17		18	0/0
19a	33-1/3% support tests-2020. If	the organization o	lid not check the l	box on line 14, ar	nd line 15 is more	than 33-1/3%, and	
	is not more than 33-1/3%, check	this box and sto	<b>p here.</b> The orgar	nization qualifies a	as a publicly supp	orted organization	•
b	<b>33-1/3%</b> support tests-2019. If the set many them 22, 1/2%	the organization of	lid not check a bo	x on line 14 or lin	ne 19a, and line 1	6 is more than 33-	1/3%, and
20	line 18 is not more than 33-1/3%		-				
20	Private foundation. If the organi			14, 19d, UL 19D, C		see instructions.	

#### Page 4

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 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 2 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 lines 3b and 3c below. 3a **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. 3b 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. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a **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. Δh **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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one 6 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 (as 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 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 line 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.).

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020	The	Koby	Mandell	Foundation,	Inc.
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Part IV Supporting Organizations (continued)		
	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,		
the governing body of a supported organization?	а	
<b>b</b> A family member of a person described in line 11a above?	b	

C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.

#### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

#### Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

#### Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
~				
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If 'Yes,' describe in</i> <b>Part VI</b> <i>the role the organization's supported organizations played</i>			
	in this regard.	3		
-				

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
  - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

#### 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If 'Yes,' explain in Part VI* the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If 'Yes' or 'No,' provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

91-2169027

11c

1

2

Yes

No

No

Yes

2a

2b

3a

3h

Schedule A	(Form 990 or 990-EZ) 2020	The Koby	Mandell	Foundation,	Inc.
Part V	Type III Non-Functiona	ally Integrat	ed 509(a)(3	B) Supporting	Organizations

Page	6

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

				-
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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 collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	: Fair market value of other non-exempt-use assets	1c		
C	I Total (add lines 1a, 1b, and 1c)	1d		
e	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
iec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7				

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

The Koby Mandell Foundation, Inc.

Par		upporting Organiza	ations (continue	ea)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes				
	in excess of income from activity	2			
	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
-	Qualified set-aside amounts (prior IRS approval required – provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	P From 2016				
	From 2017				
	From 2018				
e	PFrom 2019				
1	f Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
	i Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
_	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
C	Excess from 2018				
C	Excess from 2019				
e	Excess from 2020				

BAA

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form	990 or 990-EZ) 2020	The Koby Mand	lell Foundatio	on, Inc.	91-21690	27 Page 8	
Part VI	Supplemental Info III, line 12; Part IV, Sect B, lines 1 and 2; Part IV 3a, and 3b; Part V, line lines 2, 5, and 6. Also co	, Section C, line 1; Pa 1; Part V, Section B, I	rt IV, Section D, lines ne 1e; Part V, Sectior	2 and 3; Part IV, So 1 D, lines 5, 6, and 3	ection E, lines 1c, 2a, 8; and Part V, Section	, 2b,	
Part II, Liı	Part II, Line 10 - Other Income						
<u>Nature</u> a	and Source	2020	2019	2018	2017	2016	
North Ar	merica Camp In I Total	<u>\$ 292,492.</u>	\$ 625,379. \$ 625,379. \$	762,765. 762,765. \$	5 706,962. 5 706,962. \$	580,561. 580,561.	

(Fo	HEDULE D rm 990)	► Comple Part IV, line (	plemental Financial States if the organization answered 'Y 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11 Attach to Form 990.	′es' on Form 990, 1e, 11f, 12a, or 12b.		20	1545-0047 20 o Public	
Intern	al Revenue Service	► Go to www.irs	.gov/Form990 for instructions and	d the latest information.		Inspect dentification n	tion	
The	The Koby Mandell Foundation, Inc.       91-2169027         Part I       Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.         Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.							
	complete	in the organization and	(a) Donor advised fund		Funds and	other accou	ints	
1	Total number at e	end of year		us (b,			unts	
2		ntributions to (during year)						
3		ants from (during year).						
4	Aggregate value	at end of year						
5			nor advisors in writing that the ass organization's exclusive legal cor			Yes	No	
6	for charitable pur	poses and not for the benefi	ors, and donor advisors in writing t t of the donor or donor advisor, or	for any other purpose of	onferring	Yes	No	
Par	t II Conserva	tion Easements.			L			
			wered 'Yes' on Form 990, F	Part IV, line 7.				
1	Purpose(s) of cor	nservation easements held b	y the organization (check all that a	apply).				
	Preservation of	of land for public use (for exam	ple, recreation or education)	Preservation of a his	storically imp	portant land	larea	
	Protection of	natural habitat		Preservation of a ce	rtified histor	ic structure		
	Preservation	of open space						
2	Complete lines 2a last day of the ta		held a qualified conservation contribu	ution in the form of a cons		ement on the		
	Total number of (	conservation easements			Helu at the	e Ena or the	e lax fear	
			ments.					
			ified historic structure included in					
	Number of conse	rvation easements included i	in (c) acquired after 7/25/06, and r	not on a historic				
3	Number of conserv	0	nsferred, released, extinguished, or t		tion during tl	ne		
	tax year ►	where property subject to coper	envetion accompant is located					
4 5	Does the organization of t	ation have a written policy re of the conservation easeme	ervation easement is located ► egarding the periodic monitoring, in nts it holds?				No	
6	Staff and volunteer ►	r hours devoted to monitoring,	inspecting, handling of violations, an	nd enforcing conservation	easements d	uring the yea	ar	
7	Amount of expense ►\$	es incurred in monitoring, insp	ecting, handling of violations, and en	forcing conservation ease	ments during	the year		
8	Does each conse and section 170(h	rvation easement reported o n)(4)(B)(ii)?	n line 2(d) above satisfy the requi	rements of section 170(	n)(4)(B)(i)	Yes	No	
9	include, if applica conservation eas	able, the text of the footnote ements.	ports conservation easements in it to the organization's financial stat	tements that describes t	ne organizat	ion's accou	sheet, and inting for	
Par	t III Organizat Complete	tions Maintaining Colle if the organization ans	ections of Art, Historical Tre wered 'Yes' on Form 990, F	easures, or Other S Part IV, line 8.	imilar Ass	sets.		
1 a	historical treasure	es, or other similar assets he	er FASB ASC 958, not to report in ald for public exhibition, education, al statements that describes these	, or research in furthera	nd balance and b	sheet works c service, pi	s of art, rovide in	
ł	historical treasures following amount	s, or other similar assets held f s relating to these items:	r FASB ASC 958, to report in its r or public exhibition, education, or res	search in furtherance of p	ublic service,	provide the	art,	
			line 1					
-								
			historical treasures, or other similar a ASC 958 relating to these items:					
BAA	For Paperwork R	Reduction Act Notice, see the	e Instructions for Form 990.	TEFA33011 08/18/20	Scher		m 990) 2020	

Schedule D (Form 990) 2020 The H						91-216		Page 2
Part III Organizations Mainta	-		-				•	uea)
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other				ke significant use of its	collection	
a Public exhibition				or exc	hange program			
b Scholarly research			e Other					
<ul> <li>c Preservation for future gener</li> <li>4 Provide a description of the organiz</li> </ul>		ions and	explain how they	/ furthe	er the organization's	exempt purpose in		
<ul><li>Part XIII.</li><li>During the year, did the organiza to be sold to raise funds rather the sold to raise funds the sold</li></ul>	tion solicit or	receive	donations of ar	t, histo	orical treasures, or	other similar assets		
Part IV Escrow and Custodia							Yes	No
line 9, or reported an	amount on	Form	990, Part X,	line 2	21.	weleu les ollio	111 990, Fa	1117,
<b>1 a</b> Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or oth	er intermediary	for co	ntributions or other	assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement						<u> </u>		
							Amount	
c Beginning balance								
d Additions during the year								
e Distributions during the year								
<ul><li>f Ending balance</li><li>2 a Did the organization include an a</li></ul>							Vac	No
<b>b</b> If 'Yes,' explain the arrangement						-	Yes	No
	in art An.	CHECK H		ation	has been provided		•••••	
Part V Endowment Funds. C	omplete if	the or	nanization ar	iswer	ed 'Yes' on For	m 990. Part IV. lir	ne 10.	
	(a) Current		(b) Prior yea		(c) Two years back	(d) Three years back	(e) Four yea	rs back
<b>1 a</b> Beginning of year balance		-						
<b>b</b> Contributions								
c Net investment earnings, gains, and losses								
<b>d</b> Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
<b>g</b> End of year balance								
2 Provide the estimated percentage	e of the curre	nt year	end balance (lir	ne 1g,	column (a)) held a	s:		
<b>a</b> Board designated or quasi-endowm	ent 🕨		00					
<b>b</b> Permanent endowment	010							
c Term endowment ►	010							
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100	)%.					
3a Are there endowment funds not in t	he possession	of the o	rganization that a	are hel	d and administered f	or the		
organization by:							Yes	No
<ul><li>(i) Unrelated organizations</li><li>(ii) Related organizations</li></ul>							3a(i) 3a(ii)	
<b>b</b> If 'Yes' on line 3a(ii), are the rela							3b	-
4 Describe in Part XIII the intended	-						55	l
Part VI Land, Buildings, and		-						
Complete if the organi			'Yes' on Forr	n 990	0. Part IV. line	11a. See Form 99	0. Part X. I	ine 10.
Description of property		(a) Cost	t or other basis vestment)	(b)	Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	
<b>1 a</b> Land		<u>,</u>		~	- (			
<b>b</b> Buildings								
c Leasehold improvements								
<b>d</b> Equipment								
<b>e</b> Other								
Total. Add lines 1a through 1e. (Colum	nn (d) must ea	qual For	m 990, Part X, o	colum	n (B), line 10c.).			0.
BAA						Sched	ule D (Form 99	0) 2020

Schedule D (Form 990) 2020 The Koby Mandell F	Soundation, Inc	c. 91-21	69027 Page
Part VII Investments – Other Securities. Complete if the organization answered		N/A	990, Part X, line 1
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►	_		
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 99	N/A 0, Part IV, line 11c. See Form 9	990, Part X, line 1
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►			
Part IX Other Assets.	Vacion Form 00	0 Dort IV/ line 11d See Form (	00 Dart V line 1
Complete if the organization answered	scription	o, Fait IV, line Thu. See Forms	(b) Book value
(1) Advance payments	scription		51,653
(2) (2)			51,000
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (b)	B) line 15.)	· · · · · · · · · · · · · · · · · · ·	51,653
Part X Other Liabilities.	and 000 Dant IV line 1	1. or 116 Coo Form 000 Dort V line 00	
Complete if the organization answered 'Yes' on F	orm 990, Part IV, line I iption of liability	Te of TIT. See Form 990, Part X, line 25	
1.     (a) Descr       (1) Federal income taxes	iption of nability		(b) Book value
(2)			
(3)			
(4)			
(5)			1
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			•
2 Lichtlich fan omerstelin her meditingen in Dent VIII mensiel (1. 1. 1. 1. 1. 1. 1.	stands to the constant of the		PLANE A

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

Schedule D (Form 990) 2020 The Koby Mandell Foundation, Inc.	91-2169027	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	608,505.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· · ·
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.)		
e Add lines <b>2a</b> through <b>2d</b>	2e	
3 Subtract line 2e from line 1.	3	608,505.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	608,505.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	per Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	336,314.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	336,314.
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:		00070111
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	336,314.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE	F
(Form 990)	

# Statement of Activities Outside the United States

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

Department of the Treasury Internal Revenue Service

Name of the organization

•	Go to www.irs.gov/Form990 for instructions and the latest information	n.
		Employer id

	2020
ĺ	Open to Public Inspection
d	entification number

91-2169027

OMB No. 1545-0047

The Koby Mandell Fou	<u>undation, In</u>	IC.		91-21690					
Part I General Informat on Form 990, Par	ion on Activiti	es Outside th	e United States. Complet	te if the organization	n answered 'Yes'				
1 For grantmakers. Does the the grantees' eligibility for	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No								
2 For grantmakers. Describe i United States. Part		zation's procedures	s for monitoring the use of its gra	ints and other assistance	outside the				
3 Activities per Region. (The	e following Part I, I	line 3 table can b	e duplicated if additional space	e is needed.)					
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region				
(1)			Grantmaking and	Grantmaking and					
(1) Middle East	1	1	Programming	Programming	276,419.				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
3a Subtotal.	1	1			276,419.				
<b>b</b> Total from continuation sheets to Part I									
<b>c</b> Totals (add lines 3a and 3b)	1	1			276,419.				

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

Schedule F (Form 990) 2020

91-2169027

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				Programmin					
			Middle East	g	249,030.	Wire			Cash
2 E	inter total number of recipient organiz rganization by the IRS, or for which t	zations listed above t the grantee or counse	hat are recognized I has provided a se	as charities by t ction 501(c)(3) o	he foreign country, equivalency letter.	recognized as a t	ax exempt 501(c)(	3)	1
	inter total number of other organization								0
BAA									(Form 990) 2020

(b) Region

(a) Type of grant or assistance

	of recipients	cash grant	cash disbursement	noncash assistance	noncash assistance	valuation (book, FMV, appraisal, other)
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
<u>(10)</u>						
<u>(11)</u>						
<u>(12)</u>						
<u>(13)</u>						
<u>(14)</u>						
<u>(15)</u>						
<u>(16)</u>						
<u>(</u> 17)						

(d) Amount of

(e) Manner of

# Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(c) Number

(18) BAA

Schedule F (Form 990) 2020

91-2169027

(g) Description of

(f) Amount of

(h) Method of

			Mandell	Foundation,	Inc.	91-2169027	Page 4
Part IV	Foreign Forms	5					
					uring the tax year? If 'Yes,' the feror of Property to a Foreign		

С	Corporation (see Instructions for Form 926)	X Yes	No
re	id the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be equired to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt f Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Dwner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
0	id the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the irganization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain oreign Corporations (see Instructions for Form 5471).	Yes	X No
el <i>R</i>	Vas the organization a direct or indirect shareholder of a passive foreign investment company or a qualified lecting 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).	Yes	X No
0	id the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the rganization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
lf	bid the organization have any operations in or related to any boycotting countries during the tax year? f 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

TEEA3505L 09/16/20

Schedule F (Form 990) 2020

#### Page 5

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

- 1. There is no application process required aside from a request.
- 2. The board approves of disapproves any and all grants. The grants are issued to

mainly one entity. General guidelines are discussed on a regular basis.

- 3. The grants are approved only for the requested amount.
- 4. The ability to stop grants is always available.
- 5. Our representatives frequently meet with the recipients as well as their

accountants to review and discuss their activities.

6. Our representatives and board members frequently visit Israel to see how the

grants are utilized.

Part V Supplemental Information

SCHEDULE G	••		-		undraising or Gami	•	OMB No. 1545-0047
(Form 990 or 990-EZ)	Comple	organization	n entered m	ore than \$15	orm 990, Part IV, line 17, 18 ,000 on Form 990-EZ, line 6	, or 19, or if the a.	2020
Department of the Treasury Internal Revenue Service	► G	o to <i>www.irs.g</i> e			or Form 990-EZ. ructions and the latest		Open to Public Inspection
Name of the organization The Koby Mandell	Foundati	on, Inc.				Employer identific 91-216902	
	ivities. Complet	te if the organiza	ation answ	ered 'Yes' o	on Form 990, Part IV, line		
					owing activities. Check	all that apply.	
<b>a</b> X Mail solicitations				е	X Solicitation of non-		
<b>b</b> X Internet and ema		5		f	Solicitation of gove	-	
c X Phone solicitatio				g	X Special fundraising	j events	
<b>2 a</b> Did the organization h		r oral agreement	t with any i	individual (i	including officers, directo	rs, trustees, or key	
	ighest paid ind	lividuals or enti	ties (fund		rofessional fundraising ursuant to agreements		
(i) Name and address of or entity (fundrais		(ii) Activity	have custo	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
							-
2							
3							
4							
5							
6							
-							
7							
0							
8							
9							
10							
			<u> </u>	L			
Total							0.
3 List all states in which or licensing.	the organization	on is registered o	or licensed	to solicit c	ontributions or has been	notified it is exempt from	n registration
<u>NY NJ</u>							

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Par	tll	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gree	the organization and event contribution eater than \$5,000.	nswered 'Yes' on Fo s and gross income	orm 990, Part IV, Iii e on Form 990-EZ,	ne 18, or reported lines 1 and 6b.			
			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add column (a) through column (c))			
Jue			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts							
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
	5	Noncash prizes							
lses	6	Rent/facility costs							
Expe	7	Food and beverages							
Direct Expenses	8	Entertainment							
ā	9	Other direct expenses				_			
	10	Direct expense summary. Add lines 4 thr	•						
_	11	Net income summary. Subtract line 10 fr							
Par	<u>t III</u>	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ation answered 'Ye	s' on Form 990, Pa	rt IV, line 19, or rep	ported more than			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	<b>(c)</b> Other gaming	(d) Total gaming (add column (a) through column (c))			
Re	1	Gross revenue			35,078.	35,078.			
ses	2	Cash prizes							
Expenses	3	Noncash prizes							
Direct E	4	Rent/facility costs							
	5	Other direct expenses			28,125.	28,125.			
	6	Volunteer labor	Yes % Ⅹ No	Yes% X No	Yes % Ⅹ No				
	7	Direct expense summary. Add lines 2 thr	rough 5 in column (d) .	••••••	►	28,125.			
	8	8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
	<b>a</b> Is th	er the state(s) in which the organization conne organization licensed to conduct gaming lo,' explain:	g activities in each of t			X Yes No			
		re any of the organization's gaming license res,' explain:		, or terminated during th					

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 The Koby Mandell Foundation, Inc.	91-2169027	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	s X No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		s X No
<ul><li>13 Indicate the percentage of gaming activity conducted in:</li><li>a The organization's facility.</li></ul>	13a	00
<b>b</b> An outside facility.		100.0%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record		100.0 8
Name ►		
Address ►		
15 a Does the organization have a contract with a third party from whom the organization receives gaming rever		
Name ►		
Address ►		
16 Gaming manager information:		
Name ►		
Gaming manager compensation ► \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	· · · · · · · · · · · · Y	es 🛛 No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the	
organization's own exempt activities during the tax year ► \$ <b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, co	olumna (iii) on	
<b>Part IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information. See instructions.		u (V),

# 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

## Form 990, Part VI, Line 11b - Form 990 Review Process

Completed 990 form distributed to the Board before filing for review and approval

# Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board of Trustees required to disclose annually any conflicts of interest

## Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Based on compariosn to other organizations with similar size and budget

## Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Financials and 990 are available on the website