Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0052 2017

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

	For	calen	dar year 2017 or tax year beginning	, 201	7, and en	ding		, 20
			undation		A	Employe	r identification number	r
	Mar	ndelba	um Family Foundation				38-3451413	
•	Nu	mber an	d street (or P O box number if mail is not delivered to street address)	Room	/suite E	Telephon	e number (see instructi	ons)
	146	10 She	rwood Ct				248-968-8888	
	City	y or tow	n, state or province, country, and ZIP or foreign postal code	·		: If exempt	tion application is pend	ng check here
	Oak	k Park,	Mi 48237			· · · cacimp	approximent to point	g, 6.1001(1161012
	G	Check	all that apply: Initial return Initial return	n of a former public	charity	1 Foreidi	n organizations, check	here ►
		•	☐ Final return ☐ Amended		-	_	_	
1			☐ Address change ☐ Name cha	nae			n organizations meeting here and attach compu	
)	Н	Check	type of organization: Section 501(c)(3) exempt p	<del></del>	ΘΨ		foundation status was	
4 1			n 4947(a)(1) nonexempt charitable trust   Other tax		dation	section 5	07(b)(1)(A), check here	. ▶□
1			parket value of all assets at J Accounting method	<del></del>				
			year (from Part II, col. (c), Other (specify)		F		ndation is in a 60-mont ction 507(b)(1)(B), checl	
		line 16		on cash basis.)				ت.
	Pa	art I	Analysis of Revenue and Expenses (The total of		<del></del>			(d) Disbursements
			amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net in		(c) Adjusted net	for charitable
			the amounts in column (a) (see instructions).)	books	inco	ine	Income	purposes (cash basis only)
		1	Contributions, gifts, grants, etc., received (attach schedule)	12.278		salah intones	Carried Carried	A Maria Maria
		2	Check ▶☐ if the foundation is <b>not</b> required to attach Sch. B	· 通解主流器實工	1	THE PARTY OF		The state of the s
		3	Interest on savings and temporary cash investments	3	A. OF SAGE	1246.3	40%, 352,1902 4 4 18 14 May	Property of the second
		4	Dividends and interest from securities		<del></del>	<del></del>	<del></del>	
		5a	Gross rents					
		b	Net rental income or (loss)	Carried March	- Carlo 1992	CHEE AND T	128 9 C 2 T	W. 200
	ø	6a	Net gain or (loss) from sale of assets not on line 10	1.4.74		REC	IEVED 3. 1	A CONTRACTOR OF THE CONTRACTOR
	Revenue	Ь	Gross sales price for all assets on line 6a	THE WAY	- 1 CA 30 11 PROPERTY	1000	W. S. S. S.	
	ķ	7	Capital gain net income (from Part IV, line 2)	The state of the s	2		2-7-2018	
	Re	8	Net short-term capital gain			3343434S) ·	5 - 1450 10% Whi ! !	
		9	Income modifications			<b>ACD</b>	<u> </u>	ALCO TO SERVED T
		10a	Gross sales less returns and allowances	The state of the s	24			
		b	Less: Cost of goods sold			The state of the s		
	1	С	Gross profit or (loss) (attach schedule)		at 18 Comment	A SO	me amproved the first of the	14.20
		11	Other income (attach schedule)		a ' ' **** A ***	ethings of a		
	l	12	Total. Add lines 1 through 11	12,281				
•		13	Compensation of officers, directors, trustees, etc.	,				- W. represed to 11 1
<u></u>	benses	14	Other employee salaries and wages	<del></del> -				
2018	Ĕ.	15	Pension plans, employee benefits		-	9520		
		16a	Legal fees (attach schedule)			V 10 10 10		
6	Ŵ	b	Accounting fees (attach-schedule)			JUN	08 30	
NNED AUG 0	<u>Š</u>	c	Other professional fees (attach schedule) E.D.		1			
3	ā	17	Interest				'd Entity	
4	St	18	Taxes (attach schedule) (see instrictions) 2.013 .			4CCA		
	چ ا	19	Depreciation (attach schedule) and depletion					AND THE PROPERTY.
SCANNED	틍	20	Occupancy					
Z	₹	21	Travel, conferences, and meetings N, UT					
3	and	22	Printing and publications					
တွ	9	23	Other expenses (attach schedule)	39				
	Ë	24	Total operating and administrative expenses.					
	Ē		Add lines 13 through 23	39				39
	Operating	25	Contributions, gifts, grants paid	17,280	"冷静。"	Sept.	The state of the s	17,280
	0	26	Total expenses and disbursements. Add lines 24 and 25	17,319	2011		20,2,0,0,000 20,2	17,319
•		27	Subtract line 26 from line 12	The state of the s	以表為關於			a straight of the straight of
	}	а	Excess of revenue over expenses and disbursements	(5,038)	Part of the last	7.4		
		b	Net investment income (if negative, enter -0-) .	S. C. S.			かい かいままり (大学)	
	_ ]	c_	Adjusted net income (if negative, enter -0-)	Total The state of the state of	2300000	THE STATES		



P	art il	Balance Sheets Attached schedules and amounts in the description column	<del></del>	End o	of year
		should be for end-or-year amounts only (see instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	2,915	3,196	3,196
	2	Savings and temporary cash investments	12,234		
	3	Accounts receivable >	是37.1000000000000000000000000000000000000	<b>以为"数据</b> "的总统经验	
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►	To have the	型1.1377度等。13.25	
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7		Market Street	AL STATE OF THE	FACTOR FINE
		Less. allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
556	9	Prepaid expenses and deferred charges			
Ä	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments-corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11		The second second	些"特别"的"	
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments-mortgage loans			
	13	Investments—other (attach schedule)			
	14			五二 海流流流	
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers-see the			
		instructions. Also, see page 1, item l)	15,149	10,112	10,112
	17	Accounts payable and accrued expenses			The state of the s
ري ا	18	Grants payable			
Liabilities	19	Deferred revenue			
<u>=</u>	20	Loans from officers, directors, trustees, and other disqualified persons			
ā	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe > )			
	23	Total liabilities (add lines 17 through 22)			
S		Foundations that follow SFAS 117, check here ▶ □			
ce		and complete lines 24 through 26, and lines 30 and 31.			
alances	24	Unrestricted			
3al	25	Temporarily restricted			
<del>-</del>	26	Permanently restricted			The second second
٦		Foundations that do not follow SFAS 117, check here ▶ □			
Net Assets or Fund B		and complete lines 27 through 31.			
000	27	Capital stock, trust principal, or current funds			
ë	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SSI	29	Retained earnings, accumulated income, endowment, or other funds			
ايد	30	Total net assets or fund balances (see instructions)		10,112	
2	31	Total liabilities and net assets/fund balances (see		. ,	
		instructions)	15,149	10,112	
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1	ond	I net assets or fund balances at beginning of year—Part II, colu	mn (a), line 30 (mus	t agree with	
_		of-year figure reported on prior year's return)		<del> </del>	15,149
_		r amount from Part I, line 27a		<b>├</b>	(5,038)
3		er increases not included in line 2 (itemize)		3	
4		lines 1, 2, and 3		· · · ·   4	10,111
5 6	Decr	eases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)—I	7-4111 411	5	(1)
0	rotal	i net assets of fund balances at end of year (line 4 minus line 5)—1	art II, column (b), lir	ne 30 <b>6</b>	10,112

Part	(a) List and describe the kir	I Losses for Tax on Investment(s) of property sold (for example, real esse, or common stock, 200 shs. MLC Co)	state,	(b) How acquired P—Purchase D—Donation	(c) Date acqui (mo., day, yr	
<u>1a</u>	<u> </u>					
b				-		
<u>C</u> _				<del> </del>		
<u>d</u>			·	<del> </del>		
ее	<del></del>	(D)	4-1 01			h) Gain or (loss)
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		plus (f) minus (g))
a b						
c					ļ	
d						
е						
	Complete only for assets sho	wing gain in column (h) and owned	by the foundation	on 12/31/69.	(I) Gair	ns (Col. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) (j), if any	col (k), t	out not less than -0-) or sses (from col. (h))
а						
b						
С						
d						
е						
2	Capital gain net income or		also enter in Pa , enter -0- in Pa		2	
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instru	ctions. If (loss)	, enter -0- ın (	3	
Part		er Section 4940(e) for Redu				<del></del>
Was t		e this part blank. section 4942 tax on the distribu jualify under section 4940(e). Do			base period?	☐ Yes ☐ No
1		unt in each column for each yea			akıng anv ent	ries.
Cale	(a)  Base period years indar year (or tax year beginning in)	(b)		(c) f noncharitable-use a	ceate	(d) Distribution ratio (b) divided by col (c))
	2016					
	2015			<del></del>		
	2014			·		
-	2013					
	2012					
2		for the 5-year base period—div	ride the total on	line 2 by 5.0, or	r by	
4	Enter the net value of none	chantable-use assets for 2017 fi	rom Part X, line	5	. 4	0
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b	)		. 6	
7	Add lines 5 and 6				. 7	
8	Enter qualifying distributio	no from Dort VII. line 4			. 8	

Part	Excise Tax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 4948—sec	<u> ≥ Instr</u>	uctio	ns <u>)</u>			
1a '	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.  Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	TO ST	7.37.00 18.46.7	5. (E)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	- 10- 11-	(Sin Killia)	العصلات			
~	here ▶ □ and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	* * * * * * * * * * * * * * * * * * *					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)						
3	Add lines 1 and 2						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)						
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	<del></del>					
6	Credits/Payments:		2				
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6a	马力的		W. 7.			
b	Exempt foreign organizations—tax withheld at source 6b	AL THE HOUSE					
С	Tax paid with application for extension of time to file (Form 8868)	للهور وفاسسه	A	黄龙			
_d	Backup withholding erroneously withheld 6d		الله المنت	1000			
7	Total credits and payments. Add lines 6a through 6d			<b></b>			
8	Enter any penalty for underpayment of estimated tax. Check here  If Form 2220 is attached			-			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			├			
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10  Enter the amount of line 10 to be: Credited to 2018 estimated tax > Refunded > 11			<del> </del>			
	Enter the amount of line 10 to be: Credited to 2018 estimated tax ► Refunded ► 11  VII-A Statements Regarding Activities			L			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	+ 1	Yes	No			
	participate or intervene in any political campaign?	1a	3 103	4			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		+	<del></del> -			
	instructions for the definition	1b					
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material		y Wale	470			
	published or distributed by the foundation in connection with the activities.	10 A. 5					
С	Did the foundation file Form 1120-POL for this year?	10	المتحصينا	·			
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	40m (2 % )		SE.			
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	2	12.33				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-	147.3	1			
	on foundation managers. ► \$	N. 5		ارجه عام غ المحالية			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		~			
	If "Yes," attach a detailed description of the activities.	1000	137				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	f   2" "" "		100			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		~			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		~			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	<u> </u>	~			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	10000	V			
	If "Yes," attach the statement required by General Instruction T.	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	300				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	, 44 , 44 , 45 , 45	1	4			
	By language in the governing instrument, or	1					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		222				
_		6	<del>  _  </del>	<b>-</b>			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	( 10 pg / 2	12.50			
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶	المراجع الم					
	Maharana 1974 Nan Nan Abarana Carana						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation		a	THE RE			
_		8b	منافر س	Bay Streets			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of 4942(j)(5) for calendar year 2017 or the tax year beginning in 20172. See the instructions for Part XIV. If "Year		ALCO TO	الأستشكار			
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes, complete Part XIV	1	l	<b>1</b>			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	<u>, 9</u>	+	<del>-</del>			
10	names and addresses	1 40	ا ہا ا				

Part	VII-A Statements Regarding Activities (continued)			
	?	3 1 2 2	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		,
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		,
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶	13	<b>V</b>	
14	***************************************	48-968-	8888	
	Located at ► 14610 Sherwood Ct., Oak Park, Michigan ZIP+4 ►	4823	7	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here and enter the amount of tax-exempt interest received or accrued during the year			<b>▶</b> □
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	30 - 41 0 . 31	<b>✓</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	T 8 8 7 7		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	4 301 /	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	被機		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	disqualified person?	1,20	# 1 P.3	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No		多學	au.
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	300	ψ. 24 <b>1</b> 4 9	
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		-
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □	100	* 349	242 2 2
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	on San		100
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b	1100 and	<b>V</b>
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  ▶ 20, 20, 20, 20			
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
þ	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or	7 20 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. 18	
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	1	1 2 L	2 6
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	3	Sep. 19	
	foundation had excess business holdings in 2017.)	3b	فأنسشا	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		~
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Je (4. E.	75.76°
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		~

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Part	VIES ". Statements Regarding Activities	tor v	vnich Form	4/20	мау ве н	equire	a (conti	nuea)			
5a	During the year, did the foundation pay or incur	any am	ount to:			-			护理等	Yes	No
	<ul><li>(1) Carry on propaganda, or otherwise attempt to</li><li>(2) Influence the outcome of any specific public</li></ul>		-	,	, ,	•	☐ Yes	✓ No			
	directly or indirectly, any voter registration dr					-	Yes	₽ No			
	(3) Provide a grant to an individual for travel, stu-	dy, or	other similar	purpose	es?		Yes	☑ No	1	1	
	(4) Provide a grant to an organization other than	a cha	ırıtable, etc.,	organiz	ation desci	ribed ın					
	section 4945(d)(4)(A)? See instructions						☐ Yes	✓ No	1, 1, 6	- 2.48	17 W
	(5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to compare the prevention of cruelty the prevention of cruelty the prevention of cruelty the crue the prevention of cruelty the prevention of cruelty the crue the prevention of cruelty the prevention of cruelty the crue the prevention of cruelty the prevention of cruelty the crue the prevention of cruelty the crue the crue the crue the prevention of cruelty the crue th						□Yes	✓ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the						_		A 15 10 10 10 10 10 10 10 10 10 10 10 10 10	14、鐵	7
	Regulations section 53.4945 or in a current notice								5b	2-6-2-4	10. B. G -
	Organizations relying on a current notice regardii	ng disa	aster assistan	ce, che	eck here .					777	
C	If the answer is "Yes" to question 5a(4), does to			exem	ption from	the tax			-	1 3 3 3	E F
	because it maintained expenditure responsibility	for the	grant? .				☐ Yes	☐ No	ئى قىللىداد ئىد		
	If "Yes," attach the statement required by Regula			•	•					(	
6a	Did the foundation, during the year, receive any		-	-		emiums	_		130	1	
	on a personal benefit contract?	-					∐ Yes	<b>∠</b> No		1	
b	Did the foundation, during the year, pay premium	ns, dire	ectly or indire	ctly, on	a personal	benefit	t contract	t? .	6b	- mm	15 948 11
70	If "Yes" to 6b, file Form 8870.  At any time during the tax year, was the foundation a	n north	to a probibito	d tay ob	altar transac	tion?	□Yes		1. A.		
	If "Yes," did the foundation receive any proceeds						_	_ <b>∠ No</b> n?	7b	ALL MA	
	VIII Information About Officers, Direct								1	ees.	
	and Contractors	,	,			- <b>3</b> ,	<b>,</b> .			,	
1	List all officers, directors, trustees, and found	ation	managers ar	nd their	compens	ation. S	See instr	uctions			
	(a) Name and address		e, and average irs per week		mpensation not paid,		Contribution		(e) Expe		
			ted to position		ter -0-)		erred comp		other a	allowan	ces
See at	tached schedule										
			<del></del>				<del></del>	<del></del>			
			<del></del>								
2	Compensation of five highest-paid employee	s (oth	er than tho	se incl	uded on li	ne 1—	see instr	uctions	s). If no	one, e	enter
	"NONE."										
			(b) Title, and a	average			(d) Contrib		(a) 5a		
(	(a) Name and address of each employee paid more than \$50,00	0	hours per v	veek	(c) Comper	sation	employee plans and	deferred	(e) Exper	allowan	ces
	<del></del>		100000000000000000000000000000000000000				compen	sation			
NONE			ļ								
	<del> </del>		<u> </u>								
			Ì					1			
							·····		<del></del> .		
			}					}			
			<u> </u>								
						İ					
			<u> </u>								
			1								
Total	number of other employees paid over \$50,000.					• •		. ▶			

Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empand Contractors (continued)	łoyees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE.	19
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
Fota	number of others receiving over \$50,000 for professional services	
Pai	t IX-A Summary of Direct Charitable Activities	
1	t the foundation's four largest direct charitable activities direct the tay year leading when the tay year	
	It the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	Machon Reb Nosson Meir	
•		4,200
	•	1,200
2	Congregation Forest Park	
		3,850
3	Yeshiva Greater Washington	
		3,800
4	Congregation Beth Jacob Mogain Abraham	
		2,000
	t IX-B Summary of Program-Related Investments (see instructions)	
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
_		
2		
	other program-related investments. See instructions	<del></del> -
3	Outer program realism intestinants, see instructions	
J		
- 	I. Add lines 1 through 3	
	ariad model another in the second of the sec	

Form **990-PF** (2017)

Part		ign tou	ndations,
	see instructions.)	1. 1	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	10,730
С	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	10,730
е	Reduction claimed for blockage or other factors reported on lines 1a and	235	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	10,730
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	10,730
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Part		founda	
1	Mınımum investment return from Part X, line 6	1	0
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	$\overline{D}$
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	***	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	17,319
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes ,	2	
3	Amounts set aside for specific charitable projects that satisfy the:	200	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	17,319
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	17,319
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years.		

Part	XIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
	line 7	The state of the s	The second second	THE STATE OF THE S	0
2	Undistributed income, if any, as of the end of 2017:		BUMBER STREET		
а	Enter amount for 2016 only		多名		The state of the s
b	Total for prior years: 20,20,20			<b>经验检验定</b>	A STATE OF THE STA
3	Excess distributions carryover, if any, to 2017:	The state of the s			
а	From 2012			Charles San Land	Link
b	From 2013			The state of the s	
C	From 2014				
d	From 2015			No. of the second	
e	From 2016	The state of the s			Marie I he
1	Total of lines 3a through e	THE CONTRACT TO STREET, AND THE PARTY OF STREET	The state of the second	STATE OF THE STATE	A STATE OF THE STA
4	Qualifying distributions for 2017 from Part XII, line 4: ▶ \$				
_				THE THE PARTY OF THE	
a	Applied to 2016, but not more than line 2a.	AND A THE A CHEST PARTY	The control of the co	Ret 26 4 Million and Company	
b	Applied to undistributed income of prior years (Election required—see instructions)		1		
_	Treated as distributions out of corpus (Election	halfing of There are	THE POST OF STREET STREET STREET	SEE STATES TO SEE	A AFRICA STANSFORM
С	required—see instructions)	!			
٨	Applied to 2017 distributable amount	Sanday Mark alban Burk La regular high rate	THE STATE OF THE S	一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	TO CARRY STATE OF THE STATE OF
d	* *	Barbon B. About Barbary	Mary Comment of the state of th	· · · · · · · · · · · · · · · · · · ·	The second of the second secon
е 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2017		milities and the second	ATT TO SERVE TO SERVE	and the state of t
5	(If an amount appears in column (d), the same	"Mile Tillet in The many had in	19 10 学校の後間、「多数者」	Comment of the second	
	amount must be shown in column (a).)		The second second		1.2.6.5
6	Enter the net total of each column as				
•	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	Barrier & The State of the Stat			
b	Prior years' undistributed income. Subtract	PARTY CONTRACTOR	THE RESTRICTION OF STREET	The state of the s	TO THE PROPERTY OF
	line 4b from line 2b				TO THE STATE OF TH
С	Enter the amount of prior years' undistributed	1000		The second of the second	A STATE OF THE PARTY OF THE PAR
-	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		,		
	tax has been previously assessed				
đ	Subtract line 6c from line 6b. Taxable	STATE OF THE STATE			
	amount-see instructions	医			
е	Undistributed income for 2016. Subtract line		The state of		in a second
	4a from line 2a. Taxable amount-see	Market Month			
	instructions	THE PROPERTY OF			2 12
f	Undistributed income for 2017. Subtract lines	TO THE THE THE THE			
	4d and 5 from line 1. This amount must be	WAR THE THE PARTY OF THE PARTY			
_	distributed in 2018	The state of the s	五字、李紫彩、《四	Market Contract Contract	The second of the second of
7	Amounts treated as distributions out of corpus		<b>扩射的数据</b>		
	to satisfy requirements imposed by section	1			
	170(b)(1)(F) or 4942(g)(3) (Election may be				
•	required—see instructions)		<b>新疆</b> "沙沙"		The second second
8	Excess distributions carryover from 2012 not				
_	applied on line 5 or line 7 (see instructions) .			AT A PROPERTY AND	We will be to the same
9	Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				
40		In nutrate said of the training to the training to the training training to the training trai	The second secon	THE CONTRACTOR OF THE PARTY OF	是一个人的人的人的人的人的人的人。 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
10	Analysis of line 9:		The second second		
a	Excess from 2013			N. T. S.	
b	Excess from 2014				
۲ C	Excess from 2015 Excess from 2016	The state of the s			
d	Excess from 2017				A state of
Ŧ	LACESS HOTH ZOTA	THE STATE OF THE S		11" AF 2" 2" 1 1 1 1 1 1 2 2 2 1 1 1 1 1 1 1 1	145 * P. P. P. P. A. P. B. S. S. L. I

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Page	ı	ι

Part	XIV Private Operating Founda	<b>tions</b> (see instr	uctions and Par	t VII-A, question 9	<del>)</del> )	
1a	If the foundation has received a ruling	or determination	n letter that it is a	a private operating		
	foundation, and the ruling is effective fo	r 2017, enter the o	date of the ruling .	<b>.</b>		
b	Check box to indicate whether the four	ndation is a privat	te operating found	ation described in se	ection 4942(j)(3)	or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	T	Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(e) lotai
	investment return from Part X for each year listed				7	
b	85% of line 2a				/	,
C	Qualifying distributions from Part XII,				/	, 47
	line 4 for each year listed .		1			
d	Amounts included in line 2c not used directly		1	<u> </u>	/	<del>-</del> .
_	for active conduct of exempt activities				/	
е	Qualifying distributions made directly			<del> /</del>		
·	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the		-	<del>/</del>	<del> </del>	
•	alternative test relied upon:					
_	"Assets" alternative test—enter:					
а						
	(1) Value of all assets		<del>  /</del>	4	<del> </del>	<del></del>
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3		+/	<del> </del>	<del> </del>	
-	of minimum investment return shown in					
	Part X, line 6 for each year listed		<del>                                     </del>		-	
С	"Support" alternative test—enter:	1			,	
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on		/			
	securities loans (section	/	<b>/</b>			
	512(a)(5)), or royalties)					
	(2) Support from general public				}	
	and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from	(			[	
	an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Information	n (Complete t	his part only if	the foundation h	ad \$5,000 or mor	e in assets at
	any time during the year-	-see instructio	ns.)			
1	Information Regarding Foundation	Managers:				
a	List any managers of the foundation v	who have contrib	outed more than 2	% of the total cont	ributions received by	the foundation
	before the close of any tax year (but o	nly if they have o	contributed more t	than \$5,000). (See s	ection 507(d)(2).)	
b	List any managers of the foundation	who own 10% o	or more of the sto	ock of a corporation	n (or an equally larg	e portion of the
	ownership of a partnership or other er	ntity) of which the	e foundation has a	a 10% or greater into	erest.	
2	Information Regarding Contribution	, Grant, Gift, Lo	an, Scholarship,	etc., Programs:		
	Check here ▶ ☑ If the foundation		-	-	organizations and d	loes not accept
	unsolicited requests for funds. If the fo					
	complete items 2a, b, c, and d. See in				·	
а	The name, address, and telephone nu	imber or email ac	dress of the pers	on to whom applica	tions should be add	ressed:
	, , ,					
b	The form in which applications should	l be submitted ar	nd information and	d materials they sho	ould include:	<del></del>
-					<del></del>	
	Any submission deadlines:					
Ū	, common doddinion					
d	Any restrictions or limitations on aw	ards, such as I	by geographical	areas, charitable fie	elds, kinds of institu	utions, or other
_	factors:	,	, ggq	,	,	,

	Part XV Supplementary Information (continued)  3 Grants and Contributions Paid During the Year or Approved for Future Payment						
	Recipient	If recipient is an individual,	Foundation		<del></del>		
-		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount		
	Name and address (home or business)  Paid during the year	or substantial contributor	recipient				
а	raid during the year				1		
		i					
			1				
			1				
			!				
	Total			▶ 3a			
b	Approved for future payment						
			,	!			
			į				
					1		
	Total			<b>N</b> 0L			

	er gross amounts unless otherwise indicated.		siness income	(c)	on 512, 513, or 514 (d)	(e) Related or exemp
		(a) Business code	<b>(b)</b> Amount	Exclusion code	Amount	function income (See instructions.)
1	Program service revenue:					
	b	-				
	<u> </u>					
	d					
	e					
	f	<del></del> -				
	g Fees and contracts from government agencies					
2						
_						
3						<del></del>
-		HAR TO THE TE	1988 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .	auto Joseph Mar	STATE OF THE WAY	STATES OF THE STATES
•		But Brand D Water B. C.	CHANGE THE THE MERIE	12 may a si catalina a ser maste	(7) 唐斯尼亚·新西亚克罗克·	[1] S. H. L.
		-				
6						<del> </del>
_	Net rental income or (loss) from personal property		<del></del>	<del> </del>		<del> </del>
7		<u> </u>				
8						
9	· · · · · · · · · · · · · · · · · · ·					
	Gross profit or (loss) from sales of inventory					
17	Other revenue: a		· · · · · · · · · · · · · · · · · · ·			
	b					
	c					
	d					
13	Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  worksheet in line 13 instructions to verify calculations				13	
l3 See Par	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		montantly to the
ee ea ain	<b>Total.</b> Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to th
3 ee ar	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to th
3 ee ar	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to th
3 ee ar	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to th
3 ee Par Line	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
3 ee ar	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to th
3 ee ar	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to th
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3 ee Par Line	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to th
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iee Par Line	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
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l3 See Par Line	Total. Add line 12, columns (b), (d), and (e)	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the

•		Organization	ons		_			
	in se			engage in any of the fo 501(c)(3) organization				Yes No
а	Trans	sfers from the rep	orting foundation to	o a noncharitable exem	ıpt organizatıor	of:		
	(1) C	ash						1a(1)
	(2) 0	ther assets .						1a(2)
		r transactions:						
			a noncharitable exe	empt organization				1b(1)
				able exempt organizati				1b(2)
				er assets				1b(3)
								1b(4)
		oans or loan gua						1b(5)
		_						<del></del>
				nip or fundraising solici				1b(6)
				sts, other assets, or pa				1c
				s," complete the follow				
				ices given by the repor				
				ement, show in column				
(a) Line	no (	<b>b)</b> Amount involved	(c) Name of nonc	haritable exempt organization	(d) Desc	ription of transfe	rs, transactions, and sh	aring arrangements
	_	·						<del></del>
	[_			· · · · · · · · · · · · · · · · · · ·			·	
				<del></del>				
	L							
						<del></del>	<del></del>	
				filiated with, or related ction 501(c)(3)) or in se		re tax-exemp	_	☐ Yes ☐ No
b	If "Ye	s," complete the	following schedule	•				
		(a) Name of organi	zation	(b) Type of organ	nization		(c) Description of relation	onship
				ed this return, including accomp				dge and belief, it is true,
Sign	corre	ct, and complete Decla	ration of preparer (other th	an taxpayer) is based on all info	rmation of which prep	parer has any knov		RS discuss this return
Here					(MS)	10017	with the p	preparer shown below?
	Sign	ature of officer or trus	tee	Date	Title	~ (1)	See instru	ictions Yes No
D-::		Print/Type preparer		Preparer's signature		Date		PTIN
Paid							Check if self-employed	
Prepa		Firm's name		<u>.                                    </u>		<del></del>	Firm's EIN ▶	
Use Only Firm's name Firm's EIN Phone no								
							1 110110 110	

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

**Employer identification number** 

Mandelbaum Family Foundation 38-3451413 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ✓ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filling Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

**Employer identification number** 

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Gary Ross  17200 Jeanette  Southfield, MI 48075	\$\$, 	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Sheldon Mandelbaum  14610 Sherwood Ct.  Oak Park, MI 48237	\$ 7000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Employer identification number

Noncash Property (see instructions). Use duplicate co	ppies of Part II if additional spa	ce is needed.
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	s	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	   \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	œ	
	Description of noncash property given  (b)  Description of noncash property given	Description of noncash property given    S

Part III

**Employer identification number** 

		tions completing Part III	, enter the tota	Complete columns (a) through (e) and all of exclusively religious, charitable, etc., See instructions.)  \$\bigsim \frac{1}{2} = \frac{1}{2} \text{ (a)} \text{ (b)} \text{ (b)}
	Use duplicate copies of Part III if add	- ·		
(a) No. from Part i	(b) Purpose of gift	(c) Use of g		(d) Description of how gift is held
		(e) Transfer (		
	Transferee's name, address, a	nd ZIP + 4	Relatio	enship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfer o	_	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfer of	d ailt	
	Transferee's name, address, a		_	nship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of g	······································	(d) Description of how gift is held
Part I		(c) Ose of g		(u) Description of now gat is need
		(e) Transfer o	of gift	
1	Transferee's name, address, a	nd ZIP + 4	Relatio	nship of transferor to transferee

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

### FORM 990PF 2017, MANDELBAUM FAMILY FOUNDATION

Pai		- 44	22
ra	I L	I ₩	23

State of Michigan	\$20 00
Mishna Berurah Web Site	\$19 00
	\$39 00

## **Payments to Organizations**

Machon Reb Nosson Meir	\$4,200
Congregation Forest Park	\$3,850
Yeshiva of Greater Washington	\$3,800
Congregaton Beth Jacob Mogain Abraham	\$2,000
Southeast Hebrew Congregtion	\$1,200
Matan B'Seter of Detroit	\$1,000
Congregation Bnai Israel	\$500
Mırrer Yeshiva	\$250
Bonei Olam	\$180
Grants	
Elka Grant - Elegant Expressions	\$300
	\$17,280 00

## **List of Officers**

Sheldon P Mandelbaum - President - 1 avg hour per week Mina D. Mandelbaum - Secretary 1 avg hour per week

Michael A Mandelbaum - Director Andrew J. Mandelbaum - Director David S. Mandelbaum - Director Esther L. Kaplan - Director Simon Hirsch - Director Irving Mandelbaum - Director Janet Parnes - Director

Sheldon, Mina, Reside at 14610 Sherwood Ct, Oak Park, MI 48237 Michael resides at 25109 Southwood, Southfield, MI 48075 Andrew resides at 1008 Kersey,, Silver Spring, MD 20902 David resides at 5915 Hobart St., Pittsburgh, PA 15217 Esther Resides at 905 S Belgrade, Silver Spring, MD 20902 Simon Hirsch resides at 6217 Biltmore Ave, Baltimore, MD 21215 Irving Mandelbaum resides at 446 Cedar Ave., Highland Park, NJ 08904 Janet Parnes resides at 957 E. 29th St., Brooklyn, NY 11210