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OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

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For	caler	ndar year 2015, or tax y	ear beginning 01-0	1-2015	, a	nd ending 1	2-31-2015	
	e of foun	ndation MAN FAMILY FOUNDATION				A Employer id	entification numb	er
• • • • • • • • • • • • • • • • • • • •	L SLLIGI	INITARILITY OURDANION				38-2972397		
		street (or P O box number if mail is i	not delivered to street address)	Room/suite		B Telephone nur	nber (see instruction	s)
ON	E TOWNI	E SQUARE NO 1913				(248) 862-8000	ı	
		state or province, country, and ZIP o	r foreign postal code			C If exemption	application is pendin	g, check here 🕨 🦵
500	I HFIELD,	MI 48076						
G Ch	neck all	that apply Initial return	Initial return of a fo	ormer public charity		D 1. Foreign or	ganızatıons, check h	ere 🕨 🦵
		Final return Address chang	A mended return Je Name change				ganizations meeting	
H Ch	eck typ	pe of organization 🔽 Section	501(c)(3) exempt private	e foundation		Ε If private foι	k here and attach co Indation status was t	erminated
		947(a)(1) nonexempt charital	ole trust Other taxable JAccounting method			under sectioi	n 507(b)(1)(A), ched	ck here 📕 J
		t value of all assets at end om Part II, col. (c),	Cother (specify)	·	11		ition is in a 60-mont n 507(b)(1)(B), chec	. —
		\$ 229,889	(Part I, column (d) must	be on cash basıs.)				
Pa	Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not			Revenue and		Net investment	Adjusted net	Disbursements for charitable
		necessarily equal the amounts in c		expenses per (a) books	(b)	income	(c) income	purposes
	1	<i>instructions))</i> Contributions, gifts, grants, e	etc . received (attach					(d) (cash basıs only)
	-	schedule)		300,000				
	2	Check ► ☐ If the foundation	is not required to attach	,				
		Sch B						
	3	Interest on savings and temp	oorary cash investments	5		5		
	4	Dividends and interest from s	securities					
u⊕ T	5a	Gross rents						
	ь	Net rental income or (loss) _						
	6a	Net gain or (loss) from sale o	fassets not on line 10	220				
Revenue	b	Gross sales price for all asse	ts on line 6a					
8	7	Capital gain net income (from	n Part IV, line 2)			220		
	8	Net short-term capital gain .						
	9	Income modifications						
	10a	Gross sales less returns and						
	ь	allowances Less Cost of goods sold.						
	c	Gross profit or (loss) (attach						
	11	Other income (attach schedu	ıle)	3,417		3,417		
	12	Total.Add lines 1 through 11		303,642	!	3,642		
	13	Compensation of officers, dire		0		0		0
	14	O ther employee salaries and	wages					
رم do	15	Pension plans, employee ben	efits					
ž	16a	Legal fees (attach schedule).						
Expenses	ь	Accounting fees (attach sche	edule)					
	c	Other professional fees (atta	ch schedule)					
Administrative	17	Interest						
Stra	18	Taxes (attach schedule) (see	e instructions)					
	19	Depreciation (attach schedul	e) and depletion					
Ē	20	Occupancy						
and A	21	Travel, conferences, and mee	-					
	22	Printing and publications.		65		-		
III	23	Other expenses (attach sche		-980		0		0
Operating	24	Total operating and administ Add lines 13 through 23	-	-980		0		0
å	25	Contributions, gifts, grants p		374,552				374,552
	26	Total expenses and disburser		3, 1,332				3. 1,332
		25	IICHES AUG IIIICS 24 dIIU	373,572		0		374,552
	27	Subtract line 26 from line 12						
	a	Excess of revenue over exper		-69,930		2.645		
	b	Net investment income (if ne	·			3,642		
	С	Adjusted net income(If negat	ive, elitel -U-)					

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	(L) Book value	(E) Book value	(5) Fair Flaricet value
	2	Savings and temporary cash investments	33,174	4,827	4,827
	3	Accounts receivable -	,	,	,
		Less allowance for doubtful accounts			
	4	Pledges receivable -			
	7	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	O	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	,	Less allowance for doubtful accounts			
		Inventories for sale or use			
祭	8	Prepaid expenses and deferred charges			
Assets	9				
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule) -			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	27,000	27,000	27,000
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) -			
	15	O ther assets (describe 🟲)	319,221	277,638	198,062
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	379,395	309,465	229,889
	17	Accounts payable and accrued expenses			
ام	18	Grants payable			
#	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>-</u>	21	Mortgages and other notes payable (attach schedule)			
	22	O ther liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)	0	0	
ᆈ		Foundations that follow SFAS 117, check here 🕨 🦵			
윙		and complete lines 24 through 26 and lines 30 and 31.			
듄	24	Unrestricted			
8	25	Temporarily restricted			
핌	26	Permanently restricted			
Fund Balances		Foundations that do not follow SFAS 117, check here 🕨 🔽			
5		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	2,472,857	2,472,857	
	29	Retained earnings, accumulated income, endowment, or other funds	-2,093,462	-2,163,392	
₹	30	Total net assets or fund balances (see instructions)	379,395	309,465	
	31	Total liabilities and net assets/fund balances (see instructions)	379,395	309,465	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column	ı (a), lıne 30 (must a	gree	
		with end-of-year figure reported on prior year's return)		1	379,395
2		Enter amount from Part I, line 27a		2	-69,930
3		Other increases not included in line 2 (itemize)		3	0
4		Add lines 1, 2, and 3		4	309,465
5		Decreases not included in line 2 (itemize) ▶		_ 5	0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), li	ne 30 . 6	309,465

the Part VI instructions

		s) of property sold (e g , re r common stock, 200 shs	(E	How acquired P—Purchase D—Donation	ט	Date sold (d) (mo , day, yr)		
1a NORTEL-SETTLEME	NT			1	P	20	15-07-24	2015-07-24
b								
С								
d								
e				-				
		Depreciation allower	d Co	stor	other basis		Gair	or (loss)
(e) Gross sales price		(f) (or allowable)		(g) plus expense of sale				(f) minus (g)
	220							220
b								
С								
d								
e						t		
Complete only for assets s	howina a	ain in column (h) and owne	d by the foundation	on or	12/31/69		Gains (Col	(h) gain minus
			s of col (ı)	c	•	ot less than -0-) or		
(i) F M V as of 12/31/69		A djusted basıs (j) as of 12/31/69			ol (j), if any	(I)	Losses	(from col (h))
a								220
b								
С								
d								
<u>е</u>								
	_	(loss) as defined in sectio e 8, column (c) (see instru		6)	J	3		220
Part V Qualification U	Jnder S	ection 4940(e) for R	educed Tax o	n N	et Investme	nt In	come	
(For optional use by domestic p If section 4940(d)(2) applies, l Was the foundation liable for the If "Yes," the foundation does no	eave this e section	part blank 4942 tax on the distribute	able amount of an	y yea	ar in the base pe		e)	┌ Yes ┌ No
1 Enter the appropriate amo			•			100		
(a) Base period years Calendar year (or tax year beginning in)		(b) sed qualifying distributions		c)			(d) Distributio (col (b) divided	n ratio
2014		373,846			294,314			1 270228
2013		256,217			401,482			0 638178
2012		510,728			686,768			0 743669
2011		490,074			1,213,292			0 403921
2010		590,383			1,169,896			0 504646
·						2		3 560642
		he 5-year base period—div ation has been in existence				3		0 712128
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5						4		299,924
5 Multiply line 4 by line	3				🗀	5		213,584
6 Enter 1% of net inves	stment in	come (1% of Part I, line 2	7b)		🗀	6		36
7 Add lines 5 and 6						7		213,620
						8		374,552
• =	Enter qualifying distributions from Part XII, line 4							, –

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See

1761	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	540 (e),	UI 4340—See	paye	: 10 OI	rue msi	Tuctio	113)				
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			}								
b	(attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V,	check			1				36			
	here F and enter 1% of Part I, line 27b			.)	-							
c	All other domestic foundations enter 2% of line 27b Exempt foreign organiza	ations e	nter 4% of									
	Part I, line 12, col (b)											
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun enter -0-)	ndations	only Others	5	2		(
3	Add lines 1 and 2				3		36					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four	ndatıon	s only Other	s			0					
5	enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0											
6	Credits/Payments	iitei o		•	3				36			
a	2015 estimated tax payments and 2014 overpayment credited to 2015											
b	Exempt foreign organizations—tax withheld at source	6b	,	,717								
c	Tax paid with application for extension of time to file (Form 8868)	6c										
d	Backup withholding erroneously withheld	6d										
7	Total credits and payments Add lines 6a through 6d	· · ·			7			:	717,1			
8	Enter any penalty for underpayment of estimated tax Check here r if Form 2	2220 is	attached		8							
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter $amount owed$.				9							
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amoun	t overp	aid		10			:	1,681			
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	1,681	Refunded	•	11				0			
Par	t VII-A Statements Regarding Activities											
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loc	al legislation	or di	d			Yes	No			
	it participate or intervene in any political campaign?						1a		No			
b	Did it spend more than \$100 during the year (either directly or indirectly) for p			ee In	structio	ons	١					
	for definition)?					•	1b		No			
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	ana cop	ores of any ma	ateria	IS							
_	published or distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year?						1c		No			
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos	sed dur	ng the vear	•		•	10					
•	(1) On the foundation \blacktriangleright \$0 (2) On foundation managers			0								
e	Enter the reimbursement (if any) paid by the foundation during the year for poli				osed							
	on foundation managers 🕨 \$0		•									
2	Has the foundation engaged in any activities that have not previously been rep	ported t	to the IRS?				2		No			
	If "Yes," attach a detailed description of the activities.											
3	Has the foundation made any changes, not previously reported to the IRS, in it	ts gove	rnıng ınstrum	ent,	artıcles	;						
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conf	ormed c	copy of the cha	anges			3		No			
4a	Did the foundation have unrelated business gross income of \$1,000 or more d	luring th	ne year?				4a		No			
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b					
5	Was there a liquidation, termination, dissolution, or substantial contraction du	ring the	year?				5		No			
	If "Yes," attach the statement required by General Instruction T.											
6	Are the requirements of section 508(e) (relating to sections 4941 through 49 • By language in the governing instrument, or	45) sat	isfied either									
	 By state legislation that effectively amends the governing instrument so th 	at no m	nandatory dire	ectioi	ns							
	that conflict with the state law remain in the governing instrument?						6	Yes				
7	Did the foundation have at least \$5,000 in assets at any time during the year?),	Ť					
	and Part XV.						7	Yes				
8a	Enter the states to which the foundation reports or with which it is registered (see ins	tructions)									
	►MI			_								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99											
	General (or designate) of each state as required by General Instruction G? If $^{\circ}$						8b	Yes				
9	Is the foundation claiming status as a private operating foundation within the r											
	or $4942(j)(5)$ for calendar year 2015 or the taxable year beginning in 2015 (s	ee inst	ructions for P	art X	IV)?							
4.0	If "Yes," complete Part XIV						9		No			
10	Did any persons become substantial contributors during the tax year? <i>If "Yes,</i>			_			10	Yes				
	and addresses. 🕏						1 10	ן יפטן				

Par	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	Yes	
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			•
14	The books are in care of ►SELIGMAN FAMILY FOUNDATION Telephone no ►(248)862-	-8000	
	Located at ▶ONE TOWNE SQUARE STE 1913 SOUTHFIELD MI ZIP+4 ▶48076	,		
4 =			<u> </u>	
15	Section 4947 (a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here	• •	-	
			1	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	مد ا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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 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 any 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			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
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 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years 🕨 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or 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 the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	21.		
4-	If the foundation had excess business holdings in 2015.)	3b	-	 NJ =
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 21, 1969) that could incorporate its	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No
	- chantable parpose that had not been removed holl jeopalay before the HIST day of the tax year bedillillid HI 2015/	1 TU		140

Pa	rt VII-B	Statements Rega	rdii	ng Activities for	Wŀ	ich Form 4720	May	Be Required (Cont	tinue	<i>∍d)</i>	
5a	During th	e year did the foundatio	n pay	or incur any amoun	t to						
	(1) Carry	on propaganda, or othe	rwise	attempt to influenc	e leg	ıslatıon (section 494	45(e	e)))?	√ No		
	(2) Influe	nce the outcome of any	spec	ıfıc publıc election (see	section 4955), or to	car	ry			
	on, di	rectly or indirectly, any	vote	registration drive?.				T Yes F	√ No		
	(3) Provid	de a grant to an individu	al for	travel, study, or oth	ners	ımılar purposes?		┌ Yes ि	√ No		
	(4) Provid	de a grant to an organiza	ation	other than a charita	ble,	etc , organization de	scrit	ped			
	ın sec	tion 4945(d)(4)(A)? (s	ee in:	structions)				T Yes [√ No		
	(5) Provid	de for any purpose other	thar	ı religious, charitabl	e, sc	ientific, literary, or					
	educa	itional purposes, or for t	he pr	evention of cruelty t	to ch	ıldren or anımals?.			√ No		
b	If any ans	swerıs "Yes" to 5a(1)-	(5), d	ıd any of the transac	tions	fail to qualify under	the	exceptions described in			
	Regulatio	ns section 53 4945 or	n a c	urrent notice regard	ing d	lisaster assistance ((see	ınstructions)?		5b	
	O rganızat	tions relying on a currer	t not	ice regarding disast	eras	sistance check here	e		_		
C	If the ans	wer is "Yes" to question	n 5a(4), does the foundat	ion c	laım exemption from	the				
	tax becau	ise it maintained expend	diture	responsibility for th	ne gr	ant?		Г Yes Г	_ No		
	If "Yes," a	ttach the statement requ	ıred l	y Regulations sectio	n 53.	4945-5(d).					
6a	Dıd the fo	undation, during the yea	ar, re	ceive any funds, dire	ectly	or indirectly, to pay	prer	miums on			
	a persona	Il benefit contract?							√ No		
b	Did the fo	undation, during the yea	ar, pa	y premiums, directly	yorı	ndırectly, on a perso	nal	benefit contract?		6b	No
	If "Yes" to	6b, file Form 8870.									
7a	At any tır	ne during the tax year, v	vas t	ne foundation a party	y to a	a prohibited tax shel	tert	ransaction? TYes	√ No		
ь	If yes, did	the foundation receive	any	proceeds or have an	y ne	t income attributable	e to t	the transaction?		7b	
Do	rt VIII	Information Abou	t Of	ficers, Directors	s, Tı	rustees, Founda	tio	n Managers, Highly	Pai	d Empl	oyees,
		and Contractors									
1	List all off	icers, directors, trustee	s, fo	ındation managers a	nd t	heir compensation (see i	-			
				Title, and average	(c)	Compensation(If		(d) Contributions to		Expense	account,
	(a) Nai	me and address	(b)	hours per week devoted to position		not paid, enter -0-)	e	mployee benefit plans	(e)	•	lowances
			(5)			-0-)	and	d deferred compensation			
	T SELIGMAN		-	SIDENT &		0		0			0
	E TOWNE S JTHFIELD,	QUARE STE 1913	1	TRUSTEE 0 00							
	ORA SELIGMAN		CEC	SECRETARY &		0		0			0
		QUARE STE 1913	-	TRUSTEE				U			U
		MI 48076	0 0	0 00							
	I MELTZER		TRE	ASURER &	0			0		0	
ONE	TOWNES	QUARE STE 1913		STEE							
sou	JTHFIELD,	MI 48076	0 0)							
STEP	HANIE M ZIMN	MERMAN		STEE	0		0				0
		QUARE STE 1913	0 00)							
	JTHFIELD,				<u>. </u>				<u> </u>	NICHE "	
	Compensa	tion of five nignest-paid	ı emp	loyees (other than	tnos	 	-see	Contributions to	nter	NONE."	
NI -		(a)		Title, and aver		(-) (_	employee benefit		Expense	account,
iva		ress of each employee re than \$50,000	oaid	hours per wee (b) devoted to pos		(c) Compensatio	n	plans and deferred	(e)	other all	lowances
				(2) acrotta to poo				(d) compensation			
101	NE										
									<u>L</u>		
				1							
				1							
Tota	number of	f other employees paid (ver	50,000							0

	(see instructions). If none, enter "NO!	VE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	、	
otal number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
st the foundation's four largest direct charitable activities during the tax year Include re rganizations and other beneficiaries served, conferences convened, research papers pro		er of Expenses
1	duced, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	•	Amount
Part IX-B Summary of Program-Related Investments	•	A mount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	•	Amount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during	•	A mount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1	•	A mount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2	•	Amount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2 All other program-related investments See instructions	•	Amount
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during 1 2	•	Amount

Form 990-PF (2015) Part X Minimum Investment Return

ΓŒ	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		1
а	Average monthly fair market value of securities	1a	274,284
b	Average of monthly cash balances	1b	30,207
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	304,491
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		1
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	304,491
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2% of line 3 (for greater amount, see		1
	ınstructions)	4	4,567
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	299,924
6	Minimum investment return. Enter 5% of line 5	6	14,996
Paı	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	taın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	14,996
2a	Tax on investment income for 2015 from Part VI, line 5 2a 36		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		1
c	Add lines 2a and 2b	2c	36
3	Distributable amount before adjustments Subtract line 2c from line 1	3	14,960
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	14,960
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	14,960
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		1
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	374,552
b	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		1
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		1
а	Suitability test (prior IRS approval required)	За	
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	374,552
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	36
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	374,516
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth	er the	foundation qualifies for

P	art XIIII Undistributed	Income (see instru	ctions)			
			(a)	(b)	(c)	(d)
	D took . to blo	form Don't VI long 7	Corpus	Years prior to 2014	2014	2015
	Distributable amount for 2015					14,900
	Undistributed income, if any, as				0	
a	Enter amount for 2014 only.			0	0	
b		, 20, 20		U		
3	Excess distributions carryover	7, If any, to 2015 532,003				
a	From 2010 From 2011	431,355				
	From 2012	476,472				
	From 2013	236,217				
	From 2014	359,460				
	Total of lines 3a through e.		2,035,507			
	Qualifying distributions for 201					
	XII, line 4 🕨 \$					
а	Applied to 2014, but not more				0	
	Applied to undistributed income			0		
	(Election required—see instruct					
C	Treated as distributions out of required—see instructions)		0			
d	Applied to 2015 distributable a	amount				14,960
е	Remaining amount distributed of	out of corpus	359,592			
5	Excess distributions carryover	applied to 2015	0			C
	(If an amount appears in column same amount must be show	* **				
6	Enter the net total of each col- indicated below:	umn as				
а	Corpus Add lines 3f, 4c, and 4c	e Subtract line 5	2,395,099			
b	Prior years' undistributed incom			0		
	line 4b from line 2b			<u> </u>		
С	Enter the amount of prior years income for which a notice of def					
	been issued, or on which the se	•				
	tax has been previously assess	sed		0		
d	Subtract line 6c from line 6b T —see instructions			0		
е	Undistributed income for 2014	Subtract line				
	4a from line 2a Taxable amoun	nt—see			0	
e	Undistributed income for 2016	Cubtract			-	
•	lines 4d and 5 from line 1 This					
	be distributed in 2015					C
7	A mounts treated as distribution					
	corpus to satisfy requirements					
	section 170(b)(1)(F) or 4942(g be required - see instructions)		0			
8	Excess distributions carryover					
•	applied on line 5 or line 7 (see		532,003			
9	Excess distributions carryover t	to 2016.	1 000 000			
	Subtract lines 7 and 8 from line	6a	1,863,096			
	Analysis of line 9					
	Excess from 2011	431,355				
	Excess from 2012	476,472 236,217				
	Excess from 2013 Excess from 2014	359,460				
	Excess from 2014 Excess from 2015	359,592				
4	LYCESS HOHI ZOTO	333,332				

- c Any submission deadlines
- **d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

3 Grants and Contributions Paid	If recipient is an individual,		<u>-</u>	
Recipient	show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year See Additional Data Table	any foundation manager or substantial contributor		contribution	
Total			▶ 3a	374,55
b Approved for future payment				
			1	

Form 990-PF (2015) Part XVI-A Analysis of Income-Produc	ing Activitie	:S			Page 12
Enter gross amounts unless otherwise indicated	Unrelated bu	ısıness ıncome	Excluded by section	n 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See
-	Business code	, tillounc	Exclusion code	//modific	instructions)
a b					
с					
d					
e f					
g Fees and contracts from government agencies					
2 Membership dues and assessments3 Interest on savings and temporary cash investments			14	5	
4 Dividends and interest from securities			14	J	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	3,417	
8 Gain or (loss) from sales of assets other than inventory			18	220	
Net income or (loss) from special events Gross profit or (loss) from sales of inventory .					
11 Other revenue a					
b c					
d					
e					
L2 Subtotal Add columns (b), (d), and (e).		0		3,642	
L3 Total.Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify			:	13	3,642
Part XVI-B Relationship of Activities to		plishment of E	xempt Purpos	es	
Explain below how each activity for wh the accomplishment of the foundation's instructions)					

Part	XVI	Information Re Noncharitable					sactions	and R	Relationships	With			
		rganization directly or ii	ndırectly (engage ın a	ny of t	he following wit						V	N.
		501(c) of the Code (othe	r than se	ction 501(d	c)(3) o	rganızatıons) o	r ın section	527,1	relating to polition	:al		Yes	No
_		tions?	dation to		+=bla =	vemet eresis	-tion of						
		s from the reporting four h									1a(1)		No
		erassets									1a(1)		No
` '		insactions									14(2)		NO
		es of assets to a noncha	ritable ex	emnt organ	uzation						1h(1)		No
		chases of assets from a									1b(2)		No
		tal of facilities, equipme									1b(3)		No
		nbursement arrangemen									1b(4)		No
		ns or loan guarantees.									1b(5)		No
		rmance of services or m									1b(6)		No
		of facilities, equipment, i									H		No
	_	swer to any of the above	_									ue	
ın a	ny tra	ods, other assets, or se ansaction or sharing arr	angement	, show in co	olumn ((d) the value o	fthe goods	, other	assets, or servi	ces receive	ed		
(a) Line	NO	(b) Amount involved	(c) Name	or noncharita	ible exer	npt organization	(a) Des	сприоп с	of transfers, transact	ions, and sna	iring arra	ngemer	its
des	cribe	undation directly or indi d in section 501(c) of th complete the following : (a) Name of organization	ne Code (d schedule		section		in section !			otion of relation	. 厂Ye	s V	No
Sign	the	der penalties of perjury, best of my knowledge a ormation of which prepar	nd belief,	ıt ıs true, c	orrect					an taxpaye		ed on	all
Here	1	*****				2016-03-30	_ • **	****		return with t	he prepa		
		Signature of officer or t	rustee			Date	Tı	tle		below (see ı	nstr)? 🗸	Yes□	No
		Print/Type preparer's DAVID V BERGER	name	Preparer's	s Sıgna	ature	Date 2016-0	3-30	Check if self- employed ►	PTIN P(001633	328	
Paid Prepa Use	arer		ADUKE PI	LC					Firm's EIN ► 3	's EIN ► 38-2517534			
Use Only		Firm's address ► 300 EAST LONG LAK BLOOMFIELD HILLS,		Phone no (248) 333-3680									

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

SCOTT SELIGMAN

SANDRA SELIGMAN

SETH MELTZER

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
A ALFRED TAUBMAN MEDICAL RESEARCH INSTITUTE 1500 E MEDICAL CENTER DRIVE ANN ARBOR,MI 48109	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	500
AJC 165 E 65TH ST NEW YORK,NY 10022	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,000
ASPEN VALLEY LAND TRUST 320 MAIN ST 204 CARBONDALE,CO 81623	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000
BARBARA ANN KARMANOS CANCER INSTITUTE 4100 JOHN R DETROIT,MI 48201	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	13,074
BAY AREA FRIENDSHIP CIRCLE 3900 FABIAN WAY PALO ALTO,CA 94303	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	2,500
BEAUMONT FOUNDATION 3601 W 13 MILE RD ROYAL OAK, MI 48073	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	200
BRANDEIS HILLEL DAY SCHOOL 655 BROTHERHOOD WAY SAN FRANCISCO, CA 94132	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	13,503
CABARET 313 PO BOX 2380 BIRMINGHAM,MI 48012	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	3,000
CALIFORNIA HISTORICAL SOCIETY 678 MISSION ST SAN FRANCISCO,CA 94105	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	2,500
CHABAD CENTER FOR JEWISH LIFE 230 W MANHATTAN AVE SANTA FE,NM 87501	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	12,500
COLLEGE OF CREATIVE STUDIES 201 E KIRBY ST DETROIT,MI 48202	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,500
CONGREGATION SHERITH ISRAEL 2266 CALIFORNIA STREET SAN FRANCISCO,CA 94115	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	25,000
CONTEMPORARY JEWISH MUSEUM 736 MISSION STREET SAN FRANCISCO,CA 94103	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	2,500
CRANBROOK ACADEMY OF ARTS PO BOX 801 BLOOMFIELD HILLS,MI 48304	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000
CRANBROOK SCHOOLS PO BOX 801 BLOOMFIELD HILLS,MI 48303	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	3,500
Total			▶ 3a	374,552

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
•	or substantial contributor			
a Paid during the year				
FRIENDS OF IDF 1430 BROADWAY NEW YORK, NY 10018	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000
FRIENDSHIP LINEINSTITUTE ON AGING 3575 GEARY SAN FRANCISCO,CA 94118	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000
GIANTS COMMUNITY FUND 24 WILLIE MAYS PLAZA SAN FRANCISCO,CA 94107	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,500
GREAT LAKES CHAMBER MUSIC FESTIVAL 24901 NORTHWESTERN HWY SOUTHFIELD,MI 48075	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	375
HOLOCAUST MEMORIAL CENTER 28123 ORCHARD LAKE ROAD FARMINGTON HILLS,MI 48334	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	2,500
HORACE MANN SCHOOL 231 WEST 246TH STREET BRONX,NY 10471	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	2,500
JAFINA 633 THIRD AVE NEW YORK,NY 10017	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000
JEWISH COMMUNITY CENTER OF SAN FRANCISCO 3200 CALIFORNIA STREET SAN FRANCISCO,CA 94118	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	3,000
JEWISH COMMUNITY FEDERATION 121 STEUART STREET SAN FRANCISCO,CA 94105	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000
JEWISH COMMUNITY HIGH SCHOOL OF THE BAY 1835 ELLIS ST SAN FRANCISCO,CA 94115	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000
JEWISH FEDERATION OF LAS VEGAS 2317 RENAISSANCE DR LAS VEGAS, NV 89119	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	10,000
JEWISH FEDERATION OF SOUTHERN ARIZONA 3822 EAST RIVER ROAD TUCSON,AZ 85718	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	50,000
JEWISH HOSPICE AND CHAPLAINCY NETWORK 6555 W MAPLE WEST BLOOMFIELD,MI 48322	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	200
JEWISH LEARNING WORKS 601 14TH AVE SAN FRANCISCO,CA 94118	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000
JTA-MJL NEW CORP 24 W 30TH ST NEW YORK, NY 10001	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	20,000

			the real of Approved for i	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
JTA INC 24 W 30TH ST NEW YORK,NY 10001	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	15,000
MICHIGAN OPERA THEATRE 1526 BROADWAY STREET DETROIT,MI 48226	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	10,000
MICHIGAN STATE UNIVERSITY 535 CHESTNUT RD EAST LANSING,MI 48824	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	2,500
MUSEUM OF CONTEMPORARY ART DETROIT 4454 WOODWARD AVE DETROIT,MI 48201	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	26,000
OR SHALOM JEWISH COMMUNITY 625 BROTHERHOOD WAY SAN FRANCISCO,CA 94132	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	2,500
PATHWAYS TO PEACE FOUNDATION 400 E LONG LAKE RD BLOOMFIELD HILLS,MI 48304	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000
SAN FRANCISCO HISTORY ASSOCIATION 743 BADEN AVE S SAN FRANCISCO,CA 94080	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,000
SAN FRANCISCO JEWISH FILM FESTIVAL 145 NINTH ST SAN FRANCISCO,CA 94103	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	2,500
TEMPLE EMANU-EL 2 LAKE ST SAN FRANCISCO,CA 94118	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000
THE CENTER FOR INVESTIGATIVE REPORTING 1400 65TH STREET 200 EMERYVILLE,CA 94608	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	20,000
THE DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE DETROIT,MI 48202	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	27,200
THE JEWISH WOMENS FOUNDATION PO BOX 2030 BLOOMFIELD HILLS,MI 48303	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	4,000
THE KNIGHTS 1275 PROSPECT BROOKLYN,NY 11218	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,000
THE WOLFSONIAN-FIU 1001 WASHINGTON AVE MIAMI BEACH,FL 33139	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	7,500
URBAN ADAMAH 1050 PARKER ST BERKLEY,CA 94710	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	2,500
Total			▶ 3a	374,552

		_	• • •	-
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year				
USC SHOAH FOUNDATION 650 W 35TH ST LOS ANGELES, CA 90089	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	25,000
VARIETY THE CHILDRENS CHARITY 600 S ADAMS 230 BIRMINGHAM, MI 48009	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	2,500
Total				374,552

TY 2015 General Explanation Attachment

Name: THE SELIGMAN FAMILY FOUNDATION

ldentifier	Return Reference	Explanation
LIST OF CONTROLLED ENTITIES	FORM 990-PF, PART VII-A, LINE 11	FOUNDATION ESTATES CAPITAL, LLC FEIN 27-04147902000 TOWN CENTER, SUITE 136SOUTHFIELD, MI 48075CAPITAL DISTRIBUTED FROM ABOVE IN 2015 WAS \$45,000

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TY 2015 Investments - Other Schedule

Name: THE SELIGMAN FAMILY FOUNDATION

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ARTWORK	AT COST	27,000	27,000

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TY 2015 Other Assets Schedule

Name: THE SELIGMAN FAMILY FOUNDATION

Description	Beginning of Year -	End of Year - Book	End of Year - Fair
	Book Value	Value	Market Value
INVEST IN FOUNDATION ESTATE LLC	319,221	277,638	198,062

TY 2015 Other Expenses Schedule

Name: THE SELIGMAN FAMILY FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FILING FEES	20	0		0
VOID CHECK-2012	-1,000	0		0

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TY 2015 Other Income Schedule

Name: THE SELIGMAN FAMILY FOUNDATION

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FOUNDATION ESTATE CAPITAL LLC	3,417	3,417	3,417

TY 2015 Substantial Contributors Schedule

Name: THE SELIGMAN FAMILY FOUNDATION

Name	Address
	ONE TOWNE SQUARE SUITE 1900 SOUTHFIELD, MI 48076

TY 2015 TransfersFrmControlledEntities

Name: THE SELIGMAN FAMILY FOUNDATION

Name	US / Foreign Address	EIN	Description	Amount
FOUNDATION ESTATE CAPITAL LLC	2000 TOWN CENTER STE 1360 SOUTHFIELD, MI 48075	27-0414790	DISTRIBUTION OF CAPITAL	0
Total				45,000

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THE SELIGMAN FAMILY FOUNDATION

As Filed Data -

DLN: 93491104002236

14. 00-0110-002200

OMB No 1545-0047

ONB NO 1545-004

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

2015

Employer identification number

		38-2972397		
Organization type (check	one)			
Filers of:	Section:			
Form 990 or 990-EZ	「 501(c)() (enter number) organization			
		1		
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			
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions om any one contributor. Complete Parts I and II. See instructions for determining a			
Special Rules				
under sections 509 received from any o	described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^1 / 3\%$ sup (a)(1) and $170(b)(1)(A)(v)$, that checked Schedule A (Form 990 or 990-EZ), Part one contributor, during the year, total contributions of the greater of (1) \$5,000 or (ii) Form 990-EZ, line 1 Complete Parts I and II	II, line 13, 16a, or 16b, and that		
during the year, tota	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions of more than \$1,000 exclusively for religious, charitable, scientifical for children or animals. Complete Parts I, II, and III	_		
during the year, cor this box is checked, purpose Do not cor	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received attributions exclusively for religious, charitable, etc., purposes, but no such contributions there the total contributions that were received during the year for an exclusively of the parts unless the General Rule applies to this organization because of the contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 If usively religious, charitable, etc, ause it received nonexclusively		
Caution. An organization th	nat is not covered by the General Rule and/or the Special Rules does not file Scho	edule 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 Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990,

Name of organization
THE SELIGMAN FAMILY FOUNDATION

Employer identification number 38-2972397

Part I	Contributors (see instructions) Use duplicate copies of Part I if	f additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
1	STERLING BANK & TRUST		Person	₽
	ONE TOWNE SQUARE SUITE 1900	\$ 300,000	Payroll	Γ
	SOUTHFIELD, MI 48076	<u> </u>	Noncash	Г
	SOUTHFIELD, MI48076		(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Γ
		\$	Payroll	Γ
		*	Noncash	Г
			(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Γ
	-	\$	Payroll	Γ
		·	Noncash	Г
			(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person	Γ
		\$	Payroll	Г
			Noncash	Г
			(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Г
		\$	Payroll	Γ
		<u>*</u>	Noncash	Г
			(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Γ
		\$	Payroll	Γ
		· ·	Noncash	Г
			(Complete Part II f contributions)	or noncash

Name of organization THE SELIGMAN FAMILY FOUNDATION		Employer identification number 38-2972397		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		<u> </u>		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		<u> </u>		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		<u> </u>		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		

Schedule B (Form 990, 990-E∠, or 990-PF) (2015)

nedule B (Form 990, 9	990-EZ, or 990-PF) (2015)		Page 4		
ne of organization E SELIGMAN FAMI			Employer identification number 38-2972397		
total more line entry. of \$1,000 or	than \$1,000 for the year from any o	ne contributor. Complete co III, enter the total of exclusive mation once. See instruction	ribed in section 501(c)(7), (8), or (10) that olumns (a) through (e) and the following ely religious, charitable, etc., contributions		
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	ft Relationship of transferor to transferee			
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee				
(a) from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
. =	(e) Transfer of gift				
	Transferee's name, address, and	3 ZP4 	Relationship of transferor to transferee		
(a) from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
. =		(e) Transfer of gi			
-	Transferee's name, address, and	d ZIP 4	Relationship of transferor to transferee		
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