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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.**

▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

1910

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018 or tax year beginning Nov 1, 2018, and ending Oct 31, 2019

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)
41000. WOODWARD AVENUE

Room/suite
310

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 ▶ ☐ 6

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 04
☐ 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

J Accounting method: ☒ Cash ☐ Accrual

F If the foundation is in a 60-month termination

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
1 Cash—non-interest-bearing	1,873.	22,511.	22,511.
2 Savings and temporary cash investments	76,089.	99,997.	99,997.
3 Accounts receivable ▶			

[redacted]

1	Cash—non-interest-bearing	1,873.	22,511.	22,511.
2	Savings and temporary cash investments	76,089.	99,997.	99,997.
3	Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a 150 SHS FACEBOOK	P	12/11/2013	03/20/2019

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.

Part VII-A Statements Regarding Activities *(continued)*

			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		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	

Total number of others receiving over $50,000 for professional services ▶ 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	

Website address ▶ N/A

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

Located at ▶ 41000 WOODWARD AVENUE SUITE 310 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 ▶ ☐

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

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 ▶		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of

[redacted] c "Support" alternative test—enter:

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	2,437,419.
b	Average of monthly cash balances	1b	198,049.
c	Fair market value of all other assets (see instructions)	1c	
d		1d	2,635,468.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018

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 2018, 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			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
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					

Total number of other employees paid over $50,000 . . . . . ▶				0

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*				
AMERICAN RED CROSS P. O. BOX 37839 BOONE IA 50037	NONE	501(c)(3)	HUMAN SERVICES	11,000.
CAPE FEAR 3900 W. COLLEGE ROAD WILMINGTON NC 28412	NONE	501(c)(3)	HUMAN SERVICES	2,000.
CENTRAL DETROIT CHRISTIAN 20 GLADSTONE DETROIT MI 48202	NONE	501(c)(3)	HUMAN SERVICES	3,500.
COTS 26 PETERBORO [illegible]	NONE	[illegible]	[illegible]	5,000

[redacted]

All other program-related investments. See instructions

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) Exclusion 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					

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) (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	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		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

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

Form 990-PF: Return of Private Foundation

Other Expenses **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
JP MORGAN	1,109.	1,109.		
Total	1,109.	1,109.		

Additional information from your 2018 Federal Exempt Tax Return

Form 990-PF: Return of Private Foundation

Line 4d Column (d) **Itemization Statement**

Description	Amount
	124,394.
Total	**124,394.**

CLANNAD FOUNDATION 38-3209484

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or	(b) How acquired	(c) Date	(d) Date

Paid Employees, and Contractors **Continuation Statement**

ompensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
0.	0.	0.
0.	0.	0.
0.	0.	0.
0.	0.	0.

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V, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc. Continuation Statement

Name and Address Information	Form Information	Submission Information	Restrictions
e H. Graham Woodward Avenue, Suite 310 field Hills, MI 48304 94-5770	Letter explaining how the funds will be used along with a copy of exemption letter.	None	None

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

Continuation 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	Amount
a Paid during the year				
DOCTORS WITHOUT BORDERS 333 7TH AVENUE, 2ND FLOOR NEW YORK, NY 10001	NONE	501(c)(3)	HEALTH CARE	5,000.
DOMESTIC VIOLENCE SHELTER OF WILMINGTON P. O. BOX 1555 WILMINGTON, NC 28402	NONE	501(c)(3)	HUMAN SERVICES	5,000.
FOCUS HOPE 1355 OAKMAN BOULEVARD DETROIT, MI 48238	NONE	501(c)(3)	HUMAN SERVICES	3,000.
FORGOTTEN HARVEST 21455 MELROSE AVE SUITE 9 SOUTHFIELD, MI 48075	NONE	501(c)(3)	HUMAN SERVICES	6,000.
CRANBROOK CENTER FOR COLLECTION & RESEARCH P. O. BOX 801 BLOOMFIELD HILLS, MI 48303	NONE	501(c)(3)	ART	5,000.
GOOD SHEPHERD MINISTRIES 811 MARTIN STREET WILMINGTON, NC 28401	NONE	501(c)(3)	HUMAN SERVICES	8,000.
GREATER MI CHAPTER ALZHEIMER'S ASSN	NONE	501(c)(3)	HEALTH CARE	1,000.

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

Continuation 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	Amount
a Paid during the year				
MICHIGAN HISTORIC PRESERVATION NETWORK 107 E. GRAND RIVER LANSING, MI 48906	NONE	501(c)(3)	HUMANITIES	2,000.
FAMILY PROMISE OF LOWER CAPE FEAR 4938 OLEANDER DRIVE WILMINGTON, NC 28403	NONE	501(c)(3)	HUMANITIES	9,000.
MIGRANT HEALTH PROMOTION 224 W. MICHIGAN AVENUE SALINE, MI 48176	NONE	501(c)(3)	HUMAN SERVICES	2,500.
NATURE CONSERVANCY OF NC 2807 MARKET STREET WILMINGTON, NC 28403	NONE	501(c)(3)	ENVIRONMENT	1,000.
NEW HANOVER REGIONAL MEDICAL CARE P. O. BOX 9025 WILMINGTON, NC 28401	NONE	501(c)(3)	HEALTH CARE	1,000.
OAKLAND LITERACY COUNCIL 6239 THORNCREST DRIVE BLOOMFIELD HILLS, MI 48301	NONE	501(c)(3)	EDUCATION	1,000.
FOUR SEASONS HOSPICE		501(c)(3)	HUMAN SERVICE	2,500.