Return of Private Foundation

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

OMB,No 1545-0052 2017

▶ Do not enter social security numbers on this form as it may be made public 200 Department of the Treasury

	interi	nai Reven	ue Service ► Go to www.irs.gov/Form990PF f	or instructions and	the late	st information	on.V	to Public Inspection
	For	calen	dar year 2017 or tax year beginning	Nov 1, 20	17, and			t 31, 20 18
	Nar	me of fou	indation			A Employe	r identification number	er
	CL	ANNAI	FOUNDATION			38-3	209484	
			street (or P O box number if mail is not delivered to street address)	Roo	m/suite	B Telephon	e number (see instructi	ons)
	4 1	000	WOODWARD AVENUE	310	o	(248	594-5770	
			s, state or province, country, and ZIP or foreign postal code	102	<u> </u>		tion application is pend	ıng, check here ▶ □
			IELD HILLS MI 48304			O II CACITIPI	ion application is pone	g, check there
				n of a former publi	c charity	D 1 Foreign	n organizations, check	here 🕨
	•	Officer	Final return Amended	-	o onany	D 1. Toreig	ir organizations, check	ileie P
			☐ Address change ☐ Name cha				n organizations meeting	
		Chaal	type of organization: Section 501(c)(3) exempt p		114		here and attach comput foundation status was	
							07(b)(1)(A), check here	▶ 🗆
			n 4947(a)(1) nonexempt charitable trust Other ta					
			arket value of all assets at J Accounting method	d: 🔼 Casn 🗀 /	Accruai		ndation is in a 60-mont	
			year (from Part II, col. (c), Other (specify)			unger se	ction 507(b)(1)(B), checl	k nere ►
	_	line 16		e on cash basis.)	· T			_
	128	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Nei	investment	(c) Adjusted net	(d) Disbursements for charitable
			amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		ncome	income	purposes
			the amounts in column (a) (see instructions))				-	(cash basis only)
		1	Contributions, gifts, grants, etc., received (attach schedule)					
		2	Check ► 🗵 if the foundation is not required to attach Sch. B					
M)	3	Interest on savings and temporary cash investments	2.				DEREST CAR
/		4	Dividends and interest from securities	17,102.	.	17,102.		
	<u></u>	5a	Gross rents					HATTI TENTAN
14		Ь	Net rental income or (loss)	ALE TRACES		TANKS	NAME OF THE PARTY	
'	· w	6a	Net gain or (loss) from sale of assets not on line 10		5334	WW. SALLE	THE PRINCIPAL	delig Trice
	Revenue	ь	Gross sales price for all assets on line 6a					
	Š	7	Capital gain net income (from Part IV, line 2)		1	23,424.		
	æ	8	Net short-term capital gain		I MATHE		0.	
		9	Income modifications		That the		<u> </u>	1952 4: 11-6-1215 4:41
		10a	Gross sales less returns and allowances		: Pichic	ar on ar on Scalents	BROWN STATE	
		b	Less: Cost of goods sold	3-00-00-00-00-00-00-00-00-00-00-00-00-00	Zi ger (didi bili) Zi Ti digentati. Ci Po Ti digentati. Ci	esta esta esta esta esta esta esta esta		
(برع			Gross profit or (loss) (attach schedule)	22 424		unca menurcia Universitati	To the alieter by Long annilling Carriers	
2019		C	Other income (attach schedule) See. Stmt	23,424		1815-1917 3.43 - 41, 82 4F421.		Part Care Section 2004
		11		179.		40 F26	0.	
2		12	Total. Add lines 1 through 11	40,707		40,526.	0.	
~	S	13	Compensation of officers, directors, trustees, etc.	21,000.	•			
APR	suses	14	Other employee salaries and wages		 	PE	CEIVED]
	w	15	Pension plans, employee benefits		<u> </u>	1/L		
SCANNED	X	16a	Legal fees (attach schedule)			<u> </u>	R 1 1 2019 C	<u> </u>
Щ	<u>e</u>	b	Accounting fees (attach schedule)		_	W	R 1 1 2019 S	}
\leq	≨	C	Other professional fees (attach schedule)	913.		<u> </u>	V. 1 2010	
2	tra	17	Interest		<u> </u>		DEN, UT	
0	Jis	18	Taxes (attach schedule) (see instructions)				J-14, U1	and the month of the section of the
S	. <u>≒</u>	19	Depreciation (attach schedule) and depletion					
	ᅙ	20	Occupancy					
	70	21	Travel, conferences, and meetings					
	Ĕ	22	Printing and publications					
	Operating and Administrative Exp	23	Other expenses (attach schedule) See Stmt	2,249	.			
	ij	24	Total operating and administrative expenses.					
	řa		Add lines 13 through 23	24,162				<u> </u>
	þę	25	Contributions, gifts, grants paid	204,500	1,000 1 00 11	MIKKIN		204,500.
	0	26	Total expenses and disbursements. Add lines 24 and 25	228,662				204,500.
		27	Subtract line 26 from line 12:					HERMANIA.
		a	Excess of revenue over expenses and disbursements	-187,955	100000000000000000000000000000000000000			
		b	Net investment income (if negative, enter -0-) .		11	40,526.	7.100 (S.P. 2000)	
		c	Adjusted net income (if negative, enter -0-)	The state of the s	7 11 45 4		U I MAN TO BE REPORTED TO THE PARTY.	
				一一一 五	and the state of the state of the state of	PERMIT DE MENTER		And alone in senting the trial of the second

Form **990-PF** (2017)



'Da	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	.		t year
, I , G		Balance Sneets should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	e	(c) Fair Market Value
	1	Cash—non-interest-bearing	9,559.	1,87		1,873.
	2	Savings and temporary cash investments	154,928.	76,08		76,089.
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts				
	4	Pledges receivable ▶				
		-Less: allowance for doubtful accounts ▶			•	
٠,	5 '	Grants receivable . '				
	6	Receivables due from officers, directors, trustees, and other				ļ., ·
		disqualified persons (attach schedule) (see instructions) ·		,		
	7	Other notes and loans receivable (attach schedule)			Tyg.	
		Less. allowance for doubtful accounts ▶		,		*
ts	8 .	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges	,			
As	10a	Investments—U.S. and state government obligations (attach schedule)		,		
	b	Investments—corporate stock (attach schedule)	•			
	С	Investments—corporate bonds (attach schedule)		,		
	11 -	Investments—land, buildings, and equipment basis ▶				
		Less. accumulated depreciation (attach schedule) ▶	•			
	12	Investments—mortgage loans				, ,
	13	Investments—other (attach schedule)	1767,376.	665,94	14.	2,400,937.
	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 l)	931;863.	743,90	06.	2,478,899.
	17	Accounts payable and accrued expenses	_			
,	18	Grants payable				
ies	19 ·	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
iab	21	Mortgages and other notes payable (attach schedule)	•			
_	22	Other liabilities (describe ▶)	,			
	23	Total liabilities (add lines 17 through 22)				
•		Foundations that follow SFAS 117, check here		,		
alances		and complete lines 24 through 26, and lines 30 and 31.		'		
an(24	Unrestricted		• •		
	25	Temporarily restricted				
38	26	Permanently restricted				
Ľ.		Foundations that do not follow SFAS 117, check here ► 🗵				
Ŧ.		and complete lines 27 through 31.			!	
Net Assets or Fund B	27	Capital stock, trust principal, or current funds	1,133,123.	743,90	06.	
ets.	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds	-201,260.			
A	30	Total net assets or fund balances (see instructions)	931,863.	743,90	06.	
le l	31	Total liabilities and net assets/fund balances (see	,			
_		instructions)	931,863.	743,90	06.	
	rt III	Analysis of Changes in Net Assets or Fund Balances				<u>· t</u>
1		I net assets or fund balances at beginning of year-Part II, colu				•
	end-	of-year figure reported on prior year's return)	_	<u>1</u>	1 .	` 931,863.
2	Ente	er amount from Part I, line 27a		[2	-187,955.
3	Othe	er increases not included in line 2 (itemize) ▶		[3	•
4		lines 1, 2, and 3			4	743,908.
5	Deci	reases not included in line 2 (itemize) ► Rounding Adjustme	ent		5	2.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), le	ne 30	6	743,906.

Part:	V Capital Gains an	d Losses for Tax on Investn	nent Income			
		ind(s) of property sold (for example, real e use, or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acqu (mo , day, y	
1a	50 SHS ADOBE SYSTE	CMS		P	10/17/20	13 05/24/2018
<u>b</u>	460 SHS APPLIED MA	ATERIALS		P	02/06/20	
c	60 SHS BROADCOM			P	04/06/20	
<u>d</u>	250 SHS CELGENE			P	06/03/20	16 05/24/2018
<u> e </u>	See Statement					<u>, , , , , , , , , , , , , , , , , , , </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale		(h) Gain or (loss)) plus (f) minus (g))
a	11,946.			2,631.		9,315.
b	23,487.			17,130.		6,357.
<u>C</u>	14,505.			13,120.		1,385.
<u>d</u>	19,045.			28,436.		-9,391.
е	282,112.			266,354.		15,758.
	Complete only for assets sh	owing gain in column (h) and owned	by the foundation	on on 12/31/69.		ns (Col (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any		but not less than -0-) or sses (from col (h))
a					·	9,315.
b						6,357.
С						1,385.
<u>d</u>						-9,391.
e						15,758.
2	Capital gain net income of		also enter in F , enter -0- in P		2	23,424.
3	If gain, also enter in Pari	iin or (loss) as defined in sections t I, line 8, column (c). See instru	ctions. If (los	s), enter -0- ın (
Part		der Section 4940(e) for Redu			3	-2,270.
Was t		ve this part blank. e section 4942 tax on the distribu qualify under section 4940(e). Do			base period?	☐ Yes ☐ No
1		ount in each column for each ye			akıng any ent	tries
	(a)	(b)	ar, see the man	(c)	aking any em	(d)
Cale	Base period years endar year (or tax year beginning ii	Advisted avalitives distribution	s Net value	of noncharitable-use a	ssets (c	Distribution ratio of (b) divided by col (c))
	2016	196,5	00.	2,744,9	61.	0.071586
	2015	175,5		2,540,7	78.	0.069106
	2014	184,5		2,691,7		0.068542
	2013	177,0		2,724,3		0.064977
	2012	160,0	00.	3,584,7	45.	0.044634
2	Total of line 1, column (d					0.318845
3		o for the 5-year base period—div foundation has been in existence				0.063769
4	Enter the net value of nor	ncharitable-use assets for 2017 f	rom Part X, lin	e5	. 4	2,343,665.
5	Multiply line 4 by line 3				5	149,453.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		. 6	405.
7	Add lines 5 and 6				. 7	149,858.
8		ons from Part XII, line 4				204,500. ig a 1% tax rate. See the
	Part VI instructions.			,		

3

Paṛţ:\	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48	see i	nstru	ction	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcap \) and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			N/		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		and the second second	05.	
-	here ► 🗵 and enter 1% of Part I, line 27b	ALC:U	SU.		4.54	ATT:
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2			0.	
3	Add lines 1 and 2	3	<u> </u>	4	05.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	<u> </u>		0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5	r trans it sales	4	05.	55. 6. No. 1
6	Credits/Payments:					
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6b	W				
b	Exempt foreign organizations—tax withheld at source					
c d	Backup withholding erroneously withheld 6d		KäĒ			ŗ.
7	Total credits and payments. Add lines 6a through 6d	7		all'u stille		Thirt
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		4	05.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid >	10			0.	····-
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶	11				
Part	VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation		ıd ıt		Yes	No
	participate or intervene in any political campaign?		•	1a		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? Instructions for the definition	See	the	1b		×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any published or distributed by the foundation in connection with the activities.	mate	rals			
С	Did the foundation file Form 1120-POL for this year?			1c		×
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. ► \$			热的		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax is on foundation managers. ► \$	mpose	∋đ			
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		KETH X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	artıcle	s of	3		×
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•	•	4a		×
b	If "Yes," has it filed a tax return on Form 990-T for this year?			4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? .			5		×
	If "Yes," attach the statement required by General Instruction T.			II SA	Alie Alie	14-71-41 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
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 are stated as a second secon	tions	that			
	conflict with the state law remain in the governing instrument?			6		<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), ar	id Part	ΧV	7	×	7.357/54
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.					
b	MI If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorner	, Gen	eral			
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation		•	8b	×	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 49					rifié.
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV complete Part XIV			9		×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list names and addresses			10		×

7

Part	VII-A: Statements Regarding Activities (continued)			
	•	\$1, \$4 \$4 \$1.00 \$1, \$4 \$4.00	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12 ,	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		, ×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address ▶ - N/A	. <u>-</u>	-	-
14	The books are in care of ► MARY M. LYNEIS Telephone no. ► (248)		5770)
15	Located at ► 41000 WOODWARD AVENUE SUITE 310 BLOOMFIELD HILLS MI ZIP+4 ► 4830 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here	<u>}</u>	•	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, 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?		Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name	16	. Wilsen	X
	the foreign country			
- Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	7 [86] 403 P	15-4-44-164-164 E	13881-2048-6
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	7,7,1	Yes	No
1a	During the year, did the foundation (either directly or indirectly):	<i>13831</i>	Mariana.	1543
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? \square Yes \square No	L. Contraction		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?			
	(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	12,48,7,696		
, 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	- 1 b		ing a final di
	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 2017?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			ara Gya
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			J.
	all years listed, answer "No" and attach statement—see instructions.)	2b		y rigniseen
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		the fig.	
C	► 20 , 20 , 20 , 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 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 2017.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a	Tage 300	X
ь	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		alla la	

Fals	Statements Regarding Activities	s tor w	nich Form	4720	мау ве н	equire	a (contil	nuea)_			
5a	During the year, did the foundation pay or incur								Lint	Yes	No
	(1) Carry on propaganda, or otherwise attempt t	o influe	nce legislation	on (sect	tion 4945(e))? .	☐ Yes	⊠ No		Mil	
	(2) Influence the outcome of any specific public		on (see sect	on 495	5), or to c	arry on,					PAR .
	directly or indirectly, any voter registration dr						Yes 🗌	⊠ No	C C		
	(3) Provide a grant to an individual for travel, stu						TYes	⊠ No			
	(4) Provide a grant to an organization other than								4.54		
	section 4945(d)(4)(A)? See instructions						☐ Yes	⊠ No			
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to a						□Yes	⊠ No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice							ribed in	5b		mil(1)
С	Organizations relying on a current notice regards If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility	he four	ndation claim	exem	ption from	the tax		▶ □ No			
	If "Yes," attach the statement required by Regula	ations s	ection 53.49	45–5(d)).						
6a	Did the foundation, during the year, receive any	funds,	directly or in-	directly	, to pay pre	emiums			14 14 14 14 14 14 14 14 14 14 14 14 14 1		
	on a personal benefit contract?						☐ Yes	⊠ No			
b	Did the foundation, during the year, pay premiur If "Yes" to 6b, file Form 8870.	ns, dire	ctly or indire	ctly, on	a personal	benefit	contract	? .	6b	* • * (4"	× 法網
7a	At any time during the tax year, was the foundation	a party t	to a prohibited	tax sh	elter transad	ction?	☐ Yes	⊠ No			
b	If "Yes," did the foundation receive any proceed	s or hay	e any net inc	come a	ttributable	to the ti	ransactioi	n?	7b		
-Par	VIII Information About Officers, Direct	tors, 1	rustees, F	ounda	tion Mana	agers,	Highly F	Paid E	mploy	ees,	
	and Contractors										
1	List all officers, directors, trustees, and found								S.		
	(a) Name and address	hou	e, and average rs per week ed to position	(lf r	mpensation not paid, iter -0-)	emplo	Contribution yee benefit erred compe	plans	(e) Expe	nse aco allowan	
JEA	NNE H. GRAHAM	PRES	IDENT			}					
	N. ADAMS ROAD BLOOMFIELD HILLS MI 48304		5.00		0.			0.			0.
	LIAM A. GRAHAM WALNUT STREET, APT. 304 WILINGTON NC 28401	TREAS	SURER 5.00		9,000.			0.			0.
ANN	IE WEST GRAHAM	SECRI	ETARY								
_6005	FORET CREEK CIRCLE WILMINGTON NC 28043		7.00		12,000.			0.			0.
See	Statement		3.00		0.			0.			0.
2	Compensation of five highest-paid employed	es (oth	er than tho	se incl	uded on li	ne 1—:	see instr	uction	s). If n	one,	enter
	"NONE."										
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to p	veek -	(c) Comper	nsation	(d) Contribution employee plans and compens	benefit deferred	(e) Expe	nse acc allowan	
NONE											
											
		_				~					
Total	number of other employees paid over \$50,000 .							. ▶	0		
						<u> </u>	<u></u>		Form 99	0-PF	(2017)
BAA		RE\	/ 10/16/18 PRO							-	,

	90-PF (2017)	Page 1
Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
		+
Tota	number of others receiving over \$50,000 for professional services	0
Day	t IX-A Summary of Direct Charitable Activities	
Far	Summary of Direct Charitable Activities	
	It the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	f Expenses
1		
		_
2		_
		-
_		
3		-
		-
4		
•		*
	t IX-B Summary of Program-Related Investments (see instructions)	•
De	scribe 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		_
Tota	I. Add lines 1 through 3	·
		Form 990-PF (2017

_			
Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ıgn fol	undations,
	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	Company.	
1			
	purposes:		
а	Average monthly fair market value of securities	1a	2,258,968.
þ	Average of monthly cash balances	1b	120,387.
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	2,379,355.
е	Reduction claimed for blockage or other factors reported on lines 1a and	5 41 47 5	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	2,379,355.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		· · · · · · · · · · · · · · · · · · ·
	instructions)	4	35,690.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,343,665.
6	Minimum investment return. Enter 5% of line 5	6	117,183.
Part	The state of the s		
· art	and certain foreign organizations, check here ► and do not complete this part.)	ounde	
1	Minimum investment return from Part X, line 6	1	117,183.
	Tax on investment income for 2017 from Part VI, line 5	"F.	117,103.
2a			
b	,	111111111111111111111111111111111111111	405
C	Add lines 2a and 2b	2c	405.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	116,778.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	116,778.
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	116,778.
Part	XII Qualifying Distributions (see instructions)		
		.eks. eks	· · · · · · · · · · · · · · · · · · ·
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		204 522
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	204,500.
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	204,500.
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	405.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	204,095.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whet	

Part	XIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
	line 7				116,778.
2	Undistributed income, if any, as of the end of 2017:				
а	Enter amount for 2016 only			136,458.	
b	Total for prior years: 20 ,20 ,20			FELDERARIE	
3	Excess distributions carryover, if any, to 2017:	W. B. J. W. E.		ACCUSTRACTION	
а	From 2012 23,542.				
b	From 2013				
С	From 2014 0.				
d	From 2015 0 .				
е	From 2016				
f	Total of lines 3a through e	398,042.			
4	Qualifying distributions for 2017 from Part XII,	THE PURCHE SEVE			77064850P16
	line 4: ▶ \$ 204,500.				
а	Applied to 2016, but not more than line 2a.				
b	Applied to undistributed income of prior years				ACCEPTATION L
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election			roseni	MACALOUS ANGLE
	required—see instructions)				
d	Applied to 2017 distributable amount		residente de la company de la		116,778.
е	Remaining amount distributed out of corpus	87,722.			Tachton (1944)
5	Excess distributions carryover applied to 2017				
	(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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	485,764.	AND THE RESERVE		
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	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.		
ę	Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount—see				
	instructions			136,458.	
f	Undistributed income for 2017. Subtract lines		entronomo une une Pertonomo une une	TOO, 400.	Tack in Young Carace Carab basinal Challing of
•	4d and 5 from line 1. This amount must be				
	distributed in 2018				0.
7	Amounts treated as distributions out of corpus	letter 1 to 10 to			YYSHIJATIN M
-	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 2012 not				TITLEM WICKER
	applied on line 5 or line 7 (see instructions) .	23,542.			
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from line 6a	462,222.			
10	Analysis of line 9:				
а	Excess from 2013 178,000.				
b	Excess from 2014 0.				
С	Excess from 2015 0.				
d	Excess from 2016 60,042.				
е	Excess from 2017 87,722:				

orm 99	10-PF (2017)					Page 10
Part	· · · · · · · · · · · · · · · · · · ·	tions (see ınstru	ictions and Part	VII-A, question 9)		N/A
	If the foundation has received a ruling foundation, and the ruling is effective for	or determination	letter that it is a			
b	Check box to indicate whether the four	idation is a private	e operating founda	tion described in sec	tion	or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for	Tax year (a) 2017	(b) 2016	Prior 3 years (c) 2015	(d) 201A	(e) Total
	each year listed					
b c	85% of line 2a					
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					
٠	(1) Value of all assets					
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i)					
С	"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 .					
Part	(4) Gross investment income . XV Supplementary Information	n (Complete ti	nis part only if t	he foundation ha	d \$5 000 or mo	re in assets at
. arc	any time during the year-				40,000 01 1110	
1	Information Regarding Foundation					
а	List any managers of the foundation of before the close of any tax year (but of					y the foundation
b	List any managers of the foundation ownership of a partnership or other er					ge portion of the
2	Information Regarding Contribution Check here ▶ ☐ if the foundation unsolicited requests for funds. If the fo complete items 2a, b, c, and d. See in	only makes cont oundation makes	ributions to prese	elected charitable or		
а	The name, address, and telephone nu		dress of the perso	on to whom applicati	ons should be add	dressed.
	See Supplementary Informat					
b	The form in which applications should	be submitted an	a information and	materials they shou	ia incinae.	
С	Any submission deadlines.		***************************************	,		

factors:

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

Part XV Supplementary Information (continued)

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

P. O. BOX 37839 BOONE IA 50037 PEACE RANCH 2570 HOOSIER VALLEY ROAD TRAVERSE CITY MI 49685 CENTRAL DETROIT CHRISTIAN 20 GLADSTONE DETROIT MI 48202 COTS DETROIT MI 48201 COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING BLVD DETROIT MI 48208 CRANBROOK ACADEMY OF ART P. O. BOX 801 BLOOMMFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement 501(c)(3) HUMAN SERVICES 1,000. 21,000. 501(c)(3) HUMAN SERVICES 5,000. 501(c)(3) SHELTER/EDUCATION 5,000. 501(c)(3) HUMAN SERVICES 2,500. 501(c)(3) HUMAN SERVICES 2,500. 501(c)(3) HUMAN SERVICES 2,500.	3 Grants and Contributions Paid During t	he Year or Approv	ed for Fut	ture Payment	
Name and address (nome of Dusiness) A Paid during the year AMERICAN RED CROSS NONE HUMAN SERVICES NONE HUMAN SERVICES 1,000.	<u> </u>	show any relationship to	status of		Amount
AMERICAN RED CROSS P. O. BOX 37839 BOONE IA 50037 PEACE RANCH 2570 HOOSIER VALLEY ROAD TRAVERSE CITY MI 49685 CENTRAL DETROIT CHRISTIAN 20 GLADSTONE DETROIT MI 48202 COTS ACCEPTANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING BLVD DETROIT MI 48208 CRANBROOK ACADEMY OF ART P. O. BOX 801 BLOOMMFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement NONE NONE 501(c)(3) HUMAN SERVICES 1,000. 501(c)(3) HUMAN SERVICES 5,000. 501(c)(3) SHELTER/EDUCATION 12,000. 501(c)(3) FULL MICHIGAN 501(c)(3) FULL MICHI	Name and address (home or business)	or substantial contributor	recipient	Contribution	
P. O. BOX 37839 BOONE IA 50037 PEACE RANCH 2570 HOOSIER VALLEY ROAD TRAVERSE CITY MI 49685 CENTRAL DETROIT CHRISTIAN 20 GLADSTONE DETROIT MI 48202 COTS DETROIT MI 48201 COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING BLVD DETROIT MI 48208 CRANBROOK ACADEMY OF ART P. O. BOX 801 BLOOMMFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MO 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement 501(c)(3) HUMAN SERVICES 1,000. 100(3) HUMAN SERVICES 1,000. 100(3) HUMAN SERVICES 1,000. 100(3) HUMAN SERVICES 1,000. 100(3) HUMAN SERVICES 2,500.	a Paid during the year				
BOONE IA 50037 PEACE RANCH 21,000. 22,	AMERICAN RED CROSS	NONE		HUMAN SERVICES	
PEACE RANCH 2570 HOOSIER VALLEY ROAD TRAVERSE CITY MI 49685 CENTRAL DETROIT CHRISTIAN 20 GLADSTONE DETROIT MI 48202 COTS 26 PETERBORO DETROIT MI 48201 COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING BLVD DETROIT MI 48208 CRANBROOK ACADEMY OF ART P. O. BOX 801 BLOOMNFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement NONE 1000. 501(c) (3) 501(c) (3) HUMAN SERVICES 1,000. 501(c) (3) HUMAN SERVICES 5,000. 501(c) (3) FUNDATION 501(c)	P. O. BOX 37839				
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TRAVERSE CITY MI 49685 CENTRAL DETROIT CHRISTIAN 20 GLADSTONE DETROIT MI 48202 COTS 26 PETERBORO DETROIT MI 48201 COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING BLVD DETROIT MI 48208 CRANBROOK ACADEMY OF ART P. O. BOX 801 BLOOMNFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement 501(c)(3) HUMAN SERVICES 3,500. 501(c)(3) HUMAN SERVICES 5,000. 501(c)(3) HUMAN SERVICES 2,500. \$501(c)(3) HUMAN SERVICES 2,500. \$501(c)(3) HUMAN SERVICES 3,500. \$501(c)(3) HUMAN SERVICES 2,000. \$501(c)(3) HUMAN SERVICES 2,500.	PEACE RANCH	NONE			
CENTRAL DETROIT CHRISTIAN 20 GLADSTONE 20 GLA	2570 HOOSIER VALLEY ROAD				
20 GLADSTONE DETROIT MI 48202 COTS 26 PETERBORO DETROIT MI 48201 COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING BLVD DETROIT MI 48208 CRANBROOK ACADEMY OF ART P. O. BOX 801 BLOOMNFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement 501(c) (3) HUMAN SERVICES 3,500. 501(c) (3) HUMAN SERVICES 5,000. 501(c) (3) HUMAN SERVICES 2,500. 501(c) (3) HUMAN SERVICES 3,500.	TRAVERSE CITY MI 49685		501(c)(3)	HUMAN SERVICES	1,000.
DETROIT MI 48202 COTS 26 PETERBORO DETROIT MI 48201 COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING BLVD DETROIT MI 48208 CRANBROOK ACADEMY OF ART P. O. BOX 801 BLOOMNFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement 501(c)(3) HUMAN SERVICES 3,500. 501(c)(3) HUMAN SERVICES 5,000. 501(c)(3) HUMAN SERVICES 2,500. 501(c)(3) HUMAN SERVICES 3,500.	CENTRAL DETROIT CHRISTIAN	NONE	501(c)(3)		
COTS 26 PETERBORO DETROIT MI 48201 COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING BLVD DETROIT MI 48208 CRANBROOK ACADEMY OF ART P. O. BOX 801 BLOOMNFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement NONE 501(c)(3) HUMAN SERVICES 5,000. 501(c)(3) HUMAN SERVICES 2,500. 501(c)(3) HUMAN SERVICES 2,500. 501(c)(3) HEALTH CARE 2,000.	20 GLADSTONE	}			
26 PETERBORO DETROIT MI 48201 COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING BLVD DETROIT MI 48208 CRANBROOK ACADEMY OF ART P. O. BOX 801 BLOOMNFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement 501(c)(3) HUMAN SERVICES 5,000. 501(c)(3) FULMAN SERVICES 5,000. 501(c)(3) HUMAN SERVICES 2,500. 501(c)(3) HUMAN SERVICES 2,500.	DETROIT MI 48202		501(c)(3)	HUMAN SERVICES	3,500.
DETROIT MI 48201 COVEMANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING BLVD DETROIT MI 48208 CRANBROOK ACADEMY OF ART P. O. BOX 801 BLOOMNFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement 501(c)(3) HUMAN SERVICES 5,000. 501(c)(3) SHELTER/EDUCATION 12,000. 501(c)(3) HUMAN SERVICES 2,500. 501(c)(3) HUMAN SERVICES 5,000. 501(c)(3) HUMAN SERVICES 2,500.	COTS	NONE			
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING BLVD DETROIT MI 48208 CRANBROOK ACADEMY OF ART P. O. BOX 801 BLOOMNFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement NONE 501(c)(3) SHELTER/EDUCATION 12,000. 12,000. 501(c)(3) HUMAN SERVICES 2,500. 501(c)(3) HUMAN SERVICES 2,500. 501(c)(3) HEALTH CARE 2,000.	26 PETERBORO	۴.			
2959 MARTIN LUTHER KING BLVD DETROIT MI 48208 CRANBROOK ACADEMY OF ART P. O. BOX 801 BLOOMMFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement 501(c)(3) SHELTER/EDUCATION 12,000. 12,000.	DETROIT MI 48201		501(c)(3)	HUMAN SERVICES	5,000.
DETROIT MI 48208 CRANBROOK ACADEMY OF ART P. O. BOX 801 BLOOMNFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement DETROIT MI 48208 NONE 12,000. 12,000. 12,000. 12,000. 12,000. 12,000. 12,000. 12,000. 12,000. 12,000. 12,000. 12,000. 12,000. 12,000. 12,000. 12,000. 12,000. 12,000. 12,000.	COVENANT HOUSE MICHIGAN	NONE			
DETROIT MI 48208 CRANBROOK ACADEMY OF ART P. O. BOX 801 BLOOMNFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement 501(c)(3) SHELTER/EDUCATION 12,000. 150(c)(3) 150(c)(3) 150(c)(3) 150(c)(3) 150,000.	2959 MARTIN LUTHER KING BLVD				
CRANBROOK ACADEMY OF ART P. O. BOX 801 BLOOMNFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement NONE 501(c)(3) FDUCATION 5,000. 501(c)(3) HUMAN SERVICES 2,500. 501(c)(3) HEALTH CARE 2,000. 501(c)(3) HEALTH CARE 2,000.			501(c)(3)	SHELTER/EDUCATION	12,000.
P. O. BOX 801 BLOOMNFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement 501(c)(3) FDUCATION 5,000. 501(c)(3) HUMAN SERVICES 2,500. NONE 501(c)(3) HUMAN SERVICES 2,000. 150,000.	CRANBROOK ACADEMY OF ART	NONE			·
BLOOMNFIELD HILLS MI 48303 CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement 501(c)(3) EDUCATION 5,000. 5,000. 5,000. 5,000. 501(c)(3) HUMAN SERVICES 2,500. 501(c)(3) HEALTH CARE 2,000. 501(c)(3) HUMAN SERVICES 2,500.					
CROSSROADS OF MICHIGAN 2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement NONE 501(c)(3) HUMAN SERVICES 2,500. 501(c)(3) HEALTH CARE 2,000. 501(c)(3) HUMAN SERVICES 2,500.			501(c)(3)	EDUCATION	5,000.
2424 WEST GRAND BLVD DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement 501(c)(3) HUMAN SERVICES 2,500. NONE 501(c)(3) HEALTH CARE 2,000. 150,000.		NONE			ľ
DETROIT MI 48208 CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement 501(c)(3) HUMAN SERVICES 2,500. 150(c)(3) HUMAN SERVICES 2,500. 150(c)(3) HUMAN SERVICES 1,500.					
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement NONE 501(c)(3) HEALTH CARE 2,000. 150,000.			501 (c) (3)	HUMAN SERVICES	2,500.
6931 ARLINGTON ROAD, 2ND FLOOR BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement 501(c)(3) HEALTH CARE 2,000. 150,000.		NONE			,
BETHESDAY MD 20814 THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement 501(c)(3) HEALTH CARE 2,000. 501(c)(3) HUMAN SERVICES 2,500.					
THE FULL BELLY PROJECT P. O. BOX 7874 WILMINGTON NC 28406 See Statement Solicial Human Services 2,500.			501 (c) (3)	HEALTH CARE	2,000.
P. O. BOX 7874 WILMINGTON NC 28406 See Statement 501(c)(3) HUMAN SERVICES 2,500. 150,000.		NONE			, , , , ,
WILMINGTON NC 28406 See Statement 501(c)(3) HUMAN SERVICES 2,500. 150,000.		1,01,2			
See Statement 150,000.			501 (c) (3)	HUMAN SERVICES	2.500.
150,000.					
	See Statement				
					150.000
Total					130,000.
Total					
Total	Total			3a	204,500.
b Approved for future payment	b Approved for future payment				
\cdot					
				•	
				`	
Total	Total	<u> </u>		▶ 3b	

	rt XV r gro	Analysis of Income-Producing Acs amounts unless otherwise indicated.		isiness income	Excluded by sect	ion 512, 513, or 514	(0)
		gram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
•	a	gram 30, vide revende.					
	b		-				
	c -						
	ď						
	e ¯						
	f						
	g i	ees and contracts from government agencies					
2	-	nbership dues and assessments					
3		rest on savings and temporary cash investments			1		
4		dends and interest from securities			1		
5		rental income or (loss) from real estate:		476,000			
		Debt-financed property					
		Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income			-		
8		or (loss) from sales of assets other than inventory					
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory	" ""				
11		er revenue: a None					0.
	b						·
	c						
	ď						
	e -						
	-	total. Add columns (b), (d), and (e)	· Procedurate				0.
12	Sub						
						13	
13	Tota	al. Add line 12, columns (b), (d), and (e)				13	
13 (See	Tota work		 ns.)			13	
13 (See 'Pa	Tota work	al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.
13 (See 'Pa Lin	Tota work rt XV e No.	Al. Add line 12, columns (b), (d), and (e)	ns.) Accomplishm	ent of Exemp	t Purposes		0.

Part	XVII	Information Organization	n Regarding Tra	nsfers to a	nd Trans	sactio	ns and F	telationshi	ps With N	lonchar	itable	e Exe	mpt
	ın sed	e organization d	lirectly or indirectly ther than section								•	Yes	No
		•	oorting foundation t								1a(1)		
											1a(2)		×
		transactions.								-			1
			a noncharitable ex	empt organiz	zation .						1b(1)		×
			ts from a nonchard								1b(2)		×
			equipment, or other								1b(3)		×
			rangements								1b(4)		×
	(5) Lo	ans or loan guai	rantees								1b(5)		×
	(6) Pe	rformance of se	rvices or members	hip or fundra	using solic	citation	s				1b(6)		×
С	Sharın	ig of facilities, ed	quipment, mailing l	ists, other as	sets, or p	aid em	ployees				1c		×
			of the above is "Ye										
			ther assets, or serv		•	_							
			on or sharing arrang	-									
(a) Line	no (b) Amount involved	(c) Name of none	charitable exemp	ot organization	on	(d) Desc	ription of transfe	ers, transaction	ns, and shar	ing arr	angeme	ents
	_								·				
	_												
				•									
	descri	bed in section 5	ectly or indirectly a 501(c) (other than se following schedule	ection 501(c)				re tax-exem	pt organiza] Yes	· 🗵	 No
		(a) Name of organi	zation	(b)	Type of org	anization			(c) Description	n of relation	ship		
				<u> </u>									
				ļ									
					-								
	Linda		de alore de et l'house avenu	and the water and	aludina eeeen		abadulaa aa	d atatamanta ana	l to the best of	my knowled		haliaf it	10 \$710
Sign			declare that I have examination of preparer (other the										$\overline{}$
_	1	u	Comp	12	1160	D D D D		_		May the IR with the pre			
Here		iture of officer or trus	6 roham	<u>حما</u> Ds	10/14	Trtle	ESIDEN'	<u>r</u>		See instruc			
	Jaigna	Print/Type preparer		Preparar's s	ionatilre		· · · · · · · · · · · · · · · · · · ·	Date	, 		TIN		
Paid		** , .		1///		J.,	0	1/2//	G Chec	k ıf			-
Prepa		Mary M. Ly		Motors	u jryne	7×41	W.	1/2///	,	mployed			5
Use (Only	Firm's name >	LoPrete & Ly		y. (_	<u> </u>			Firm's EIN				
BAA		Firm's address ►	41000 Woodwa		ce 310	MI	48304		Phone no	(248)59 Fo			(2017)
										. 0			,/

Continuation Statement

CLANNAD FOUNDATION Form 990-PF: Return of Private Foundation Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

Name and Address Information	Form Information	Submission Information	Restrictions ,
Jeanne H. Graham 41000 Woodward Avenue, Suite 310 Bloomfield Hills, MI 48304	Letter explaining how the funds will be used along with a copy of exemption letter.	None	None
248-594-5770			

Form 990-PF: Return of Private Foundation Part XV, Line 3a: Grants and Contributions Paid During the Year

<u> </u>	T ==			
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				
DOCTORS WITHUT BORDERS	NONE	501(c)(3)	HEALTH CARE	5,000.
333 7TH AVENUE, 2ND FLOOR				
NEW YORK, NY 10001		1		
DOMESTIC VIOLENCE SHELTER OF WILMINGTON	NONE	501(c)(3)	HUMAN SERVICES	5,000.
P. O. BOX 1555	non2	001(0)(0)	morani obiviono	0,000.
WILMINGTON, NC 28402				
FOCUS HOPE	NONE	501 (c) (3)	HUMAN SERVICES	3,000.
1355 OAKMAN BOULEVARD		""		2, 2223
DETROIT, MI 48238				
FORGOTTEN HARVEST	NONE	501/c) (3)	HUMAN SERVICES	6,000.
21455 MELROSE AVE SUITE 9	INONE	301(0)(3)	HOPAN SERVICES	0,000.
SOUTHFIELD, MI 48075			ĺ	
CRANBROOK CENTER FOR COLLECTION & RESEARCH	NONE	501(c)(3)	NDT.	20,000.
P. O. BOX 801	NONE	301(0)(3)	ARI	20,000.
BLOOMFIELD HILLS, MI 48303				
GOOD SHEPHERD MINISTRIES	NONE	501/c)/3)	HUMAN SERVICES	5,000.
811 MARTIN STREET	INONE	301(0)(3)	INGIENI SERVICES	3,000.
WILMINGTON, NC 28401				
GREATER MI CHAPTER ALZHEIMER'S ASSN	NONE	501 (0) (3)	HEALTH CARE	2,000.
25200 TELEGRAPH RD SUITE 100	NONE	301(0)(3)	REALIR CARE	2,000.
SOUTHFIELD, MI 48033				
HAVEN	NONE	E01/a)/2)	HUMAN SERVICES	4,000.
P. O. BOX 431045	NONE	301(0)(3)	HUMAN SERVICES	4,000.
P. O. BOX 431043 PONTIAC, MI 48343				
	NONE	E01/a)/3)	EDUCATION	5,000.
HORIZONS-UPWARD BOUND CRANBROOK	NONE	201(0)(3)	EDUCATION	5,000.
P. O. BOX 801				
BLOOMFIELD HILLS, MI 48303 JUVENILE DIABETES RESEARCH FOUND	NONE	501/51/21	HEALTH CARE	2,000.
	NONE	201(C)(3)	HEALTH CARE	2,000.
26 BROADAY, 14TH FLOOR				
NEW YORK, NY 10004				
LIGHHOUSE OF OAKLAND COUNTY	NONE	[501 (c) (3)	HUMAN SERVICES	5,000.
46156 WOODWARD AVENUE				
PONTIAC, MI 48342		<u> </u>		
LITTLE BROTHERS FRIENDS OF THE ELDERLY	NONE	[501 (c) (3)	HUMAN SERVICES	2,500.
527 HANCOCK AVENUE				
HANCOCK, MI 49930				
LITTLE TRAVERSE CONSERVANCY	NONE	[501 (c) (3)	ENVIRONMENT	1,000.
3264 POWELL ROAD				
HARBOR SPRINGS, MI 49720				
LIVING ARTS	NONE	[501(c)(3)	EDUCATION	2,500.
8701 W. VERNOR SUITE 202				
DETROIT, MI 48209				
MCLAREN NO MI FOUNDATION	NONE	501(c)(3)	HEALTH CARE	1,500.
360 CONNABLE AVENUE		1		
PETOSKEY, MI 49770				
MARINERS INN	NONE	501(c)(3)	HUMAN SERVICES	2,000.
445 LEDYARD STREET				
DETROIT, MI 48201		L		
MICHIGAN ARCHITECTURAL FOUND	NONE	501(c)(3)	EDUCATION	3,000.
553 EAST JEFFERSON AVENUE				
DETROIT, MI 48226				
				

Form 990-PF: Return of Private Foundation Part XV, Line 3a: Grants and Contributions Paid During the Year

,	75	T		
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				
MICHIGAN HISTORIC PRESERVATION NETWORK	NONE	501(c)(3)	HUMANITIES	2,000.
107 E. GRAND RIVER				
LANSING, MI 48906				
FAMILY PROMISE OF LOWER CAPE FEAR	NONE	501(c)(3)	HUMANITIES	4,000.
4938 OLEANDER DRIVE				
WILMINGTON, NC 28403				
MIGRANT HEALTH PROMOTION	NONE	501(c)(3)	HUMAN SERVICES	2,500.
224 W. MICHIGAN AVENUE				
SALINE, MI 48176				
NATURE CONSERVANCY OF NC	NONE	501(c)(3)	ENVIRONMENT	1,000.
2807 MARKET STREET			l i	
WILMINGTON, NC 28403			 	
NEW HANOVER REGIONAL MEDICAL CARE	NONE	501(c)(3)	HEALTH CARE	1,000.
P. O. BOX 9025			1	
WILMINGTON, NC 28401			ĺ	
OAKLAND LITERACY COUNCIL	NONE	501(c)(3)	EDUCATION	1,000.
6239 THORNCREST DRIVE			j j	·
BLOOMFIELD HILLS, MI 48301			İ	
PISGAH LELGAL SERVICES	NONE	501(c)(3)	HUMAN SERVICES	5,000.
P. O. BOX 2276				.,
ASHVILLE, NC 28801				
SALVATION ARMY OF WILMINGTON	NONE	501 (c) (3)	HUMAN SERVICES	20,000.
820 NORTH SECOND STREET	l Horiz	301 (0) (3)		20,000.
WILMINGTON, NC 28401				
FURNITURE BANK	NONE	501(c)(3)	GENERAL.	1,000.
333 N. PERRY	NONE	301(0)(3)	CHARITABLE	1,000.
PONTIAC, MI 48209				
ST. DOMINIC OUTREACH CENTER	NONE	501 (0) (3)	HUMAN SERVICES	4,000.
4835 LINCOLN	INGINE	301(0)(3)	Inorani Services	4,000.
DETROIT, MI 48208				
ST. LUKE CLINIC	NONE	501 (c) (3)	HEALTH CARE	2,500.
124 N. ELM AVENUE	NONE	301(0)(3)	ILEADIN CAILE	2,500.
JACKSON, MI 49204			1	
FOUR SEASONS COMPASSION FOR LIFE	NONE	501(c)(3)	GENERAL	1,000.
571 W. ALLEN ROAD	NONE	301(0)(3)	CHARITABLE	1,000.
FLAT ROCK, NC 28731				
	NONE	E01/a\/3\	HIMAN CEDUTCES	15 000
WAYNE STATE IOG	NONE	201(C)(3)	HUMAN SERVICES	15,000.
87 E. FERRY STREET			İ	
DETROIT, MI 48202		5001 110		
WOMEN'S RESOURCE CENTER	NONE	502(c)(3)	HUMAN SERVICES	5,000.
423 PORTER STREET				
PETOSKEY, MI 49770				
THE GREENING OF DETROIT	NONE	[501(c)(3)	HUMAN SERVICES	1,000.
1418 MICHIGAN AVENUE		1		
DETROIT, MI 48216		<u> </u>		
NATURE CONSERVANCY OF MI		[501(c)(3)	ENVIRONMENTAL	2,000.
101 E. GRAND RIVER				
LANSING, MI 48906				
THE HILL SCHOOL OF WILMINGTON		501(c)(3)	EDUCATION	6,500.
3240 BURNT MILL DRIVE, SUITE 9A				
WILMINGTON, NC 28403				
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CLANNAD FOUNDATION 383209484

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

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			* - · · · · · · · · · · · · · · · · · ·	
WILDLIFE RECOVERY 531 S. COLEMAN ROAD SHEPHERD, MI 48883		501(c)(3)	GENERAL CHARITABLE	1,000.
•				150,000

Form 990-PF: Return of Private Foundation

Part IV: Capital Gains and Losses for Tax on Investment Income

(e.g., real estate,	e the kind(s) of proper 2-story brick warehous k, 200 shs. MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date	(d) Date sold
200 SHS CHURCH & DWIGH	Т		P	04/14/16	11/16/17
50 SHS FACEBOOK			P	12/11/13	03/26/18
400 SHS GENERAL ELECTR	IC		D	11/16/04	02/09/18
148.1046 SHS HAVEN			P	01/01/02	10/01/18
25000 IBM CORP 1.25%			P	01/13/17	02/08/18
400 SHS INTEL			P	04/19/18	10/03/18
OVERLOOK			P	04/01/04	04/13/18
50 SHS SERVICENOW			P	04/01/04	05/24/18
25000 SOUTHERN CO			P	01/13/17	07/02/18
130 SHS T-MOBILE			P	03/21/17	04/10/18
400 SHS KRAFT HEINZ			P	10/07/13	04/19/18
	(f) Depreciation		st or other	(h) Gain	
(e) Gross sales price	allowed (or allowable)	basıs pl	us expense of sale	(e) plus (g	
8,997.			9,316.		-319.
7,820.			2,413.		5,407.
6,100.			6,520.		-420.
49,988.			50,000.		-12.
25,000.			24,988.		12.
18,586.			20,856.		-2,270.
100,000.			100,000.		0.
8,495.			3,195.		5,300.
25,000.			24,944.		56.
8,287.			8,158.		129.
23,839.			15,964.		7,875.
282,112.	0.		266,354.		15,758.
	ets showing gain in cole foundation on 12/31/0	69		(1) Gains gain minus but not less	col. (k),
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as		col. (j), if	or Losses	
	of 12/31/69		any	(h))
					-319.
					5,407.
					-420.
					-12.
					12.
					-2,270.
					0.
					5,300.
					56.
					129.
					7,875.
0.	0.		0.		15,758.

Continuation Statement CLANNAD FOUNDATION
Form 990-PF: Return of Private Foundation
Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account,' other allowances
JAMES H. LOPRETE	DIRECTOR	0.	0.	0.
41000 WOODWARD AVENUE SUITE 31041000 WOODWARD AVENUE SUITE 310	1.00			
BLOOMFIELD HILLS, MI 48304				
M.L. GRAEME CAMPBELL	DIRECTOR	0	.0	0.
90 PARK AVENUE, 34TH FLOOR90 PARK AVENUE, 34TH FLOOR	1.00			
NEW YORK, NY 10016				
MARY M. LYNEIS	DIRECTOR	0	0.	0.
41000 WOODWARD AVENUE SUITE 31041000 WOODWARD AVENUE SUITE 310	1.00			
BLOOMFIELD HILLS, MI 48304				
		0.	0.	.0

CLANNAD FOUNDATION 383209484 1

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Income

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income
Class Action Proceeds	179.		
Total	179.		

Form 990-PF: Return of Private Foundation

Other Expenses

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
SUPPLIES/EXPENSES	2,249.			
Total	2 249			