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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
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.
► Information about Form 990-PF and its separate instructions is at *www.irs.gov/form990pf.*

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning Nov 1 , **2014, and ending** Oct 31 , 2015

Name of foundation
CLANNAD FOUNDATION

A Employer identification number
38-3209484

Number and street (or P O box number if mail is not delivered to street address) | Room/suite
40950 WOODWARD AVENUE | 306

B Telephone number (see instructions)
(248) 594-5770

City or town, state or province, country, and ZIP or foreign postal code
BLOOMFIELD HILLS MI 48304

C If exemption application is pending, check here. ► ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1 Foreign organizations, check here . . . . . ► ☐
2 Foreign organizations meeting the 85% test, check here and attach computation . . . . . ► ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here . . . . ► ☐

I Fair market value of all assets at end of year (from Part II, column (c), line 16) ► $ 1,089,104.

J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . ► ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc, received (attach schedule)				
2 Ck ► ☒ if the foundn is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	20,283.	20,283.		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	44,437.	L-6a Stmt		
b Gross sales price for all assets on line 6a 263,606.				
7 Capital gain net income (from Part IV, line 2)		44,437.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule) FOREIGN TAX REFUND	1.	1.		
12 Total. Add lines 1 through 11	64,721.	64,721.		
13 Compensation of officers, directors, trustees, etc	19,500.			
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach sch)				
c Other prof. fees (attach sch)	813.	813.		
17 Interest				
18 Taxes (attach schedule)(see instrs) See Line.18 Stmt	2.	2.		
19 Depreciation (attach sch) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)				
24 **Total operating and administrative expenses.** Add lines 13 through 23	20,315.	815.		
25 Contributions, gifts, grants paid	184,500.			184,500.
26 **Total expenses and disbursements.** Add lines 24 and 25	204,815.	815.		184,500.
27 Subtract line 26 from line 12: a **Excess of revenue over expenses and disbursements**	-140,094.			
b **Net investment income** (if negative, enter -0-)		63,906.		
c **Adjusted net income** (if negative, enter -0-)				

REVENUE

OPERATING AND ADMINISTRATIVE EXPENSES

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Part II Balance Sheets (Attached schedules and amounts in the description column should be for end-of-year amounts only. See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash — non-interest-bearing	5,417.	418.	418.
	2 Savings and temporary cash investments	153,561.	92,080.	92,080.
	3 Accounts receivable ►			
	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 sch) ►			
	Less: allowance for doubtful accounts ►			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments — U S. and state government obligations (attach schedule)			
	b Investments — corporate stock (attach schedule)			
	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)	1,184,096.	1,110,418.	996,606.
	14 Land, buildings, and equipment: basis ►			
	Less accumulated depreciation (attach schedule) ►			
	15 Other assets (describe ►)			
	16 **Total assets** (to be completed by all filers — see the instructions. Also, see page 1, item I)	1,343,074.	1,202,916.	1,089,104.
LIABILITIES	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ►)			
	23 **Total liabilities** (add lines 17 through 22)			
NET ASSETS OR FUND BALANCES	**Foundations that follow SFAS 117, check here ► and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ► [X] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	1,082,764.	1,082,700.	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	260,310.	120,216.	
	30 **Total net assets or fund balances** (see instructions)	1,343,074.	1,202,916.	
	31 **Total liabilities and net assets/fund balances** (see instructions)	1,343,074.	1,202,916.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,343,074.
2	Enter amount from Part I, line 27a	2	-140,094.
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	1,202,980.
5	Decreases not included in line 2 (itemize) ► Cost Basis Adjustment	5	64.
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	1,202,916.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a				
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss). . . . If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? . . . . . ☐ Yes ☐ No

If 'Yes,' the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2013	177,018.	2,724,310.	0.064977
2012	160,000.	3,584,745.	0.044634
2011	293,590.	2,307,236.	0.127247
2010	124,640.	2,344,514.	0.053162
2009	104,771.	2,172,518.	0.048226

2	**Total** of line 1, column (d)	2	0.338246
3	Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.067649
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	2,691,775.
5	Multiply line 4 by line 3	5	182,096.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	639.
7	Add lines 5 and 6	7	182,735.
8	Enter qualifying distributions from Part XII, line 4	8	184,500.

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 the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 — see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter 'N/A' on line 1. Date of ruling or determination letter. _____ (attach copy of letter if necessary — see instrs)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☒ and enter 1% of Part I, line 27b	1	639.
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	639.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	639.
6	Credits/Payments:		
a	2014 estimated tax pmts and 2013 overpayment credited to 2014 — 6a: 984.		
b	Exempt foreign organizations — tax withheld at source — 6b:		
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	984.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 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 **amount overpaid** ▶	10	345.
11	Enter the amount of line 10 to be **Credited to 2015 estimated tax** ▶ 345. **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		X
	If the answer is 'Yes' to ***1a*** *or* ***1b****, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶ $ _____ (2) On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If 'Yes,' attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If 'Yes,' attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
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 during the year? *If 'Yes,' attach the statement required by General Instruction T.*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6		X
7	Did the foundation have at least $5,000 in assets at any time during the year? *If 'Yes,' complete Part II, column (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MI - Michigan			
b	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? *If 'No,' attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? *If 'Yes,' complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? *If 'Yes,' attach a schedule listing their names and addresses*	10		X

Part VII-A 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		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ► N/A

14 The books are in care of ► MARY M. LYNEIS Telephone no. ► (248) 594-5770

Located at ► 40950 WOODWARD AVENUE SUITE 306 BLOOMFIELD HILLS MI ZIP + 4 ► 48304

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** — Check here ► ☐

and enter the amount of tax-exempt interest received or accrued during the year ► 15

			Yes	No
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If 'Yes,' enter the name of the foreign country ►			

Part 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? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(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)? ☐ Yes ☒ No			
	(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.) ☐ Yes ☒ No			
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 ► ☐			
c	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 2014?	1c		X
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)):			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? ☐ Yes ☒ No			
	If 'Yes,' list the years ► 20__, 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__, 20__.			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If 'Yes,' did it have excess business holdings in 2014 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 if the foundation had excess business holdings in 2014.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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 2014?	4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a During the year did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
(4) Provide a grant to an organization other than a charitable, etc, organization described in section 4945(d)(4)(A)? (see instructions)	☐ Yes ☒ No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b	
Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No		
If 'Yes,' attach the statement required by Regulations section 53 4945-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
If 'Yes' to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JEANNE H. GRAHAM 3013 N. ADAMS ROAD BLOOMFIELD HILLS MI 48304	PRESIDENT 5.00	0.	0.	0.
WILLIAM A. GRAHAM 124 WALNUT STREET, APT. 304 WILINGTON NC 28401	TREASURER 5.00	6,000.	0.	0.
ANNIE WEST GRAHAM 6005 FORET CREEK CIRCLE WILMINGTON NC 28043	SECRETARY 7.00	13,500.	0.	0.
See Information about Officers, Directors, Trustees, Etc.		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1 — see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ None

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(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 ▶		None

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	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: a Average monthly fair market value of securities	1a	2,635,153.
b Average of monthly cash balances	1b	97,614.
c Fair market value of all other assets (see instructions)	1c	
d **Total** (add lines 1a, b, and c)	1d	2,732,767.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	2,732,767.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	40,992.
5 **Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,691,775.
6 **Minimum investment return.** Enter 5% of line 5	6	134,589.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► ☐ and do not complete this part.)

1 Minimum investment return from Part X, line 6		1	134,589.
2a Tax on investment income for 2014 from Part VI, line 5	2a 639.		
b Income tax for 2014. (This does not include the tax from Part VI.)	2b		
c Add lines 2a and 2b		2c	639.
3 Distributable amount before adjustments. Subtract line 2c from line 1		3	133,950.
4 Recoveries of amounts treated as qualifying distributions		4	
5 Add lines 3 and 4		5	133,950.
6 Deduction from distributable amount (see instructions)		6	
7 **Distributable amount** as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	133,950.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	184,500.
b Program-related investments — total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 **Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	184,500.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	639.
6 **Adjusted qualifying distributions.** Subtract line 5 from line 4	6	183,861.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				133,950.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			135,234.	
b Total for prior years 20 ___, 20 ___, 20 ___				
3 Excess distributions carryover, if any, to 2014				
a From 2009 0.				
b From 2010 0.				
c From 2011 0.				
d From 2012 160,000.				
e From 2013 178,000.				
f **Total** of lines 3a through e	338,000.			
4 Qualifying distributions for 2014 from Part XII, line 4: ► $ 184,500.				
a Applied to 2013, 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 2014 distributable amount				
e Remaining amount distributed out of corpus	184,500.			
5 Excess distributions carryover applied to 2014 *(If an amount appears in column (d), the same amount must be shown in column (a).)*				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	522,500.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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		0.		
e Undistributed income for 2013 Subtract line 4a from line 2a. Taxable amount — see instructions			135,234.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				133,950.
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 2009 not applied on line 5 or line 7 (see instructions)	0.			
9 **Excess distributions carryover to 2015.** Subtract lines 7 and 8 from line 6a	522,500.			
10 Analysis of line 9:				
a Excess from 2010 0.				
b Excess from 2011 0.				
c Excess from 2012 160,000.				
d Excess from 2013 178,000.				
e Excess from 2014 184,500.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c 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					
e 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:					
a '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					
c 'Support' alternative test — enter:					
(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					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year — see instructions.)

1 **Information Regarding Foundation Managers:**

a 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). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

See Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

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	Amount
a *Paid during the year*				
DETROIT CRISTO REY HIGH SCHOOL 3679 VERNIER DETROIT MI 48209	NONE	501(c)(3)	EDUCATION	1,000.
CAMP FEAR ACADEMY 3900 SOUTH COLLEGE ROAD WILMINGTON NC 28412	NONE	501(c)(3)	EDUCATION	7,000.
CENTRAL DETROIT CHRISTIAN 20 GLADSTONE DETROIT MI 48202	NONE	501(c)(3)	HUMAN SERVICES	3,500.
COTS 26 PETERBORO DETROIT MI 48201	NONE	501(c)(3)	HUMAN SERVICES	5,000.
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING BLVD DETROIT MI 48208	NONE	501(c)(3)	SHELTER/EDUCATION	2,000.
CRANBROOK ACADEMY OF ART P. O. BOX 801 BLOOMNFIELD HILLS MI 48303	NONE	501(c)(3)	EDUCATION	10,000.
CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208	NONE	501(c)(3)	HUMAN SERVICES	2,500.
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814	NONE	501(c)(3)	HEALTH CARE	5,000.
THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406	NONE	501(c)(3)	HUMAN SERVICES	1,000.
See Line 3a statement				147,500.
Total . . . . . ► **3a**				184,500.
b *Approved for future payment*				
Total . . . . . ► **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclu-sion code	(d) Amount	Related or exempt function income (See instructions.)
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			1		
4 Dividends and interest from securities	1	20,283.	1		
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					44,437.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		20,283.			44,437.
13 **Total.** Add line 12, columns (b), (d), and (e)					64,720.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
12	NONE

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1 a (1)		X
(2) Other assets	1 a (2)		X
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1 b (1)		X
(2) Purchases of assets from a noncharitable exempt organization	1 b (2)		X
(3) Rental of facilities, equipment, or other assets	1 b (3)		X
(4) Reimbursement arrangements	1 b (4)		X
(5) Loans or loan guarantees	1 b (5)		X
(6) Performance of services or membership or fundraising solicitations	1 b (6)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1 c		X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2 a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If 'Yes,' complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Jeanne H Graham President — Signature of officer or trustee

4/8/16 — Date

▶ President — Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name: Mary M. Lyneis	Preparer's signature: Mary M. Lyneis	Date: 4/3/16	Check ☐ if self-employed	PTIN: P01207065
Firm's name ▶ Loprete & Lyneis PC			Firm's EIN ▶ 26-1341742	
Firm's address ▶ 40950 Woodward Ave Ste 306 Bloomfield Hills MI 48304			Phone no (248) 594-5770	

Form 990-PF Part I, Line 6a	Net Gain or Loss From Sale of Assets	2014

Name: CLANNAD FOUNDATION

Employer Identification Number: 38-3209484

Asset Information:

Description of Property: 150 SHS ALIBABA GROUP HOLDING
Date Acquired: 01/01/15 How Acquired: Purchased
Date Sold: 09/16/15 Name of Buyer:
Sales Price: 10,060. Cost or other basis (do not reduce by depreciation) 15,137.
Sales Expense: Valuation Method:
Total Gain (Loss): -5,077. Accumulation Depreciation:

Description of Property: 100 SHS AMERICAN EXPRESS
Date Acquired: 01/01/11 How Acquired: Purchased
Date Sold: 12/05/14 Name of Buyer:
Sales Price: 9,248. Cost or other basis (do not reduce by depreciation) 5,281.
Sales Expense: Valuation Method:
Total Gain (Loss): 3,967. Accumulation Depreciation:

Description of Property: 200 SHS AMERICAN EXPRESS
Date Acquired: 01/01/11 How Acquired: Purchased
Date Sold: 02/13/15 Name of Buyer:
Sales Price: 15,619. Cost or other basis (do not reduce by depreciation) 10,562.
Sales Expense: Valuation Method:
Total Gain (Loss): 5,057. Accumulation Depreciation:

Description of Property: 330 SHS B & G FOODS
Date Acquired: 01/01/15 How Acquired: Purchased
Date Sold: 03/17/15 Name of Buyer:
Sales Price: 9,173. Cost or other basis (do not reduce by depreciation) 10,114.
Sales Expense Valuation Method:
Total Gain (Loss): -941. Accumulation Depreciation:

Description of Property: 170 SHS B & G FOODS
Date Acquired: 01/01/15 How Acquired: Purchased
Date Sold 03/18/15 Name of Buyer:
Sales Price: 4,708. Cost or other basis (do not reduce by depreciation) 5,373.
Sales Expense: Valuation Method:
Total Gain (Loss): -665. Accumulation Depreciation:

Description of Property: 80 SHS CALIFORNIA RESOURCES
Date Acquired: 01/01/11 How Acquired Purchased
Date Sold. 12/19/14 Name of Buyer:
Sales Price 475. Cost or other basis (do not reduce by depreciation) 624.
Sales Expense Valuation Method:
Total Gain (Loss) -149. Accumulation Depreciation:

Description of Property: 200 SHS CAVIUM
Date Acquired: 01/01/11 How Acquired: Purchased
Date Sold 09/10/15 Name of Buyer:
Sales Price: 14,208. Cost or other basis (do not reduce by depreciation) 8,119.
Sales Expense: Valuation Method:
Total Gain (Loss): 6,089. Accumulation Depreciation:

Description of Property: See Net Gain or Loss from Sale of Assets
Date Acquired: How Acquired:
Date Sold: Name of Buyer:
Sales Price: Cost or other basis (do not reduce by depreciation)
Sales Expense: Valuation Method:
Total Gain (Loss) Accumulation Depreciation:

Form 990-PF, Part I, Lines 6a
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . 300 SHS CONOCOPHILLIPS
Business Code . . . . . Exclusion Code. . . .
Date Acquired. . . . 01/01/11 How Acquired . Purchased
Date Sold . . . . . 09/08/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . . 14,486. Cost or other basis (do not reduce by depreciation) . . . . 20,941.
Sales Expense . . . . . Valuation Method . . .
Total Gain (Loss) . . . . -6,455. Accumulated Depreciation . . . . . .

Description of Property . . . . . 200 SHS DEVON ENERGY
Business Code . . . . . Exclusion Code. . . .
Date Acquired. . . . 01/01/15 How Acquired . Purchased
Date Sold . . . . . 08/31/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . . 8,549. Cost or other basis (do not reduce by depreciation) . . . . 13,577.
Sales Expense . . . . . Valuation Method . . .
Total Gain (Loss) . . . . -5,028. Accumulated Depreciation . . . . . .

Description of Property . . . . . 400 SHS DISCOVER FINANCIAL SERVICES
Business Code . . . . . Exclusion Code. . . .
Date Acquired. . . . 01/01/01 How Acquired . Purchased
Date Sold . . . . . 07/31/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . . 22,420. Cost or other basis (do not reduce by depreciation) . . . . 21,915.
Sales Expense . . . . . Valuation Method . . .
Total Gain (Loss) . . . . 505. Accumulated Depreciation . . . . . .

Description of Property . . . . . 100 SHS GILEAD SCIENCES
Business Code . . . . . Exclusion Code. . . .
Date Acquired. . . . 10/04/10 How Acquired . Purchased
Date Sold . . . . . 12/23/14 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . . 8,958. Cost or other basis (do not reduce by depreciation) . . . . 1,781.
Sales Expense . . . . . Valuation Method . . .
Total Gain (Loss) . . . . 7,177. Accumulated Depreciation . . . . . .

Description of Property . . . . . 200 SHS GILEAD SCIENCES
Business Code . . . . . Exclusion Code. . . .
Date Acquired. . . . 01/10/11 How Acquired . Purchased
Date Sold . . . . . 01/14/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . . 4,961. Cost or other basis (do not reduce by depreciation) . . . . 890.
Sales Expense . . . . . Valuation Method . . .
Total Gain (Loss) . . . . 4,071. Accumulated Depreciation . . . . . .

Description of Property . . . . . 400 SHS KRAFT FOODS GROUP
Business Code . . . . . Exclusion Code. . . .
Date Acquired. . . . 01/01/01 How Acquired . Purchased
Date Sold . . . . . 07/06/15 Name of Buyer.
Check Box, if Buyer is a Business. . . . ☐
Sales Price . . . . 6,600. Cost or other basis (do not reduce by depreciation) . . . . 0.
Sales Expense . . . . . Valuation Method . . .
Total Gain (Loss) . . . . 6,600. Accumulated Depreciation . . . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . 3865.979 SHS LYONDELLBASELL
Business Code . . . . . Exclusion Code. . . .
Date Acquired. . . . 01/01/01 How Acquired . Purchased
Date Sold . . . . . 04/09/15 Name of Buyer.
Check Box, if Buyer is a Business. . . .☐
Sales Price . . . . 9,092. Cost or other basis (do not reduce by depreciation) . . . . 7,760.
Sales Expense . . . . . Valuation Method . . .
Total Gain (Loss) . . . . 1,332. Accumulated Depreciation . . . . . .

Description of Property . . . . . 385.979 SHS LYONDELLBASELL
Business Code . . . . . Exclusion Code. . . .
Date Acquired. . . . 01/01/01 How Acquired . Purchased
Date Sold . . . . . 04/21/15 Name of Buyer.
Check Box, if Buyer is a Business. . . .☐
Sales Price . . . . 14,451. Cost or other basis (do not reduce by depreciation) . . . . 11,093.
Sales Expense . . . . . Valuation Method . . .
Total Gain (Loss) . . . . 3,358. Accumulated Depreciation . . . . . .

Description of Property . . . . . 400 SHS MYLAN
Business Code . . . . . Exclusion Code. . . .
Date Acquired. . . . 01/01/11 How Acquired . Purchased
Date Sold . . . . . 03/02/15 Name of Buyer.
Check Box, if Buyer is a Business. . . .☐
Sales Price . . . . 23,114. Cost or other basis (do not reduce by depreciation) . . . . 16,815.
Sales Expense . . . . . Valuation Method . . .
Total Gain (Loss) . . . . 6,299. Accumulated Depreciation . . . . . .

Description of Property . . . . . 400 SHS MYLAN
Business Code . . . . . Exclusion Code. . . .
Date Acquired. . . . 01/01/15 How Acquired . Purchased
Date Sold . . . . . 09/23/15 Name of Buyer.
Check Box, if Buyer is a Business. . . .☐
Sales Price . . . . 18,202. Cost or other basis (do not reduce by depreciation) . . . . 23,114.
Sales Expense . . . . . Valuation Method . . .
Total Gain (Loss) . . . . -4,912. Accumulated Depreciation . . . . . .

Description of Property . . . . . 200 SHS OCCIDENTAL PETROLEUM
Business Code . . . . . Exclusion Code. . . .
Date Acquired. . . . 01/01/11 How Acquired . Purchased
Date Sold . . . . . 03/17/15 Name of Buyer.
Check Box, if Buyer is a Business. . . .☐
Sales Price . . . . 14,520. Cost or other basis (do not reduce by depreciation) . . . . 17,290.
Sales Expense . . . . . Valuation Method . . .
Total Gain (Loss) . . . . -2,770. Accumulated Depreciation . . . . . .

Description of Property . . . . . 200 SHS PEPSICO
Business Code . . . . . Exclusion Code. . . .
Date Acquired. . . . 01/01/11 How Acquired . Purchased
Date Sold . . . . . 10/30/15 Name of Buyer.
Check Box, if Buyer is a Business. . . .☐
Sales Price . . . . 20,540. Cost or other basis (do not reduce by depreciation) . . . . 11,479.
Sales Expense . . . . . Valuation Method . . .
Total Gain (Loss) . . . . 9,061. Accumulated Depreciation . . . . . .

Form 990-PF, Part I, Lines 6a Continued
Net Gain or Loss from Sale of Assets

Asset Information:

Description of Property . . . . . 100 SHS PIONEER NATURAL RESOURCES
Business Code . . . . . Exclusion Code . . . . . .
Date Acquired . . . 01/01/11 How Acquired . Purchased
Date Sold . . . . . 12/10/14 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . . 13,136. Cost or other basis (do not reduce by depreciation) . . . . 12,173.
Sales Expense . . . . . Valuation Method . . . .
Total Gain (Loss) . . . . 963. Accumulated Depreciation . . . . . .

Description of Property . . . . . 100 SHS UNION PACIFIC
Business Code . . . . . Exclusion Code . . . . . .
Date Acquired . . . 01/01/11 How Acquired . Purchased
Date Sold . . . . . 04/02/15 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . . 10,723. Cost or other basis (do not reduce by depreciation) . . . . 2,566.
Sales Expense . . . . . Valuation Method . . . .
Total Gain (Loss) . . . . 8,157. Accumulated Depreciation . . . . . .

Description of Property . . . . . 100 SHS UNION PACIFIC
Business Code . . . . . Exclusion Code . . . . . .
Date Acquired . . . 01/01/01 How Acquired . Purchased
Date Sold . . . . . 10/31/05 Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . . 8,948. Cost or other basis (do not reduce by depreciation) . . . . 2,565.
Sales Expense . . . . . Valuation Method . . . .
Total Gain (Loss) . . . . 6,383. Accumulated Depreciation . . . . . .

Description of Property . . . . . LONG TERM CAPITAL GAIN DISTRIBUTION
Business Code . . . . . Exclusion Code . . . . . .
Date Acquired . . . . . How Acquired . .
Date Sold . . . . . Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . . 1,377. Cost or other basis (do not reduce by depreciation) . . . . 0.
Sales Expense . . . . . Valuation Method . . . .
Total Gain (Loss) . . . . 1,377. Accumulated Depreciation . . . . . .

Description of Property . . . . . GOOGLE - CASH IN LIEU OF FRACTIONAL SHARES
Business Code . . . . . Exclusion Code . . . . . .
Date Acquired . . . . . How Acquired . .
Date Sold . . . . . Name of Buyer .
Check Box, if Buyer is a Business . . . ☐
Sales Price . . . . 38. Cost or other basis (do not reduce by depreciation) . . . . 0.
Sales Expense . . . . . Valuation Method . . . .
Total Gain (Loss) . . . . 38. Accumulated Depreciation . . . . . .

Form 990-PF, Page 1, Part I, Line 18
Line 18 Stmt

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
DEPOSITORY FEE	2.	2.		
Total	2.	2.		

Form 990-PF, Page 6, Part VIII, Line 1
Information about Officers, Directors, Trustees, Etc.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation **(If not paid, enter -0-)**	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Person . . [X] Business . [ ] DAVID LAUGHLIN 845 MADISON AVENUE NEW YORK NY 10022	DIRECTOR 1.00	0.	0.	0.
Person . . [X] Business . [ ] JAMES H. LOPRETE 40950 WOODWARD AVENUE SUITE 306 BLOOMFIELD HILLS MI 48304	DIRECTOR 1.00	0.	0.	0.
Person . . [X] Business . [ ] M.L. GRAEME CAMPBELL 845 MADISON AVENUE NEW YORK NY 10022	DIRECTOR 1.00	0.	0.	0.
Person . . [X] Business . [ ] MARY M. LYNEIS 49050 WOODWARD AVENUE SUITE 306 BLOOMFIELD HILLS MI 48304	DIRECTOR 1.00	0.	0.	0.
Total		0.	0.	0.

Form 990-PF, Page 10, Part XV, Line 2
Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs

Name . Jeanne H. Graham
Address 40950 Woodward Avenue, Suite 306
City, St, Zip, Phone . Bloomfield Hills MI 48304 (248) 594-5770
E-mail
The form in which applications should be submitted and information and materials they should include:
Letter explaining how the funds will be used along with a copy of exemption letter.
Any submission deadlines:
None
Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
None

Form 990-PF, Page 10, Part XV, Line 2 Continued

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs

Name . Jeanne H. Graham
Address 40950 Woodward Avenue, Suite 306
City, St, Zip, Phone . Bloomfield Hills MI 48304 (248) 594-5770
E-mail

The form in which applications should be submitted and information and materials they should include:
Letter explaining how funds will be used along with exemption letter.

Any submission deadlines:
None

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
None

Form 990-PF, Page 11, Part XV, line 3a

Line 3a statement

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	Person or Business Checkbox / Amount
a *Paid during the year*				
DOCTORS WITHUT BORDERS 333 7TH AVENUE, 2ND FLOOR NEW YORK NY 10001	NONE	501(c)(3)	HEALTH CARE	Person or [ ] Business [X] 20,000.
DOMESTIC VIOLENCE SHELTER OF WILMINGTON P. O. BOX 1555 WILMINGTON NC 28402	NONE	501(c)(3)	HUMAN SERVICES	Person or [ ] Business [X] 10,000.
FOCUS HOPE 1355 OAKMAN BOULEVARD DETROIT MI 48238	NONE	501(c)(3)	HUMAN SERVICES	Person or [ ] Business [X] 3,000.
FORGOTTEN HARVEST 21455 MELROSE AVE SUITE 9 SOUTHFIELD MI 48075	NONE	501(c)(3)	HUMAN SERVICES	Person or [ ] Business [X] 11,000.
FOUR SEASONS HOSPICE 571 SOUTH ALLEN ROAD FLAT ROCK MI 28731	NONE	501(c)(3)	HUMAN SERVICES	Person or [ ] Business [X] 1,000.
GOOD SHEPHERD MINISTRIES 811 MARTIN STREET WILMINGTON NC 28401	NONE	501(c)(3)	HUMAN SERVICES	Person or [ ] Business [X] 10,000.
GREATER MI CHAPTER ALZHEIMER'S ASSN 25200 TELEGRAPH RD SUITE 100 SOUTHFIELD MI 48033	NONE	501(c)(3)	HEALTH CARE	Person or [ ] Business [X] 2,500.
HAVEN P. O. BOX 431045 PONTIAC MI 48343	NONE	501(c)(3)	HUMAN SERVICES	Person or [ ] Business [X] 4,000.
HORIZONS-UPWARD BOUND CRANBROOK P. O. BOX 801 BLOOMFIELD HILLS MI 48303	NONE	501(c)(3)	EDUCATION	Person or [ ] Business [X] 5,000.

Form 990-PF, Page 11, Part XV, line 3a Continued

Line 3a statement

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	Person or Business Checkbox / Amount
a *Paid during the year*				
JUVENILE DIABETES RESEARCH FOUND 26 BROADAY, 14TH FLOOR NEW YORK NY 10004	NONE	501(c)(3)	HEALTH CARE	Person or Business X 2,000.
LIGHHOUSE OF OAKLAND COUNTY 46156 WOODWARD AVENUE PONTIAC MI 48342	NONE	501(c)(3)	HUMAN SERVICES	Person or Business X 5,000.
LITTLE BROTHERS FRIENDS OF THE ELDERLY 527 HANCOCK AVENUE HANCOCK MI 49930	NONE	501(c)(3)	HUMAN SERVICES	Person or Business X 2,500.
LITTLE TRAVERSE CONSERVANCY 3264 POWELL ROAD HARBOR SPRINGS MI 49720	NONE	501(c)(3)	ENVIRONMENT	Person or Business X 1,000.
LIVING ARTS 8701 W. VERNOR SUITE 202 DETROIT MI 48209	NONE	501(c)(3)	EDUCATION	Person or Business X 2,500.
MCLAREN NO MI FOUNDATION 360 CONNABLE AVENUE PETOSKEY MI 49770	NONE	501(c)(3)	HEALTH CARE	Person or Business X 1,500.
MARINERS INN 445 LEDYARD STREET DETROIT MI 48201	NONE	501(c)(3)	HUMAN SERVICES	Person or Business X 2,000.
MICHIGAN ARCHITECTURAL FOUND 553 EAST JEFFERSON AVENUE DETROIT MI 48226	NONE	501(c)(3)	EDUCATION	Person or Business X 3,000.
MICHIGAN HISTORIC PRESERVATION NETWORK 107 E. GRAND RIVER LANSING MI 48906	NONE	501(c)(3)	HUMANITIES	Person or Business X 2,000.
MICHIGAN NATURE ASSN 326 E. GRAND RIVER AVENUE WILLIAMSTON MI 48895	NONE	501(c)(3)	ENVIRONMENT	Person or Business X 1,000.
MIGRANT HEALTH PROMOTION 224 W. MICHIGAN AVENUE SALINE MI 48176	NONE	501(c)(3)	HUMAN SERVICES	Person or Business X 2,500.
NATURE CONSERVANCY OF AZ 1510 EAST FORT LOWELL ROAD TUSCON AZ 85719	NONE	501(c)(3)	ENVIRONMENT	Person or Business X 3,000.
NEW HANOVER REGIONAL MEDICAL CARE P. O. BOX 9025 WILMINGTON NC 28401	NONE	501(c)(3)	HEALTH CARE	Person or Business X 1,000.
OAKLAND LITERACY COUNCIL 6239 THORNCREST DRIVE BLOOMFIELD HILLS MI 48301	NONE	501(c)(3)	EDUCATION	Person or Business X 1,000.
ORGANIZATION FOR BAT CONSERVATION P. O. BOX 801 BLOOMFIELD HILLS MI 48303	NONE	501(c)(3)	ENVIRONMENT	Person or Business X 2,500.

Form 990-PF, Page 11, Part XV, line 3a Continued

Line 3a statement

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	Person or Business Checkbox Amount
a *Paid during the year*				
PISGAH LELGAL SERVICES P. O. BOX 2276 ASHVILLE NC 28801	NONE	501(c)(3)	HUMAN SERVICES	Person or [ ] Business [X] 9,500.
SALVATION ARMY OF WILMINGTON 820 NORTH SECOND STREET WILMINGTON NC 28401	NONE	501(c)(3)	HUMAN SERVICES	Person or [ ] Business [X] 5,000.
FURNITURE BANK 333 N. PERRY PONTIAC MI 48209	NONE	501(c)(3)	GENERAL CHARITABLE	Person or [ ] Business [X] 1,000.
ST. DOMINIC OUTREACH CENTER 4835 LINCOLN DETROIT MI 48208	NONE	501(c)(3)	HUMAN SERVICES	Person or [ ] Business [X] 4,000.
ST. LUKE CLINIC 124 N. ELM AVENUE JACKSON MI 49204	NONE	501(c)(3)	HEALTH CARE	Person or [ ] Business [X] 2,500.
WILDLIFE RECOVERY 532 S. COLEMAN ROAD SHEPHERD MI 48883	NONE	501(c)(3)	GENERAL CHARITABLE	Person or [ ] Business [X] 1,000.
WILMINGTON INTERFAITH HOSPITALITY NETWORK 411 NO. 4TH STREET WILMINGTON NC 28401	NONE	501(c)(3)	HUMAN SERVICES	Person or [ ] Business [X] 4,000.
WOMEN'S RESOURCE CENTER 423 PORTER STREET PETOSKEY MI 49770	NONE	502(c)(3)	HUMAN SERVICES	Person or [ ] Business [X] 10,000.
THE GREENING OF DETROIT 1418 MICHIGAN AVENUE DETROIT MI 48216	NONE	501(c)(3)	HUMAN SERVICES	Person or [ ] Business [X] 1,000.
AMERICAN RED CROSS P. O. BOX 37839 BOONE IA 50037		501(c)(3)	HUMAN SERVICES	Person or [ ] Business [ ] 10,000.
				Person or [ ] Business [ ]
JOHN PAUL CATHOLIC HIGH SCHOOL 2725 E. 14TH STREET GREENVILLE NC 27858		501(c)(3)	RELIGIOUS	Person or [ ] Business [X] 500.

Total

147,500.