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DLN: 93491207010121

2020

OMB No. 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury Internal Revenue Service

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

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

Open to Public

							Inspection
or	caler	ndar year 2020, or tax year beginning 01-01-20)20 , aı	nd er	nding 12-31-	2020	
		Indation			A Employer id	entification numbe	r
IH	E SELIC	GMAN FAMILY FOUNDATION			38-2972397		
		l street (or P.O. box number if mail is not delivered to street address) /NE SQUARE NO 1913	Room/suite		B Telephone nu	mber (see instruction	ns)
	NE TOW	ME 260VICE NO 1313			(248) 862-8000)	
		n, state or province, country, and ZIP or foreign postal code D, MI 48076	•		C If exemption	application is pendin	g, check here
		<u> </u>					• ⊔
G Cł	neck al		former public charity			ganizations, check he	▶ ⊔
		☐ Final return ☐ Amended return ☐ Address change ☐ Name change				ganizations meeting k here and attach co	
. .	and the	pe of organization: ✓ Section 501(c)(3) exempt private	foundation			undation status was t	
_		· · · · · · · · · · · · · · · · · · ·	e private foundation		under sectio	n 507(b)(1)(A), chec	k here 🕨 🗀
			☑ Cash ☐ Accru	ıal	F If the founda	ation is in a 60-montl	n termination
		rom Part II, col. (c), ▶\$ 2,453,604 ☐ Other (specify)			under sectio	n 507(b)(1)(B), chec	k here ▶ Ш
11110	10)	(Part I, column (d) must	be on cash basis.)				
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	a ,			(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(6)	Net investment income	(c) Adjusted net income	for charitable purposes
	1	Contributions, gifts, grants, etc., received (attach	1				(cash basis only)
	-	schedule)	375,000				
	2	Check ► ☐ if the foundation is not required to attach					
	3	Sch. B Interest on savings and temporary cash investments	4,210		4,210		
	4	Dividends and interest from securities	9,464	1	9,400		
	5a	Gross rents					
	ь	Net rental income or (loss)					
ē	6a	Net gain or (loss) from sale of assets not on line 10	-197,275	5			
Revenue	ь	Gross sales price for all assets on line 6a					
Re	7	4,063,531 Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Cross profit or (loss) (attach schedule)					
	1.		909		909		
	11	Other income (attach schedule)	192,308		14,519		
	13	Compensation of officers, directors, trustees, etc.	132,330		11,313		0
	14	Other employee salaries and wages		1			
Š	15	Pension plans, employee benefits					
nse	16a	Legal fees (attach schedule)	1,245	5	0		0
<u>ē</u>	b	Accounting fees (attach schedule)					
ũ	С	Other professional fees (attach schedule)					
Ĕ	17	Interest					
z z	18	Taxes (attach schedule) (see instructions)	4,633	3	0		0
Ξ	19	Depreciation (attach schedule) and depletion					
Ę	20	Occupancy					
D D	21	Travel, conferences, and meetings					
a	22	Printing and publications					
Đ.	23	Other expenses (attach schedule)	11,652	2	0		0
Operating and Administrative Expenses	24	Total operating and administrative expenses.					
<u>a</u>		Add lines 13 through 23	17,530	_	0		0
_	25	Contributions, gifts, grants paid	935,300	1			935,300
	26	Total expenses and disbursements. Add lines 24 and 25	952,830		0		935,300
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and	-760,522	,			
	b	disbursements Net investment income (if negative, enter -0-)	-700,322	+	14,519		
	С	Adjusted net income (if negative, enter -0-)			1.,013		
	<u> </u>		I			I	L

Page 2

2,453,604

2,306,948

2,472,857

-165,909

2.306.948

2,306,948

3,067,470

-760,522

2,306,948

2,306,948 Form **990-PF** (2020)

1

2

3

4

5

6

3,067,470

2,472,857

3,067,470

3,067,470

594,613

		Less: allowance for doubtful accounts ▶						
	4	Pledges receivable ▶						
		Less: allowance for doubtful accounts ▶						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons (attach schedule) (see instructions)						
	7	Other notes and loans receivable (attach schedule)						
		Less: allowance for doubtful accounts ▶						
Ŋ.	8	Inventories for sale or use						
sets	9	Prepaid expenses and deferred charges						
As	10a	Investments—U.S. and state government obligations (attach schedule)						
	b	Investments—corporate stock (attach schedule)		2,368,844	% ∫	1,922,845		2,093,001
	c	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		3,500
	14	Land, buildings, and equipment: basis ▶						
		Less: accumulated depreciation (attach schedule)						
	15	Other assets (describe >)	9	306,763	% J	307,671	<u>~</u>	307,671

12	Investments—mortgage loans	Γ
13	Investments—other (attach schedule)	Γ
14	Land, buildings, and equipment: basis ▶	Ī
	Less: accumulated depreciation (attach schedule) ▶	
15	Other assets (describe >)	Ī
16	Total assets (to be completed by all filers—see the	f
	instructions. Also, see page 1, item I)	-

Loans from officers, directors, trustees, and other disqualified persons

Foundations that follow FASB ASC 958, check here ▶

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg., and equipment fund

Form 990-PF (2020)

Accounts receivable

3

17

18

19

20

21

22

23

24

25

28

29 30

Part III

Liabilities

Fund Balances

ŏ 26

Assets 27

Net

2

3

Grants payable

Other liabilities (describe ▶_

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Net assets with donor restrictions .

Page **3**

	ee the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)			
1aSee Additional Data Tabl	e						
b							
С							
d							
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	(h) Gain or (loss) (e) plus (f) minus (g)			
a See Additional Data Tabl	e						
b							
c							
d							
e							
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69		I)		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col. (i) . (j), if any	Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))			
a See Additional Data Tabl	e						
b							
c							
d							
e							
•	gain or (loss) as defined in sections ort I, line 8, column (c) (see instructi		Part I, line 7	3	-197,275		
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment In	come			
SECTION 4940(e) REPEA	LED ON DECEMBER 20, 2019	- DO NOT COMPL	ETE				
1 Reserved							
(a) Reserved	(b) Reserved	(c) Reserved		(d) Reserved	_		
			+				
2 Reserved			2				
3 Reserved			3				
4 Reserved			<u> </u>	<u> </u>			
			5	1			
				 			
			6	<u> </u>			
8 Reserved ,			8				

Par	t VII-B	Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (co	ntinue	ed)				
5a	During th	e year did the foundation p	oay o	incur any amount to:							Yes	No
	(1) Carry	on propaganda, or otherw	ise a	ttempt to influence legisla	ation (section 4945(e))?))?						
	(2) Influe	ence the outcome of any sp	ecific	public election (see sect				ت	140			
	on, d	irectly or indirectly, any vo	ter re	gistration drive?			Yes	~	No			
	(3) Provi	de a grant to an individual	for tr	avel, study, or other simi	ilar purposes?		Yes	~	No			
	(4) Provi	de a grant to an organizati	on ot	her than a charitable, etc	, organization described	<u> </u>						
		ction 4945(d)(4)(A)? See ir			• • □	Yes	✓	No				
		de for any purpose other the		•	* **							
		ational purposes, or for the	•	•			Yes	✓	No			
b	-	swer is "Yes" to 5a(1)–(5),		=			ed in					
	-	ns section 53.4945 or in a						٠		5b		
_	_	tions relying on a current n		-								
C		swer is "Yes" to question 5a use it maintained expenditu			•		1					
		attach the statement requir					Yes		No			
6a		oundation, during the year,		_		Ime on						
Va		al benefit contract?					1					
b		oundation, during the year,					Yes	<u>~</u>	No	6b		No
_		o 6b, file Form 8870.	μ.,	promanio, an eet, er ma				-				-110
7a	At any tir	ne during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter trai	nsaction?	1					
		did the foundation receive					Yes		No	7b		
8	Is the fou	indation subject to the sect	ion 4	960 tax on payment(s) o	f more than \$1,000,000	in remuneration	or					
	excess pa	arachute payment during th	ne ye	ar?			Yes	✓	No			
		Information About C	Offic	ers, Directors, Trust	ees, Foundation Ma	anagers, High				vees.		
Par	t VIII	and Contractors		,	· · · · · · · · · · · · · · · · · · ·					, ,		
1	List all o	fficers, directors, trustee	es, fo	undation managers an	d their compensation	. See instructio	ns					
			(b) Title, and average	(c) Compensation (If				(e)	Expen	se acci	ount
	(a) N	ame and address		hours per week devoted to position	not paid, enter -0-)	employee benef deferred com					lowand	
SCOT	SELIGMAN		PRES	IDENT & TRUSTEE	-0-)	†	perisat	(
		ARE STE 1913	0.00					·	Ί			,
	HFIELD, MÌ											
	RA SELIGMA		SECR 0.00	ETARY & TRUSTEE	0	1		C				C
	OWNE SQUA HFIELD, MI	ARE STE 1913 48076	0.00									
	MELTZER		TREA	SURER & TRUSTEE	0			((
		ARE STE 1913	0.00									
	HFIELD, MI				_							
	ANIE M ZIM		TRUS	IEE	0			C]			(
	HFIELD, MI	ARE STE 1913 48076										
2	Compens	sation of five highest-pa	id en	ployees (other than th	nose included on line 1	l—see instructi	ons). :	[f no	ne, e	nter "	NONE.	"
				(b) Title, and average		(d) Contrib			, ,	_		
(a)		address of each employee ore than \$50,000	paid	hours per week	(c) Compensation	employee plans and o					se acco owance	
				devoted to position		compens						
NONE												
								_				
	L l-		+-	0.000				_				-
ota	number o	of other employees paid over	er \$5	0,000								

Form 990-PF (2020)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	4
	-
Total. Add lines 1 through 3	0
	5 000 DE (2020)

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

6

1

2

3

4

5

b

Part XII

6

7

1a

1b

2

3a 3b

4

5

140.169

935,300

935,300

935,300

Form 990-PF (2020)

140,169

Form 990-PF (2020)

Page 9

Part XIII	

Form 990-PF (2	020)	
Part XIII	Undistributed Income	(see instructions)

Excess distributions carryover, if any, to 2020: 1,119,021

1 Distributable amount for 2020 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2020: a Enter amount for 2019 only.

- a From 2015.
- **b** From 2016.
- c From 2017. . . d From 2018. e From 2019.
- 670.746 1,311,571 f Total of lines 3a through e. 4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years

(Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016.

b Excess from 2017. .

d Excess from 2019. .

e Excess from 2020. .

c Excess from 2018. . . .

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2015 not

indicated below:

(a)

Corpus

4,221,015

795.131

5,016,146

359.592

4,656,554

359.592

760.085

1.119.021 760,085

670.746

795.131

1,311,571

(b)

Years prior to 2019

(c)

2019

For	m 990-PF (2020)					Page 10
F	Part XIV Private Operating Found	ations (see instr	uctions and Part \	VII-A, question 9)		
1a	If the foundation has received a ruling or de foundation, and the ruling is effective for 20					
b	Check box to indicate whether the organization	ion is a private oper	ating foundation des	scribed in section	☐ 4942(j)(3) or ☐] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С						
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	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					
	Supplementary Information			foundation had	\$5,000 or more	in
	assets at any time during th		ructions.)			
1 a	Information Regarding Foundation Man List any managers of the foundation who hav before the close of any tax year (but only if	e contributed more	than 2% of the tota ed more than \$5,00	al contributions recei 10). (See section 507	ved by the foundatio 7(d)(2).)	n
_	See Additional Data Table					
b	List any managers of the foundation who ow ownership of a partnership or other entity)	n 10% or more of th of which the foundat	ie stock of a corpora ion has a 10% or g	ation (or an equally l reater interest.	arge portion of the	
2	Information Regarding Contribution, Gr		• • • • • • • • • • • • • • • • • • • •	-		
	Check here ► ☑ if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gra	ants, etc. to individu	le organizations and uals or organizations	does not accept under	
a	The name, address, and telephone number of	or email address of t	the person to whom	applications should	be addressed:	
b	The form in which applications should be sul	omitted and informa	tion and materials t	hey should include:		
С	Any submission deadlines:					
d	Any restrictions or limitations on awards, su factors:	ch as by geographic	al areas, charitable	fields, kinds of instit	utions, or other	

Form 990-PF (2020)	-			Page 11
Part XV Supplementary Informa	ation (continued)			
3 Grants and Contributions Paid	d During the Year or Appro	oved for Futur	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total		<u> </u>	▶ 3a	935,300
b Approved for future payment				
	 	 		
	1			
	1			
	1			
	1			
	!			
Total	<u> </u>	<u> </u>	▶ 3b	0

nter gross	amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	(e) Related or exemp	
1 Program	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.
a						
-	and contracts from government agencies					
_	ership dues and assessments					
	t on savings and temporary cash					
investn	nents			14	4,210	
	nds and interest from securities			14	9,464	
	ntal income or (loss) from real estate:					
	financed property.					
	ebt-financed property					
	nvestment income.			14	909	
	(loss) from sales of assets other than			- 1	303	
invento				14	-197,275	
Net inc	ome or (loss) from special events:					
	profit or (loss) from sales of inventory					
	revenue: a					
	al. Add columns (b), (d), and (e).		0		-182,692	
	Add line 12, columns (b), (d), and (e)			1	3	-182,692
(See wo						
Part XVI	orksheet in line 13 instructions to verify calcu	iations.) ie Accomplisi	ment of Exem	nt Purposes		
Part XVI	Relationship of Activities to th	e Accomplisi				
Part XVI	Relationship of Activities to th Explain below how each activity for which	e Accomplish	ed in column (e) of	F Part XVI-A contribu		
Part XVI	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) of	F Part XVI-A contribu		
art XVI ine No.	Relationship of Activities to th Explain below how each activity for which	e Accomplish	ed in column (e) of	F Part XVI-A contribu		
art XVI ine No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) of	F Part XVI-A contribu		
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art XVI ine No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) of	F Part XVI-A contribu		
art XVI ine No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) of	F Part XVI-A contribu		
art XVI ine No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) of	F Part XVI-A contribu		
art XVI ine No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) of	F Part XVI-A contribu		
Part XVI Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	e Accomplish	ed in column (e) of	F Part XVI-A contribu		

orm s	990-PF (`									Pa	ge 13	
	t XVII	Exempt Organi	zations						nships With None				
		ganization directly or in than section 501(c)(3)								n 501	Yes	No	
a Tr	ansfers	from the reporting foun	dation to a ne	oncha	ritable exe	mpt organizat	tion o	f:					
(1	.) Cash									1a(1)		No	
(2) Othe	r assets								. 1a(2)		No	
		sactions:											
-	-	of assets to a nonchar	•	-						. 1b(1)	t —	No	
-	-	nases of assets from a r								. 1b(2)		No	
-	-	al of facilities, equipmer	•							. 1b(3)	 	No	
-	-	bursement arrangemen s or loan guarantees.								1b(4) . 1b(5)	 	No No	
•	-	mance of services or m								1b(6)	_	No	
-	•	f facilities, equipment, n	•		_							No	
d If	the ansv	wer to any of the above	is "Yes," com	nplete	the follow	ing schedule.	Colur	nn (b) should al	ways show the fair ma	arket value		1	
in	any trai	ds, other assets, or ser nsaction or sharing arra	ngement, sho	ow in	column (d) the value of	the g	oods, other asse	ets, or services receive	ed.			
(a) Lir	ne No.	(b) Amount involved	(c) Name of	noncha	aritable exen	npt organization	\	(d) Description of	transfers, transactions, a	and sharing arra	ngemer	nts	
	_						+						
							+						
							-						
							+-						
22 Ic	the four	ndation directly or indire	actly affiliated	l with	or rolator	t to one or m	oro t	y-oyompt organ	izations				
		in section 501(c) (other	•		•	•			_	. ✓ No			
		omplete the following s		. 501((0)(0)) 01 11	1 30001011 327 .							
		(a) Name of organization			(b) Type of organi	ization		(c) Description o	f relationship			
	of m	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co										
Sig: Her	1	*****				2021-07-10		*****		May the IRS d return with the prepa			
	/	Signature of officer or t	rustee			Date		Title		below (see instr.)	Yes [□No	
		Print/Type preparer's	name	Prepa	arer's Sign	ature		Date		ΓIN			
									Check if self-	P00163	3328		
Paid	i	DAVID V BERGER			2021			2021-07-10	employed ▶ ☐		, 55265526		
Pre	parer	Thin o manner bent	GER GHERSI	& LAC	DUKE PLC				l Fi	rm's EIN ▶38	-25175	534	
use	Only		0 EAST LONG	3 LAK	E ROAD ST	E 135							
									PH	none no. (248	3) 333-	3680	
		BL	OOMFIELD H	ILLS,	MI 48304	2374			''	Phone no. (248) 333-3680			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation Р PUBLICLY TRADED SECURITIES-SUN TRUST BANK 2020-01-01 2020-12-31 PUBLICLY TRADED SECURITIES-SUN TRUST BANK Р 2018-09-06 2020-12-31 PUBLICLY TRADED SECURITIES-SUN TRUST BANK Ρ 2020-01-01 2020-12-31 PUBLICLY TRADED SECURITIES-SUN TRUST BANK P 2018-06-22 2020-12-31 Ρ PUBLICLY TRADED SECURITIES-SUN TRUST BANK 2020-03-03 2020-06-04 Ρ 2020-03-03 2020-06-04 PUBLICLY TRADED SECURITIES-SUN TRUST BANK CAPITAL GAINS DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Depreciation allowed (e) Gross sales price Cost or other basis Gain or (loss) (g) plus expense of sale (f) (or allowable) (h) (e) plus (f) minus (g) 362,599 413.491 -50.892 986,326 1,045,306 -58,980 518.051 542,306 -24,255 749.838 812.999 -63.161 873,011 873,011 0 573,693 573,693 0 13 13 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -50,892 -58,980 -24,255 -63,1610 0 13

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

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

any foundation manager

Marra and address (home or business)

Total .

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
AJC165 EAST 56 STREET NEW YORK, NY 10022	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	10,000

recipient

AMERICAN ISRAEL EDUCATION FOUNDATION 251 H ST NW WASHINGTON, DC 20001	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	60,000
ASPEN VALLEY LAND TRUST	NONE	501(C)(3)	CHARITABLE WITHOUT	5,000

251 H ST NW WASHINGTON, DC 20001				
ASPEN VALLEY LAND TRUST 320 MAIN STREET SUITE 204 CARBONDALE, CO 81623	NONE	(/(/	CHARITABLE WITHOUT RESTRICTIONS	5,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

- ·		1		
BARBARA ANN KARMANOS CANCER INSTITUTE 4100 JOHN R DETROIT, MI 48201	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	16,084
PRANDETC CCHOOL OF CAN EDANCISCO	NONE	E01(C)(2)	CHARITARI E WITHOUT	12 500

DETROIT, MI 48201				
BRANDEIS SCHOOL OF SAN FRANCISCO 655 BROTHERHOOD WAY SAN FRANCISCO, CA 94132	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	12,500
CASS TECH ALUMNI ASSOCIATION	NONE	501(C)(3)	CHARITABLE WITHOUT	5,000

655 BROTHERHOOD WAY SAN FRANCISCO, CA 94132			RESTRICTIONS	
CASS TECH ALUMNI ASSOCIATION 1300 LAFAYETTE STREET 1406 DETROIT MI 48207	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000

935,300

SAN FRANCISCO, CA 94132				
CASS TECH ALUMNI ASSOCIATION 1300 LAFAYETTE STREET 1406 DETROIT, MI 48207	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,00

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

recipient

▶ 3a

935,300

any foundation manager

or substantial contributor

Name and address (home or business)

a Paid during the year				
CHABAD LUBAVITCH OF MILL VALLEY 355 STARLING ROAD MILL VALLEY, CA 94941	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	20,000
CHABAD OF NOVI	NONE	501(C)(3)	CHARITABLE WITHOUT	7,000

CHABAD OF NOVI 40550 GRAND RIVER AVENUE NOVI, MI 48375	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	7,0
CHABAD OF TAOS	NONE	501(C)(3)	CHARITABLE WITHOUT	5,0

NOVI, MI 48375			RESTRICTIONS	
CHABAD OF TAOS 221 PASEO DEL PUEBLO NORTE	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000

NOVI, MI 483/5				
CHABAD OF TAOS 221 PASEO DEL PUEBLO NORTE TAOS, NM 87571	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,00

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of

any foundation manager

or substantial contributor

Name and address (home or business)

Total.

	or substantial contributor			
a Paid during the year				
CHAMBER MUSIC SOCIETY 5470 CHENE ST DETROIT MI 48211	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	10,000

recipient

1 000

DETROIT, MI 48211				
COLLEGE OF CREATIVE STUDIES 201 E KIRBY STREET DETROIT, MI 48202	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	

201 E KIRBY STREET DETROIT, MI 48202	NONE	301(0)(3)	RESTRICTIONS	1,000
CONGREGATION EMANU-EL TWO LAKE STREET	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	3,193

DETROIT, MI 48202			RESTRICTIONS	
CONGREGATION EMANU-EL TWO LAKE STREET SAN FRANCISCO. CA 94118	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	3,193

				ı
CONGREGATION EMANU-EL TWO LAKE STREET SAN FRANCISCO, CA 94118	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	3,193
				(

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
CONGREGATION SHAAREY ZEDEK 27375 BELL RD SOUTHFIELD, MI 48034	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	2,500

5001111 1EED, 1111 140054				
CONGREGATION SHERITH ISRAEL 2266 CALIFORNIA STREET SAN FRANCISCO, CA 94115	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	12,800
CRANBROOK ACADEMY OF ART AND	NONE	501(C)(3)	CHARITABLE WITHOUT	3,500

2266 CALIFORNIA STREET SAN FRANCISCO, CA 94115		,,,,	RESTRICTIONS	,
CRANBROOK ACADEMY OF ART AND ART MUSEUM 39221 WOODWARD AVE BLOOMFIELD HILLS MI 48304	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	3,500

5/41/10/4101505/6/1/5/1115				
CRANBROOK ACADEMY OF ART AND ART MUSEUM 39221 WOODWARD AVE BLOOMFIELD HILLS, MI 48304	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	3,500

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

CRANBROOK SCHOOLSPO BOX 801 BLOOMFIELD HILLS, MI 48304	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	11,000
a Paid during the year				

DETROIT JEWISH NEWS FOUNDATION 29200 NORTHWESTERN HWY SUITE 110 SOUTHFIELD, MI 48034	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	118
DETROIT SYMPHONY ORCHESTRA	NONE	501(C)(3)	CHARITABLE WITHOUT	2,000

SOUTHFIELD, MI 48034				
DETROIT SYMPHONY ORCHESTRA 3711 WOODWARD AVENUE DETROIT, MI 48201	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	2,000

Total .

935,300

■ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
EMERGENCY ASSISTANCE FOUNDATION	NONE	501(C)(3)	CHARITABLE WITHOUT	5,000

INC 700 S DIXIE HWY STE 200 WEST PALM BEACH, FL 33401			RESTRICTIONS	
FAMILY HOUSE540 MISSION BAY BLVD NORTH SAN FRANCISCO, CA 94158	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,000

WEST PALM BEACH, FL 33401				
FAMILY HOUSE540 MISSION BAY BLVD NORTH SAN FRANCISCO, CA 94158	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,000
FRANKEL JEWISH ACADEMY 6600 WEST MAPLE WEST BLOOMFIELD, MI 48323	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,000

FAMILY HOUSE540 MISSION BAY BLVD NORTH SAN FRANCISCO, CA 94158	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,000
FRANKEL JEWISH ACADEMY 6600 WEST MAPLE WEST BLOOMFIELD, MI 48323	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,000
Total			▶ 3a	935,300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

any foundation manager

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
GIANTS COMMUNITY FUND 24 WILLIE MAYS PLAZA SAN FRANCISCO, CA 94107	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	6,500
HOLOCAUST MEMORIAL CENTER 28123 ORCHARD LAKE ROAD	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	180

1					
	HOLOCAUST MEMORIAL CENTER 28123 ORCHARD LAKE ROAD FARMINGTON HILLS, MI 48334	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	:
	SAN FRANCISCO, CA 94107			THE STREET STREET	

,				
HOLOCAUST MEMORIAL CENTER 28123 ORCHARD LAKE ROAD FARMINGTON HILLS, MI 48334	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	180
IMERMAN ANGELS	NONE	501(C)(3)	CHARITABLE WITHOUT	1,000

28123 ORCHARD LAKE ROAD FARMINGTON HILLS, MI 48334			RESTRICTIONS	
IMERMAN ANGELS 400 W ERIE ST SUITE 405	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,000

FARMINGTON HILLS, MI 48334				
IMERMAN ANGELS 400 W ERIE ST SUITE 405 CHICAGO, IL 60654	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,000

IMERMAN ANGELS	NONE	501(C)(3)	CHARITABLE WITHOUT	1,00
400 W ERIE ST SUITE 405		` ` ` ` `	RESTRICTIONS	·
CHICAGO, IL 60654				

400 W ERIE ST SUITE 405 CHICAGO, IL 60654	RESTRICTIONS	
Total	 ▶ 3a	935,300

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

			1	
a Paid during the year				
JCC-SARVER TENNIS CENTER 3718 E RIVER RD TUCSON, AZ 85718	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	10,000

ı	10C30N, AZ 03710				
	JEWISH COMMUNITY CENTER OF SAN FRANCISCO 3200 CALIFORNIA STREET SAN FRANCISCO, CA 94118	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	

FRANCISCO 3200 CALIFORNIA STREET SAN FRANCISCO, CA 94118			RESTRICTIONS	
JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO 121 STEUART STREET	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	75,000

SAN FRANCISCO, CA 94118				
EWISH COMMUNITY FEDERATION OF SAN FRANCISCO .21 STEUART STREET SAN FRANCISCO, CA 94105	NONE	' /\ /	CHARITABLE WITHOUT RESTRICTIONS	75,000

.21 STEUART STREET SAN FRANCISCO, CA 94105			
Total	 	▶ 3a	935,300

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

JEWISH COMMUNITY HIGH SCHOOL OF THE BAY 1835 ELLIS STREET	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	10,000
SAN FRANCISCO, CA 94115				

JEWISH FAMILY & CHILDREN'S SERVICES 2150 POST STREET SAN FRANCISCO, CA 94115 NONE 501(C)(3) CHARITABLE WITHOUT RESTRICTIONS 48,000	SAN FRANCISCO, CA 94115			
	SERVICES 2150 POST STREET	NONE	501(C)(3)	48,000

SERVICES 2150 POST STREET SAN FRANCISCO, CA 94115			RESTRICTIONS	
HORACE MANN SCHOOL 231 WEST 246TH STREET	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000

HORACE MANN SCHOOL 231 WEST 246TH STREET	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,00
BRONX NY 10471				i

За

935,300

HORACE MAIN SCHOOL	NONE	JU1(C)(J)	CHARTABLE WITHOUT	
231 WEST 246TH STREET			RESTRICTIONS	
BRONX, NY 10471				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
JEWISH FEDERATION OF METROPOLITAN DETROIT 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 48301	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	115,000

BLOOMFIELD HILLS, MI 48301				
JEWISH FEDERATION OF SOUTHERN ARIZONA 3718 E RIVER ROAD STE 100 TUCSON, AZ 85718	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	10,000

JEWISH FEDERATION OF SOUTHERN ARIZONA 3718 E RIVER ROAD STE 100 TUCSON, AZ 85718	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	10,000
JEWISH LEARNING WORKS	NONE	501(C)(3)	CHARITABLE WITHOUT	7,000

3718 E RIVER ROAD STE 100 TUCSON, AZ 85718			RESTRICTIONS	
JEWISH LEARNING WORKS 44 PAGE STREET SUITE 604	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	7,000

TUCSON, AZ 85718				
JEWISH LEARNING WORKS 44 PAGE STREET SUITE 604 SAN FRANCISCO, CA 94102	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	7,000

935,300

JEWISH LEARNING WORKS 44 PAGE STREET SUITE 604 SAN FRANCISCO, CA 94102	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	7,000

SEWISH ELAKKING WORKS	INONE	301(0)(3)	CHARTABLE WITHOUT	
44 PAGE STREET SUITE 604			RESTRICTIONS	
SAN FRANCISCO, CA 94102				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

any foundation manager

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
JEWISH MUSEUM OF FLORIDA 301 WASHINGTON AVENUE MIAMI BEACH, FL 33139	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	20,000
LIGHTHOUSE FOR THE BLIND	NONE	501(C)(3)	CHARITABLE WITHOUT	5,000

recipient

MIAMI BEACH, FL 33139				
LIGHTHOUSE FOR THE BLIND 1155 MARKET STREET 10TH FLOOR SAN FRANCISCO, CA 94103	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000
MEROLA ARTISTS EMERGENCY FUND	NONE	501(C)(3)	CHARITABLE WITHOUT	1,000

1155 MARKET STREET 10TH FLOOR SAN FRANCISCO, CA 94103			RESTRICTIONS	
MEROLA ARTISTS EMERGENCY FUND 601 VAN NESS AVE STE 5 SAN FRANCISCO, CA 94102	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,000

SAN FRANCISCO, CA 94103			RESTRICTIONS	
MEROLA ARTISTS EMERGENCY FUND 601 VAN NESS AVE STE 5 SAN FRANCISCO, CA 94102	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient

If recipient is an individual, show any relationship to status of contribution

Recipient

Recipient

Amount

recipient

▶ 3a

935,300

any foundation manager

Name and address (home or business)

MIAMI BEACH, FL 33140

,	or substantial contributor			
a Paid during the year				
MIAMI BEACH PAL999 11TH STREET MIAMI BEACH, FL 33139	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000
MICHIGAN OPERA THEATRE 1526 BROADWAY STREET DETROIT, MI 48226	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,000
MOUNT SINAI MEDICAL CENTER FOUNDATION 4300 ALTON ROAD	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	2,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
MUSEUM OF CONTEMPORARY ART DETROIT 4454 WOODWARD AVENUE	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	35,000

DETROIT, MI 48201				
PE'REZ ART MUSEUM MIAMI 1103 BISCAYNE BLVD MIAMI, FL 33132	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	200

PE'REZ ART MUSEUM MIAMI 1103 BISCAYNE BLVD MIAMI, FL 33132	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	200
POTTER PARK ZOOLOGICAL SOCIETY 1301 S PENNSYLVANIA AVENUE	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	100

1103 BISCAYNE BLVD MIAMI, FL 33132			RESTRICTIONS	
POTTER PARK ZOOLOGICAL SOCIETY 1301 S PENNSYLVANIA AVENUE	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	100

MIAMI, FL 33132				
POTTER PARK ZOOLOGICAL SOCIETY 1301 S PENNSYLVANIA AVENUE LANSING, MI 48912	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	100

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935,300

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

a Faid duffing the year				
SANTA FE JEWISH CENTER - CHABAD 230 W MANHATTAN AVENUE SANTA FE, NM 87501	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	180,000
TEMPLE ISRAEL5725 WALNUT LAKE RD	NONE	501(C)(3)	CHARITABLE WITHOUT	3,250

TEMPLE ISRAEL5725 WALNUT LAKE RD WEST BLOOMFIELD, MI 48323	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	3,250
THE ALGEMEINER JOURNAL PO BOX 250746 BROOKLYN, NY 11225	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	8,000

THE ALGEMEINER JOURNAL PO BOX 250746 BROOKLYN, NY 11225	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	8,000
Total			▶ 3a	935 300

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a raid during the year				
THE BIRTHRIGHT ISRAEL FOUNDATION 33 EAST 33RD STREET 7TH FLOOR NEW YORK, NY 10016	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	50,000
THE DESSOEE CHOIRS INCPO BOX 1337	NONE	501(C)(3)	CHARITABLE WITHOUT	3 000

NEW TORK, NT 10016				
THE DESSOFF CHOIRS INCPO BOX 1337 NEW YORK, NY 10028	NONE	` '\ '	CHARITABLE WITHOUT RESTRICTIONS	3,000
THE DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE	NONE		CHARITABLE WITHOUT RESTRICTIONS	30,750

935,300

■ 3a

NEW YORK, NY 10028	NONE	501(C)(3)	RESTRICTIONS	3,00
THE DETROIT INSTITUTE OF ARTS 5200 WOODWARD AVENUE DETROIT. MI 48202	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	30,75

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

Total .

5 ,				
THE JEWISH WOMEN'S FOUNDATION PO BOX 2030 BLOOMFIELD HILLS, MI 483032030	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	2,000
THE KNIGHTS1275 PROSPECT AVENUE	NONE	501(C)(3)	CHARITABLE WITHOUT	1,000

BLOOMFIELD HILLS, MI 463032030				
THE KNIGHTS1275 PROSPECT AVENUE BROOKLYN, NY 11218	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,000
THE WOLFSONIAN-FIU 1001 WASHINGTON AVENUE MIAMI BEACH. FL 33139	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	25,000

935,300

■ 3a

BROOKLYN, NY 11218	NONE	301(C)(3)	RESTRICTIONS	1,00
THE WOLFSONIAN-FIU 1001 WASHINGTON AVENUE MIAMI BEACH, FL 33139	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	25,00

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

Total .

,	or substantial contributor			
a Paid during the year				
US SUBMARINE VETERANS INC 4370 TWAIN AVE SAN DIEGO CA 92120	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	500

SAN DIEGO, CA 92120			RESTRICTIONS	
VALUE CULTURE400 SPEAR STREET SAN FRANCISCO, CA 94105	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	10,000
VIZCAYA MUSEUM AND GARDENS	NONE	501(C)(3)	CHARITABLE WITHOUT	1,000

VALUE CULTURE400 SPEAR STREET SAN FRANCISCO, CA 94105	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	10,000
VIZCAYA MUSEUM AND GARDENS TRUST INC 3251 SOUTH MIAMI AVENUE MIAMI, FL 33129	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,000

SAN FRANCISCO, CA 94105	NONE	301(0)(3)	RESTRICTIONS	10,0
VIZCAYA MUSEUM AND GARDENS TRUST INC 3251 SOUTH MIAMI AVENUE MIAMI, FL 33129	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,00

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE 540 E CANFIELD STREET DETROIT, MI 48201	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,000

DETROIT, MI 48201				
WEST END DAY SCHOOL 255 WEST 71ST STREET NEW YORK, NY 10023	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	8,000
70 EACES MEDIA	NONE	501(C)(3)	CHARITARI E WITHOUT	30,000

WEST END DAY SCHOOL 255 WEST 71ST STREET NEW YORK, NY 10023	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	8,000
70 FACES MEDIA 24 WEST 30TH STREET 4TH FLOOR NEW YORK, NY 10001	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	30,000

255 WEST 71ST STREET NEW YORK, NY 10023			RESTRICTIONS	,
70 FACES MEDIA 24 WEST 30TH STREET 4TH FLOOR	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	30,0

NEW TORK, NT 10025				
70 FACES MEDIA 24 WEST 30TH STREET 4TH FLOOR NEW YORK, NY 10001	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	30,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

any foundation manager

Name and address (nome or business)	or substantial contributor	,		
a Paid during the year				
BLOOMFIELD BASEBALL LEAGUE PO BOX 977	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,750

recipient

BLOOMFIELD HILLS, MI 48302				
CONGREGATION KOL SHOFAR 215 BLACKFIELD DRIVE TIBURON, CA 94920	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	3,975

CONGREGATION KOL SHOFAR 215 BLACKFIELD DRIVE TIBURON, CA 94920	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	3,975
FRIENDSHIP CIRCLE 6892 W MAPLE ROAD WEST BLOOMFIELD. MI 48322	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000

215 BLACKFIELD DRIVE TIBURON, CA 94920	NONE	301(C)(3)	RESTRICTIONS	3,975
FRIENDSHIP CIRCLE 6892 W MAPLE ROAD WEST BLOOMFIELD, MI 48322	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000

TIBURON, CA 94920				
FRIENDSHIP CIRCLE 6892 W MAPLE ROAD WEST BLOOMFIELD, MI 48322	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000
Total			▶ 3a	935,300

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
JEWISH COMMUNITY CENTER IN MANHATTAN 334 AMSTERDAM AVENUE AT WEST 76TH ST	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	5,000

76TH ST NEW YORK, NY 10023				
JEWISH COMMUNITY CENTER OF METRO DETROIT 6600 W MAPLE ROAD WEST BLOOMFIELD, MI 48322	NONE	` '\ '	CHARITABLE WITHOUT RESTRICTIONS	

NEW TORK, NY 10023				
JEWISH COMMUNITY CENTER OF METRO DETROIT 6600 W MAPLE ROAD WEST BLOOMFIELD, MI 48322	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1

Total .

6600 W MAPLE ROAD WEST BLOOMFIELD, MI 48322				
METRO DETROIT			RESTRICTIONS	
JEWISH COMMUNITY CENTER OF	NONE	501(C)(3)	CHARITABLE WITHOUT	100

METRO DETROIT 6600 W MAPLE ROAD WEST BLOOMFIELD, MI 48322			RESTRICTIONS	
JEWISH FAMILY SERVICE	NONE	501(C)(3)	CHARITABLE WITHOUT	1,000

I	WEST BLOOMFIELD, MI 48322				
I	JEWISH FAMILY SERVICE 6555 WEST MAPLE ROAD WEST BLOOMFIELD, MI 48322	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,000

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

935,300

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
LUBAVITCH YESHIVA 14000 W NINE MILE RD OAK PARK, MI 48237	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	1,500
DI ANNIED PARENTHOOD	NONE	501(C)(3)	CHADITABLE WITHOUT	50

0711C171111C,111 10237				
PLANNED PARENTHOOD 123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	50
THE BEAUMONT FOUNDATION	NONE	501(C)(3)	CHARITABLE WITHOUT	6,000

123 WILLIAM STREET 10TH FLOOR NEW YORK, NY 10038			RESTRICTIONS	
THE BEAUMONT FOUNDATION 26901 BEAUMONT BLVD SOUTHFIELD, MI 48033	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	6,000

NEW YORK, NY 10038				
THE BEAUMONT FOUNDATION 26901 BEAUMONT BLVD SOUTHFIELD, MI 48033	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	6,00

THE BEAUMONT FOUNDATION 26901 BEAUMONT BLVD SOUTHFIELD, MI 48033	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	6,0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient

If recipient is an individual, show any relationship to status of contribution

Recipient

Recipient

Amount

any foundation manager

or substantial contributor.

Name and address (home or business)

100 RAOUL WALLENBERG PLACE SW

WASHINGTON, DC 20024

Total.

	or substantial continuation			
a Paid during the year				
THE FREER HOUSE WSU71 EAST FERRY DETROIT, MI 48202	NONE	501(C)(3)	CHARITABLE WITHOUT RESTRICTIONS	250
U S HOLOCAUST MEMORIAL MUSEUM	NONE	501(C)(3)	CHARITABLE WITHOUT	1,000

recipient

RESTRICTIONS

■ 3a

935.300

Name: THE SELIGMAN FAMILY FOUNDATION

As Filed Data -

EIN: 38-2972397

LIST OF

ENTITIES

	General E	xplanation Attach	ment		
Identifier Return Reference Explanation					

VII-A, LINE 11

CONTROLLED

efile GRAPHIC print - DO NOT PROCESS

FORM 990-PF. PART

HOLDINGS

FOUNDATION ESTATE CAPITAL LLC255 EAST BROWN STREET, SUITE

320BIRMINGHAM, MI 48009EMPLOYER ID NO. 27-0414790NO EXCESS BUSINESS

DLN: 93491207010121

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491207010121					
TV 2000 To and so the Control Colored Colored In								
TY 2020 Investments Corporate Stock Schedule								
Name:	THE SELIGMAN FA	AMILY FOUNDATION	1					
ETNI.	20 2072207							

EIN: 38-29/239/		
Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
STOCK & BONDS	1,922,845	2,093,001

effile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 9349120/010121
TY 2020 Investments - Other	Schedule	
Name:	THE SELIGMAN FAMILY FOUNDAT	ION
EIN:	38-2972397	
Investments Other Schedule 2		

DIN. 02404207040424

efficient policy process. As filled beta

FTI/1	30 23/233/		
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ARTWORK	FMV	27,000	3,500

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491207010121
TY 2020 Legal Fees Sched	ule			
_				
	me: THE SELIGM EIN: 38-2972397	AN FAMILY FOUNI	DATION	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	1,245	0		0

INVEST IN FOUNDATION ESTATE LLC

Description

As Filed Data -

EIN: 38-2972397

Other Assets Schedule

Name: THE SELIGMAN FAMILY FOUNDATION

306,763

End of Year - Book

Value

307,671

Beginning of Year -

Book Value

DLN: 93491207010121

End of Year - Fair

Market Value

307,671

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491207010121	
TY 2020 Other Expenses Schedule					
Name: THE SELIGMAN FAMILY FOUNDATION EIN: 38-2972397 Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FILING FEES	20	0		0	

75

316

11,241

BANK CHARGES

INVESTMENT FEES

OFFICE EXPENSES

efile GRAPHIC print - DO NOT PROCESS

Name: THE SELIGMAN FAMILY FOUNDATION

FOUNDATION ESTATE CAPITAL LLC

EIN: 38-2972397

909

Other Income Schedule Description Revenue And Net Investment

As Filed Data -

Adjusted Net Income

DLN: 93491207010121

Expenses Per Books

Income

909

909

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491207010121			
TY 2020 Substantial Contribut Schedule	tors				
Name: THE SELIGMAN FAMILY FOUNDATION EIN: 38-2972397					
Name		Address			
STERLING BANK & TRUST		ONE TOWNE SQUARE SUITE 1900 SOUTHFIELD, MI 48076			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491207010121	
TY 2020 Taxes Schedule				_	
Name: THE SELIGMAN FAMILY FOUNDATION EIN: 38-2972397 Taxes Schedule					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
SUN TRUST-FOREIGN TAX PAID	542	0		0	
FEDERAL INCOME TAX	4,091	0		0	

efile GRAPHIC print - D	O NOT PROCESS A	\s Filed Data -				DLN: 93491207010121		
Schedule B		Schedu	ule of Contribut	ors		OMB No. 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	▶ G		Form 990, 990-EZ, or 99 ov/Form990 for the lates			2020		
Name of the organization THE SELIGMAN FAMILY FO	DUNDATION				Employer id	entification number		
Organization type (che	ck one):				38-2972397			
	,							
Filers of:	Section:							
Form 990 or 990-EZ	☐ 501(c)() (e	nter number) o	organization					
	☐ 4947(a)(1) no	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	☐ 527 political	☐ 527 political organization						
Form 990-PF	✓ 501(c)(3) exe	✓ 501(c)(3) exempt private foundation						
	☐ 4947(a)(1) no	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	☐ 501(c)(3) tax	501(c)(3) taxable private foundation						
	ation filing Form 990, 99 property) from any one							
Special Rules								
under sections 5 received from an	on described in section 09(a)(1) and 170(b)(1)(y one contributor, durin e 1h, or (ii) Form 990-E	A)(vi), that che ng the year, tota	cked Schedule A (Forr al contributions of the g	n 990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that		
during the year, t	on described in section otal contributions of mo the prevention of cruelty	ore than \$1,000	exclusively for religious	us, charitable, scien				
during the year, of If this box is check purpose. Don't co	on described in section contributions exclusivel cked, enter here the tota complete any of the parti- ole, etc., contributions t	y for religious, al contributions s unless the G e	charitable, etc., purpos that were received du eneral Rule applies to	es, but no such con ring the year for an this organization be	ntributions tota exclusively relectause it received	led more than \$1,000. ligious, charitable, etc., ved <i>nonexclusively</i>		
Caution: An organizatio 990-EZ, or 990-PF), but or on its Form 990PF, Page 990-EZ, or 990-PF).	it must answer "No" or	n Part IV, line 2	, of its Form 990; or ch	eck the box on line	H of its Form 9	n 990, 990-EZ		
For Paperwork Reduction A for Form 990, 990-EZ, or 990		ions	Cat. No. 30613X	Schedu	ule B (Form 990,	990-EZ, or 990-PF) (2020)		

Employer identification number

THE SELIGMAN FA	AMILY FOUNDATION	38-2972397	
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if ad	lditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STERLING BANK & TRUST ONE TOWNE SQUARE SUITE 1900 SOUTHFIELD, MI 48076	\$ 375,000	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 Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	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 Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 Payroll Noncash (Complete Part II for noncash contributions.)
<u>-</u>		Schodulo B (E	orm 990 990-E7 or 990-DE\ (2020)