

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](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052  
**2018**  
**Open to Public Inspection**

**For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018**

Name of foundation LUELLA HANNAN MEMORIAL FOUNDATION		<b>A Employer identification number</b> 38-1358386	
Number and street (or P O box number if mail is not delivered to street address) Room/suite 4750 WOODWARD AVENUE 1ST FLOOR		<b>B Telephone number (see instructions)</b> (313) 833-1300	
City or town, state or province, country, and ZIP or foreign postal code DETROIT, MI 482011300		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 15,523,133		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	183,719			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	295,399	295,399	295,399	
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	549,707			
	<b>b</b> Gross sales price for all assets on line 6a	3,279,297			
	<b>7</b> Capital gain net income (from Part IV, line 2)		549,707		
	<b>8</b> Net short-term capital gain			0	
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	24,751	0	24,751		
<b>12 Total.</b> Add lines 1 through 11	1,053,576	845,106	320,150		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	147,232	0	0	147,232
	<b>14</b> Other employee salaries and wages	415,389	0	0	415,463
	<b>15</b> Pension plans, employee benefits	138,051	0	0	138,051
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)				
	<b>c</b> Other professional fees (attach schedule)	86,981	86,981	86,981	0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	51,828	0	0	51,828
	<b>19</b> Depreciation (attach schedule) and depletion	65,776	0	0	
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	228,523	0	0	0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	1,133,780	86,981	86,981	752,574
	<b>25</b> Contributions, gifts, grants paid	464,171			464,171
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	1,597,951	86,981	86,981	1,216,745	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-544,375				
<b>b Net investment income</b> (if negative, enter -0-)		758,125			
<b>c Adjusted net income</b> (if negative, enter -0-)			233,169		

<b>Part II Balance Sheets</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	554,257	774,745	774,745
	<b>3</b> Accounts receivable ▶ <u>282,356</u>			
	Less allowance for doubtful accounts ▶ <u>211,767</u>		70,589	70,589
	<b>4</b> Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	1,716,030	1,655,576	1,655,576
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____				
<b>12</b> Investments—mortgage loans . . . . .				
<b>13</b> Investments—other (attach schedule) . . . . .	13,589,967	11,809,541	11,809,541	
<b>14</b> Land, buildings, and equipment basis ▶ <u>5,001,896</u>				
Less accumulated depreciation (attach schedule) ▶ <u>3,789,214</u>	815,530	1,212,682	1,212,682	
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	16,675,784	15,523,133	15,523,133	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	25,035	24,962	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .		1,140,384	
	<b>22</b> Other liabilities (describe ▶ _____)	628,372	441,463	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	653,407	1,606,809	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	15,653,657	13,661,857	
	<b>25</b> Temporarily restricted . . . . .	368,720	254,467	
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	16,022,377	13,916,324		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	16,675,784	15,523,133		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>			
<b>1</b> 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) . . . . .		<b>1</b>	16,022,377
<b>2</b> Enter amount from Part I, line 27a . . . . .		<b>2</b>	-544,375
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____		<b>3</b>	140,883
<b>4</b> Add lines 1, 2, and 3 . . . . .		<b>4</b>	15,618,885
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____		<b>5</b>	1,702,561
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .		<b>6</b>	13,916,324

**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 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a PUBLICLY TRADED INVESTMENTS</b>	P		
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(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)
<b>a</b> 3,279,297		2,729,590	549,707
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			549,707
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	549,707
<b>3</b> 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	0

**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.

(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 (col. (b) divided by col. (c))
2017			
2016			
2015			
2014			
2013			

  

<b>2</b> Total of line 1, column (d)	2	
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	
<b>5</b> Multiply line 4 by line 3	5	
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	
<b>7</b> Add lines 5 and 6	7	
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	

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)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due. Includes sub-table for 2018 estimated tax payments (6a-6d).

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, 'Yes', and 'No' responses. Questions cover political activities, unrelated business income, and asset requirements.

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.
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
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW HANNAN ORG
14 The books are in care of VINCENT TILFORD Telephone no (313) 833-1300

Located at 4750 WOODWARD AVENUE 1ST FLOOR DETROIT MI ZIP+4 482011300

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

16 At any time during calendar year 2018, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114 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.

1a During the year did the foundation (either directly or indirectly)
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. 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 2018?
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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? 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).
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?
b If "Yes," did it have excess business holdings in 2018 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 2018).
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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 2018?



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

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
PRIVATE ENERGY PARTNERS 101 WEST BIG BEAVER ROAD SUITE 1406 TROY, MI 480845280	PACE PROGRAM GENERAL CONTRACTOR	417,150
MUTUAL OF AMERICA 320 PARK AVENUE NEW YORK, NY 100226839	EMPLOYEE BENEFITS	156,951
PROGRESSIVE AE 1811 4 MILE ROAD NE GRAND RAPIDS, MI 495252442	ARCHITECT ENGINEERS AND RENOVATIONS	108,124
<b>Total</b> 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
<b>1</b> PROVIDES SUPPORT TO THE HANNAN CENTER, WHICH OPERATES A SENIOR SERVICE CENTER AND CONDUCTS PROGRAMS FOR SENIORS PURSUANT TO INTERNAL REVENUE SERVICE RULING DATED MARCH 12, 1997	1,125,039
<b>2</b> _____	
<b>3</b> _____	
<b>4</b> _____	

**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
<b>1</b> _____	
<b>2</b> _____	
All other program-related investments. See instructions.	
<b>3</b> _____	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	15,121,706
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	611,421
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	15,733,127
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	15,733,127
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	235,997
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	15,497,130
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	774,857

**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.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	1,216,745
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	1,216,745
<b>5</b>	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.	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	1,216,745

**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 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .				
<b>b</b> Total for prior years 20___, 20___, 20___				
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				
<b>e</b> From 2017. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____				
<b>a</b> Applied to 2017, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2018 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> 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. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				
<b>7</b> 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). . . . .				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				
<b>d</b> Excess from 2017. . . . .				
<b>e</b> Excess from 2018. . . . .				

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

**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. . . . . 1997-03-12

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

	Tax year				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	233,169	259,207	692,120	703,473	1,887,969
<b>b</b> 85% of line 2a . . . . .	198,194	220,326	588,302	597,952	1,604,774
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	1,216,745	979,665	2,518,217	2,687,775	7,402,402
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	0	0	0	0	0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c . . . . .	1,216,745	979,665	2,518,217	2,687,775	7,402,402
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					0
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .	516,571	501,633	461,413	468,982	1,948,599
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					0
<b>(3)</b> Largest amount of support from an exempt organization					0
<b>(4)</b> Gross investment income					0

**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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed  
 VINCENT TILFORD  
 4750 WOODWARD AVENUE  
 DETROIT, MI 482011300  
 (313) 833-1300

**b** The form in which applications should be submitted and information and materials they should include  
 COMPLETION OF APPLICATION PROVIDED, INCLUDING AGES AND NAMES OF GRANDCHILDREN UNDER APPLICANTS' CARE

**c** Any submission deadlines  
 NONE

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
 AWARD IS LIMITED TO SENIORS WHO CARE FOR THEIR GRANDCHILDREN

**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
<b>a</b> <i>Paid during the year</i> HANNAN CENTER 4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	NONE	PC	GENERAL OPERATIONS	464,171
<b>Total</b> . . . . .			▶ <b>3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> . . . . .			▶ <b>3b</b>	





**Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a) Name and address</b>	<b>Title, and average hours per week (b) devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>Expense account, (e) other allowances</b>
N CHARLES ANDERSON 4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	PRESIDENT 0 50	0	0	0
KATHLEEN GRAHAM 4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	VICE-PRESIDENT 0 50	0	0	0
DEBORAH BROUWER 4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	TREASURER 0 50	0	0	0
MARCIA BAUM 4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	SECRETARY 0 50	0	0	0
BEVERLY BURNS 4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	TRUSTEE 0 50	0	0	0
FREDDIE G BURTON JR 4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	TRUSTEE 0 50	0	0	0
RANDALL CHARLTON 4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	TRUSTEE 0 50	0	0	0
RUTH DUNKLE 4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	TRUSTEE 0 50	0	0	0
LENORA HARDY FOSTER 4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	TRUSTEE 0 50	0	0	0
EVAN HO 4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	TRUSTEE 0 50	0	0	0
THOMAS JANKOWSKI 4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	TRUSTEE 0 50	0	0	0
JENNIFER JENNINGS 4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	TRUSTEE 0 50	0	0	0
MARY MEYER NEFF 4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	TRUSTEE 0 50	0	0	0
JASON PAULATEER 4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	TRUSTEE 0 50	0	0	0
KEVIN TOLBERT 4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	TRUSTEE 0 50	0	0	0

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
VINCENT TILFORD  4750 WOODWARD AVENUE 1ST FLOOR DETROIT, MI 482011300	EXECUTIVE DIRECTOR 39 00	147,232	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2018 Depreciation Schedule

**Name:** LUELLA HANNAN MEMORIAL FOUNDATION

**EIN:** 38-1358386

### Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LAND		238,219		L		0	0	0	
BUILDING IMPROVEMENTS		4,336,545	3,387,148	SL	0 %	0	0	0	
EQUIPMENT AND VEHICLES		427,132	402,066	SL	0 %	0	0	0	



**TY 2018 Investments Corporate Stock Schedule****Name:** LUELLA HANNAN MEMORIAL FOUNDATION**EIN:** 38-1358386

## Investments Corporation Stock Schedule

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
PUBLICLY-TRADED STOCKS	1,655,576	1,655,576

**TY 2018 Investments - Other Schedule****Name:** LUELLA HANNAN MEMORIAL FOUNDATION**EIN:** 38-1358386**Investments Other Schedule 2**

<b>Category/ Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
VANGUARD VALUE ETF INDEX FUND	FMV	2,766,990	2,766,990
VANGUARD GROWTH ETF	FMV	2,465,627	2,465,627
BLACKROCK GLOBAL ALLOCATION I FUND	FMV	868,896	868,896
FIRST EAGLE GLOBAL I FUND	FMV	870,439	870,439
IVA WORLDWIDE I FUND	FMV	866,808	866,808
WESTERN ASSET CORE BOND I FUND	FMV	2,925,171	2,925,171
VANGUARD EXTENDED MARKET ETF	FMV	1,045,610	1,045,610

**TY 2018 Land, Etc.  
Schedule****Name:** LUELLA HANNAN MEMORIAL FOUNDATION**EIN:** 38-1358386

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
LAND	238,219	0	238,219	
BUILDING IMPROVEMENTS	4,336,545	3,387,148	949,397	
EQUIPMENT AND VEHICLES	427,132	402,066	25,066	

**TY 2018 Mortgages and Notes Payable Schedule****Name:** LUELLA HANNAN MEMORIAL FOUNDATION**EIN:** 38-1358386**Total Mortgage Amount:****Mortgages and Notes Payable Schedule**

<b>Item No.</b>	1
<b>Lender's Name</b>	TWAIN COMMUNITY PARTNERS LLC
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	NONE
<b>Original Amount of Loan</b>	908,696
<b>Balance Due</b>	905,072
<b>Date of Note</b>	2018-01
<b>Maturity Date</b>	2043-01
<b>Repayment Terms</b>	SEMI-ANNUAL
<b>Interest Rate</b>	6.670000000000
<b>Security Provided by Borrower</b>	NONE
<b>Purpose of Loan</b>	ENERGY EFFICIENCY PROJECT
<b>Description of Lender Consideration</b>	NONE
<b>Consideration FMV</b>	

**Mortgages and Notes Payable Schedule**

<b>Item No.</b>	2
<b>Lender's Name</b>	MORGAN STANLEY SMITH BARNEY
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	NONE
<b>Original Amount of Loan</b>	2,509,000
<b>Balance Due</b>	235,312
<b>Date of Note</b>	2018-01
<b>Maturity Date</b>	
<b>Repayment Terms</b>	LINE OF CREDIT
<b>Interest Rate</b>	4.520000000000
<b>Security Provided by Borrower</b>	NONE
<b>Purpose of Loan</b>	CONSTRUCTION
<b>Description of Lender Consideration</b>	ENDOWMENT SECURITIES
<b>Consideration FMV</b>	

**TY 2018 Other Decreases Schedule****Name:** LUELLA HANNAN MEMORIAL FOUNDATION**EIN:** 38-1358386

<b>Description</b>	<b>Amount</b>
UNREALIZED LOSS ON INVESTMENTS	1,702,561

**TY 2018 Other Expenses Schedule****Name:** LUELLA HANNAN MEMORIAL FOUNDATION**EIN:** 38-1358386**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LITIGATION COSTS	228,523	0	0	0

**TY 2018 Other Income Schedule****Name:** LUELLA HANNAN MEMORIAL FOUNDATION**EIN:** 38-1358386**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	24,751		24,751



**TY 2018 Other Increases Schedule****Name:** LUELLA HANNAN MEMORIAL FOUNDATION**EIN:** 38-1358386

<b>Description</b>	<b>Amount</b>
PENSION-RELATED CREDITS OTHER THAN NET PERIODIC PENSION COST	140,883

**TY 2018 Other Liabilities Schedule****Name:** LUELLA HANNAN MEMORIAL FOUNDATION**EIN:** 38-1358386

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
LIABILITY FOR PENSION AND POSTRETIREMENT BENEFITS	628,372	441,463

**TY 2018 Other Professional Fees Schedule****Name:** LUELLA HANNAN MEMORIAL FOUNDATION**EIN:** 38-1358386

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
INVESTMENT ADVISORY FEES	86,981	86,981	86,981	0

**TY 2018 Taxes Schedule****Name:** LUELLA HANNAN MEMORIAL FOUNDATION**EIN:** 38-1358386

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
PAYROLL TAXES	51,828	0	0	51,828

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No 1545-0047  
**2018**

**Name of the organization**  
LUELLA HANNAN MEMORIAL FOUNDATION

**Employer identification number**  
38-1358386

**Organization type** (check one)

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup> 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

<b>Name of organization</b> LUELLA HANNAN MEMORIAL FOUNDATION	<b>Employer identification number</b> 38-1358386
--	---

<b>Part I Contributors</b> (See Instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table <hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )
—	<hr/> <hr/>	\$ _____	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution )



<b>Name of organization</b> LUELLA HANNAN MEMORIAL FOUNDATION	<b>Employer identification number</b> 38-1358386
--	---

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____



**Additional Data****Software ID:****Software Version:****EIN:** 38-1358386**Name:** LUELLA HANNAN MEMORIAL FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN HOUSE FOUNDATION 6755 TELEGRAPH ROAD SUITE 330 BLOOMFIELD HILLS, MI 483013135	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	BLUE CROSS BLUE SHIELD OF MICHIGAN 600 EAST LAFAYETTE BOULEVARD DETROIT, MI 482262998	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
3	COMERICA BANK CHARITABLE FOUNDATION PO BOX 75000 DETROIT, MI 482753456	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
4	HENRY FORD HEALTH SYSTEM 1 FORD PLACE DETROIT, MI 482023450	\$ 48,636	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
5	THE JEWISH FUND 6735 TELEGRAPH ROAD BLOOMFIELD HILLS, MI 483013141	\$ 37,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
6	MARY THOMPSON FOUNDATION PO BOX 568 ST CLAIR SHORES, MI 480800568	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<p style="text-align: center;"><u>7</u></p>	PNC FINANCIAL		Person <input checked="" type="checkbox"/>
	755 WEST BIG BEAVER ROAD SUITE 2500	\$ 10,000	Payroll <input type="checkbox"/>
	TROY, MI 480844900		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<p style="text-align: center;"><u>8</u></p>	UNIVERSITY OF MICHIGAN SCHOOL OF SOCIAL WORK		Person <input checked="" type="checkbox"/>
	1080 SOUTH UNIVERSITY AVENUE	\$ 19,990	Payroll <input type="checkbox"/>
	ANN ARBOR, MI 481091106		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )