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

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Fo	r calen	dar year 2017 or tax year beginning ,	and ending		· · · · · ·		
	lame of fo				A Empl	loyer identification number	
		I MCLEOD FOUNDATION					
		S. GARY SPICER, SR.		<u>-3407098</u>			
		nd street (or P O box number if mail is not delivered to street address)		phone number (see instructio	ns)		
γ 	1684	5 KERCHEVAL AVE , SUITE 5 n, state or province, country, and ZIP or foreign postal code			31.	3-884-9700	
		SE POINTE MI 48230			C If exe	emption application is pending	, check here
`-			rn of a former public	chority	D 1 F	orongo occupacional about b	
/\	CHECK	Final return Amended	•	Chanty		oreign organizations, check h	
-		Address change Name cha				oreign organizations meeting 5% test, check here and atta	
_		<u></u>	0.	on test, check here and atta	an computation		
ᄲ		type of organization X Section 501(c)(3) exempt priva		الم		vate foundation status was te on 507(b)(1)(A), check here	minated under
Ļ		n 4947(a)(1) nonexempt charitable trust Other taxab		_ 0 7		on 507(b)(1)(A), check here	ا ا
		rket value of all assets at J Accounting method	X Cash Acc	rual		foundation is in a 60-month	
	-	year (from Part II, col (c), Uther (specify)		1	unuei	r section 507(b)(1)(B), check	nere
	ine 16)						(d) Disbursements
r	Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	for chantable
		the amounts in column (a) (see instructions))	books	incon	ne	income	purposes (cash_basis_only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	35,318			IF	ECFIVED
	2	Check ▶ ☐ If the foundation is not required to attach Sch.	3				
	3	Interest on savings and temporary cash investments				3	1AP 2 0 2010
	4	Dividends and interest from securities	15,220		5,220	100	100 0 CO 10
	5a	Gross rents					
۵	b	Net rental income or (loss)					GUEN, UT
3	6a	Net gain or (loss) from sale of assets not on line 10	897				
Revenue	Ь	Gross sales price for all assets on line 6a 36,224					
8	7	Capital gain net income (from Part IV, line 2)			897		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	51,435	1	6,117	0	
xpenses	13	Compensation of officers, directors, trustees, etc	0				
ü	14	Other employee salaries and wages					
ğ	- 15	Pension plans, employee benefits					
Ш	16a	Legal fees (attach schedule)					
Š	b	Accounting fees (attach schedule) STMT 1	5,935		2,968		2,967
ati	C	Other professional fees (attach schedule)					
Operating land Administrative	17	Interest					
E	18	Taxes (attach schedule) (see instructions) STMT 2	215		215		
e E	19	Depreciation (attach schedule) and depletion					
Ø	20	Occupancy					
ور	21	Travel, conferences, and meetings					
.0	22	Printing and publications					
þ	23	Other expenses (att sch) STMT 3	17		17		
afi	24	Total operating and administrative expenses.			2 666	اء	
9	2	Add lines 13 through 23	6,167		3,200	0	2,967
Ö	25	Contributions, gifts, grants paid	32,500		2 606		32,500
	26_	Total expenses and disbursements. Add lines 24 and 25	38,667		3,200	0	35,467
	121	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	12,768		2 22 -		
	b	Net investment income (if negative, enter -0-)		1	2,917		·
	C	Adjusted net income (if negative, enter -0-)				0	

Part IV Capital Gains a	and Losses for Tax on Invest	ment Inco	me			
	the kind(s) of property sold (for example, real estate rehouse, or common stock, 200 shs MLC Co)	•	(b) How acquired P – Purchase D – Donation	(c) Date a (mo , day		(d) Date sold (mo , day, yr)
1a COLGATE PALMOL	IVE COMPANY		D	01/01	/65	02/23/17
b DTE ENERGY			D	VARIO		03/27/17
c US BANCORP DEL			D	08/10	/92	03/27/17
d 2016 CAPITAL G	AIN					
_e		,				l
(e) Gross sales price	(f) Deprecation allowed (or allowable)		Cost or other basis lus expense of sale			or (loss)) minus (g))
_a 1,037			9			1,028
ь 17,618			17,831			
<u>c</u> 17,137			17,487			-350
d 432						432
<u>e</u>			10/04/00			
Complete only for assets showl	ng gain in column (h) and owned by th	e foundation	on 12/31/69			(h) gain minus
(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	,	k) Excess of col (i) over col (j), if any		-	less than -0-) or om col (h))
_a						1,028
<u>b</u>						-213
<u>c</u>		L				
d		L				432
<u>e</u>	<u> </u>					
2 Capital gain net income or (net	capital loss) If gain, also enter in If (loss), enter -0- in			2		897
3 Net short-term capital gain or (I	oss) as defined in sections 1222(5) and	d (6)	_			
	8, column (c) See instructions If (loss		7	ĺ		
Part I, line 8				3		
Part V Qualification U	nder Section 4940(e) for Red	uced Tax	<u>on Net Investment I</u>	ncome		
If section 4940(d)(2) applies, leave Was the foundation liable for the se	the foundations subject to the section 49 this part blank ection 4942 tax on the distributable amountaility under section 4940(e). Do not cortain	ount of any ye	ear in the base period?			Yes X No
1 Enter the appropriate amount in	n each column for each year, see the ii	nstructions be	fore making any entries			
(a) Base penod years Calendar year (or tax year beginning ii	(b) Adjusted qualifying distributions		(c) let value of nonchantable-use asset	s		(d) ibution ratio ivided by col (c))
2016	22	, 550	505,9	73		0.044568
2015		,222	503,7			0.044116
2014		750	240,1			0.048928
2013		, 850	221,6			0.053454
2012	11	,554	131,0	50		<u>0.088165</u>
2 Total of line 1, column (d)				2		0.279231
3 Average distribution ratio for the	e 5-year base period – divide the total of	n line 2 by 5	0, or by the			
number of years the foundation	has been in existence if less than 5 years	ears		3		0.055846
4 Enter the net value of noncharit	table-use assets for 2017 from Part X,	line 5		4		554,443
5 Multiply line 4 by line 3				5		30,963
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6		129
7 Add lines 5 and 6				7		31,092
8 Enter qualifying distributions from				8		35,467
If line 8 is equal to or greater the Part VI instructions	an line 7, check the box in Part VI, line	1b, and com	piete that part using a 1%	tax rate Se	e the	

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruct	ions)			<u> </u>	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	ĺ				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			129	
here ▶ X and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	1	_			
	Part I, line 12, col (b)	ł				
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			129	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			0	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			129	
6	Credits/Payments					
а	2017 estimated tax payments and 2016 overpayment credited to 2017	j				
b	Exempt foreign organizations – tax withheld at source	j				
C	Tax paid with application for extension of time to file (Form 8868) 6c)				
d	Backup withholding erroneously withheld 6d 6d	}				
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check he 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			129	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2018 estimated tax Refunded	11				
Pa	rt VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No	
	participate or intervene in any political campaign?		1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the					
	Instructions for the definition		1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities			ļ		
С	Did the foundation file Form 1120-POL for this year?		1c		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				l	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	_	}		,	
	on foundation managers > \$		1		,	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	1	X	
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		1	}		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	<u>. </u>	X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	A 4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X	
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or]	l]	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			1		
	conflict with the state law remain in the governing instrument?		6_	X	<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), and	Part XV	7	X		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions MI					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation		86	x		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV If "Yes,"				_	
	complete Part XIV		9		$\mid_{\mathbf{X}} \nu$	
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses		10		x	
			Form 99	0-PF		

<u>_P</u>	art 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				•
12	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		11		X
12	person had advisory privileges? If "Yes," attach statement See instructions		12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address ► N/A				L
14	The books are in care of ▶ S. GARY SPICER, SR. 16845 KERCHEVAL AVENUE NO. 5	13-8	84-	970	0
		8230	1		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	0230	,	1	
	and enter the amount of tax-exempt interest received or accrued during the year	ĺ			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority			Yes	No
	over a bank, securities, or other financial account in a foreign country?		16	-100	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of				
	the foreign country ▶			1	
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a		_	} }		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No	l	ļ	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1			
	disqualified person?		1]]	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1 1	}	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes	No	[- {	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes			į	
	the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the	No			
	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)	No		}	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	, ,,,			
_		N/A	1b	- 1	_
			1		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			Ì	
	were not corrected before the first day of the tax year beginning in 2017?	ſ	1c.		\mathbf{x}
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			Ţ	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	ĺ		ĺ	
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	. 1	l ì	1	
	6e, Part XIII) for tax year(s) beginning before 2017?	No		1	
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		, }	1	
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.)	N/A	26	1	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	A) E	2b	}	
·	► 20 , 20 , 20 , 20	1	l		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	}			
-	at any time during the year?	No			
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)	A\V	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?]	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	1		1	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		4b		<u>X</u>
		For	m 990)-PF	(2017)

Form 990-PF (2017) MARY I MCLEOD FOUNDATION	38_3	407098			Done 6
Part VII-B Statements Regarding Activities for Which Fo			continued)		Page 6
5a During the year did the foundation pay or incur any amount to	1111 47 20 May D	e ixequired [continued)	$\overline{}$	
(1) Carry on propaganda, or otherwise attempt to influence legislation (see	tion 4045(a)\2	\Box	res 🕱 No	1	
(2) Influence the outcome of any specific public election (see section 4955)	,	ا	165 [22] 140	, ,	
directly or indirectly, any voter registration drive?	, or to carry on,		res X No]	
•	?		res X No]]	
(3) Provide a grant to an individual for travel, study, or other similar purpos			res A No	} }	
(4) Provide a grant to an organization other than a charitable, etc., organization 4045(d)(4)(A)(2) See tractivations	ation described in	П,	/a- ♥ N-	! !	
section 4945(d)(4)(A)? See instructions		, L	∕es X No	. !	
(5) Provide for any purpose other than religious, charitable, scientific, litera	ry, or educational	п,	, चि]	l i
purposes, or for the prevention of cruelty to children or animals?			res X No	} }	1
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify	•		37/3	l <u>.</u> . l	-
Regulations section 53 4945 or in a current notice regarding disaster assis		ons	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, ch			▶ 📋))	j
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	on from the tax	/- 🖂	_	}	1
because it maintained expenditure responsibility for the grant?		N/A 📙 Y	∕es ∐ No	{	- 1
If "Yes," attach the statement required by Regulations section 53 4945-5(d				} }	
6a Did the foundation, during the year, receive any funds, directly or indirectly,	to pay premiums			1)
on a personal benefit contract?		۱ [_]	′es 🗶 No	} }	ļ
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit	contract?		6b	X_
If "Yes" to 6b, file Form 8870		_			
7a At any time during the tax year, was the foundation a party to a prohibited	tax shelter transaction	on? [_] \	es X No) }	
b If "Yes," did the foundation receive any proceeds or have any net income a			N/A	7b	
Part VIII Information About Officers, Directors, Trustees,	Foundation M	anagers, Hig	hly Paid Em	ployee	es,
and Contractors					·
1 List all officers, directors, trustees, and foundation managers and their	compensation. Se	e instructions.			
	(b) Title, and average	(c) Compensation	(d) Contributions to		
(a) Name and address	hours per week	(If not paid,	employee benefit plans and deferred		nse account, allowances
	devoted to position	enter -0-)	compensation		
MARY I. MCLEOD GROSSE POINTE	PRESIDENT /)	
16845 KERCHEVAL AVENUE, SUITE 5 MI 48230	2.00	0	0		0
S. GARY SPICER, SR. GROSSE POINTE	SECRETARY /				
16845 KERCHEVAL AVENUE NO. 5 MI 48230	1.00	0	_	I	
DEBBIE SNYDER GROSSE POINTE			0		0
	TREASURER /		0		0
16845 KERCHEVAL AVENUE, SUITE 5 MI 48230	TREASURER /	0	0		
					0
	0.50	0	0		
16845 KERCHEVAL AVENUE, SUITE 5 MI 48230 2 Compensation of five highest-paid employees (other than those included)	0.50 led on line 1 – see	0	0		
16845 KERCHEVAL AVENUE, SUITE 5 MI 48230 2 Compensation of five highest-paid employees (other than those include	0.50	0	none, enter (d) Contributions to employee benefit	(e) Expe	0 nse account,
16845 KERCHEVAL AVENUE, SUITE 5 MI 48230 2 Compensation of five highest-paid employees (other than those include "NONE."	0.50 led on line 1 – see (b) Title, and average	o instructions). It	none, enter (d) Contributions to	(e) Expe	0
16845 KERCHEVAL AVENUE, SUITE 5 MI 48230 2 Compensation of five highest-paid employees (other than those include "NONE."	0.50 ded on line 1 – see (b) Title, and average hours per week	o instructions). It	none, enter (d) Contributions to employee benefit plans and deferred	(e) Expe	0 nse account,
2 Compensation of five highest-paid employees (other than those include "NONE." (a) Name and address of each employee paid more than \$50,000	0.50 ded on line 1 – see (b) Title, and average hours per week	o instructions). It	none, enter (d) Contributions to employee benefit plans and deferred	(e) Expe	0 nse account,
2 Compensation of five highest-paid employees (other than those include "NONE." (a) Name and address of each employee paid more than \$50,000	0.50 ded on line 1 – see (b) Title, and average hours per week	o instructions). It	none, enter (d) Contributions to employee benefit plans and deferred	(e) Expe	0 nse account,
2 Compensation of five highest-paid employees (other than those include "NONE." (a) Name and address of each employee paid more than \$50,000	0.50 ded on line 1 – see (b) Title, and average hours per week	o instructions). It	none, enter (d) Contributions to employee benefit plans and deferred	(e) Expe	0 nse account,
2 Compensation of five highest-paid employees (other than those include "NONE." (a) Name and address of each employee paid more than \$50,000	0.50 ded on line 1 – see (b) Title, and average hours per week	o instructions). It	none, enter (d) Contributions to employee benefit plans and deferred	(e) Expe	0 nse account,
2 Compensation of five highest-paid employees (other than those include "NONE." (a) Name and address of each employee paid more than \$50,000	0.50 ded on line 1 – see (b) Title, and average hours per week	o instructions). It	none, enter (d) Contributions to employee benefit plans and deferred	(e) Expe	0 nse account,
2 Compensation of five highest-paid employees (other than those include "NONE." (a) Name and address of each employee paid more than \$50,000	0.50 ded on line 1 – see (b) Title, and average hours per week	o instructions). It	none, enter (d) Contributions to employee benefit plans and deferred	(e) Expe	0 nse account,
2 Compensation of five highest-paid employees (other than those include "NONE." (a) Name and address of each employee paid more than \$50,000	0.50 ded on line 1 – see (b) Title, and average hours per week	o instructions). It	none, enter (d) Contributions to employee benefit plans and deferred	(e) Expe	0 nse account,
2 Compensation of five highest-paid employees (other than those include "NONE." (a) Name and address of each employee paid more than \$50,000	0.50 ded on line 1 – see (b) Title, and average hours per week	o instructions). It	none, enter (d) Contributions to employee benefit plans and deferred	(e) Expe	0 nse account,
2 Compensation of five highest-paid employees (other than those include "NONE." (a) Name and address of each employee paid more than \$50,000	0.50 ded on line 1 – see (b) Title, and average hours per week	o instructions). It	none, enter (d) Contributions to employee benefit plans and deferred	(e) Expe	0 nse account,
2 Compensation of five highest-paid employees (other than those include "NONE." (a) Name and address of each employee paid more than \$50,000 NONE	0.50 ded on line 1 – see (b) Title, and average hours per week	o instructions). It	none, enter (d) Contributions to employee benefit plans and deferred	(e) Expe	nse account, allowances
2 Compensation of five highest-paid employees (other than those include "NONE." (a) Name and address of each employee paid more than \$50,000	0.50 ded on line 1 – see (b) Title, and average hours per week	o instructions). It	none, enter (d) Contributions to employee benefit plans and deferred compensation	(e) Experother a	0 nse account,

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Part VIII	Information About Officers, Directors, Trustees, Foundand Contractors (continued)	indation Managers, Highly Pa	aid Employees,
3 Five hig	hest-paid independent contractors for professional services. See in	structions. 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		>
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct chantable activities during the tax year. Include relevant statistical information of other beneficianes served, conferences convened, research papers produced, etc.	on such as the number of	Expenses
1 N/A			
2			
3			
4			-
Part IX-B	Summary of Program-Related Investments (see ins	structions)	
	largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
	n-related investments. See instructions		
3			
Total. Add line	es 1 through 3	_	

3 Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b 35,467 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 4 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 Adjusted qualifying distributions. Subtract line 5 from line 4 35,<u>338</u>

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

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7,874

Excess from 2015 Excess from 2016

Excess from 2017

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Pa	ert XIV Private Operating Fo	oundations (see	instructions and	Part VII-A, questi	on 9)	/
- 1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for		· · · · · · · · · · · · · · · · · · ·	•		
b	Check box to indicate whether the four			escribed in secti 4	.942(j)(3) or 494	12(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for					
	each year listed				1	·[
b	85% of line 2a				/	
C	Qualifying distributions from Part XII,				/	
•	line 4 for each year listed					<u> </u>
d	Amounts included in line 2c not used directly			 	 / /	
_	for active conduct of exempt activities]			1
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			 	 	
J	alternative test relied upon					
_	"Assets" alternative test – enter				}	
а						
	(1) Value of all assets		<u> </u>	/	 	
	(2) Value of assets qualifying under				}	
	section 4942(j)(3)(B)(i)			/		
b	"Endowment" alternative test – enter 2	ა	/	ľ		
	of minimum investment return shown in	1				
	Part X, line 6 for each year listed		 		 	
С	"Support" alternative test – enter				}	
	(1) Total support other than gross investment income (interest,	ı			Į.	
	dividends, rents, payments on]	
	securities loans (section	I			\	
	512(a)(5)), or royalties)				<u> </u>	
	(2) Support from general public					
	and 5 or more exempt				1	
	organizations as provided in					
	section 4942(j)(3)(B)(iii)			 		
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income		. 41-1	[6.4]	1 - 1 07 000	·
Pa	ert XV Supplementary Inform			if the foundation	n nad \$5,000 or r	nore in assets at
	any time during the		ictions.)			
1	Information Regarding Foundation I	-				
а	List any managers of the foundation wh				•	1
	before the close of any tax year (but or	nly if they have contrib	buted more than \$5,0	00) (See section 507	(d)(2))	
	MARY I. MCLEOD					
b	List any managers of the foundation wh		•		large portion of the	
	ownership of a partnership or other ent	ty) of which the found	dation has a 10% or i	greater interest		
	N/A					
2	Information Regarding Contribution,		• • •	_		
	Check here ► X if the foundation on			-	· ·	
	unsolicited requests for funds If the for	-	grants, etc, to individ	duals or organizations	under other condition	IS,
	complete items 2a, b, c, and d See ins					
а	The name, address, and telephone nur	nber or email address	s of the person to wh	om applications shoul	d be addressed	
	N/A					
				_,		
b	The form in which applications should to	oe submitted and info	rmation and materials	s they should include		
	N/A					
c	Any submission deadlines					· — · —
	N/A					
d	Any restrictions or limitations on awards	s, such as by geograp	phical areas, charitab	le fields, kinds of insti	tutions, or other	-
	factors					
	N/A					<u></u> -
DAA			- 	-		Form 990-PF (2017)

Part XV Supplementary Information 3 Grants and Contributions Paid During t	(continued)			
3 Grants and Contributions Paid During t		r Future Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	•
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year	Or Subsidified Collegibility		 	
SEE STATEMENT 5			}	
				
	}	}	}	32,500
	}		}	
			}	
			}	
			}	
			}	
			}	
			}	
			1	
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			}	
			}	
			}	
			1	
			}	
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]	
]	
			1	
			}	
			}	
Total			▶ 3a	32,500
b Approved for future paymentN/A				
			L	
Total			> 3b	

	Part XVI-A		Activities				·
En	ter gross an	nounts unless otherwise indicated	Unrelated	business income	Excluded b	y section 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	·	ervice revenue					(See Maddellona)
			-				
			-		╅		
	_		-				
			-			- , 	
	e		-		++-		
	T		• [++	 +	
_	_	and contracts from government agencies					
		p dues and assessments	 				
		savings and temporary cash investments and interest from securities			14	15,220	
			ļ—————————————————————————————————————		╅╧┼	15,220	
J		income or (loss) from real estate nanced property			 	+	
		bt-financed property	 		╅╾╾┼		
۵		income or (loss) from personal property	 		++		
		stment income			 		
-		ss) from sales of assets other than inventory			18	465	432
	•	e or (loss) from special events	 		+		
		t or (loss) from sales of inventory	 		 		
	Other reve		 		 		
• •			 		1		
			· · · · · · · · · · · · · · · · · · ·		++		
	_				1		
	e				1		
12		dd columns (b), (d), and (e)				15,685	432
		line 12, columns (b), (d), and (e)				13	
		t in line 13 instructions to verify calculations)					
	Part XVI-E		Accomplish	ment of Exemp	ot Purpo	ses	
	Line No. ▼	Explain below how each activity for which inco accomplishment of the foundation's exempt pu					
	N/A						
		_					
_							
_		 					
_		 					-
_		 					
-							
						 	
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				FOUNDATION		38-3407098 ons and Relationships W	lith Noncharitah		ige '
ган		Exempt Organiz		iansiers to and the	ansacu	ons and iterationships W	ritii Nonthaniab	16	
1 [age in any of the following	g with an	y other organization described		Yes	N
	•	-		(3) organizations) or in se	-	•			\top
o	organization	15?					(
аΤ	ransfers fr	om the reporting four	ndation to a	noncharitable exempt org	janization	of			
(1) Cash						1a(1	1	<u> </u>
(2	Other a	ssets					1a(2	Ц	\\X
b C	Other trans	actions) .		
•	-	f assets to a noncha					1b(1		X
•	•			le exempt organization			1b(2	_	X
	=	of facilities, equipmen		assets			1b(3		X
•	-	rsement arrangemen	its				1b(4		X
		or loan guarantees		6	_		1b(5	_	X
•	=		-	or fundraising solicitation			1b(6	4	K K
	-		-	other assets, or paid em	-	lump (h) should shows show the	1c		
		•				lumn (b) should always show the If the foundation received less th			
		=				of the goods, other assets, or ser			
	Line no	(b) Amount involved		e of nonchantable exempt organiza		(d) Description of transfers, transa-		ments	
N/A		(2) / 11102111 1110100	(0)		-	(-)			_
			 						
			 		-				
			<u> </u>						
			<u> </u>						
		 	<u> </u>						
		<u> </u>	L						
		•	•	d with, or related to, one		ax-exempt organizations	г .	. =	a
		` ' '		on 501(c)(3)) or in section	5277		LJ Y	es X	Яи
b_lf		mplete the following s	schedule	(b) Type of employeeter		(a) Document			
) Name of organization		(b) Type of organization		(c) Description	or relationship		
	/A								
				 					
				 					
				 	+				
	Under per	nalties of perjury, I declare	that I have exa	mined this return, including accor	mpanying so	chedules and statements, and to the best of	of my knowledge and belief	, it is tru	
						of which preparer has any knowledge	May the IRS discuss this		
Sign Here		100					with the preparer shown] N

Sign
Here

Signature of officer or trustee

SECRETARY Title

TRUSTEE

Print/Type preparer's name

Preparer's signature

03/05/18

Date

Check If self-employed

Preparer Use Only

Paid

DAVID KUDLA Firm's name ▶

SCHLAUPITZ & MADHAVAN, 5700 CROOKS RD STE 201

PTIN Firm's EIN > 75-3148637

P01546972

Firm's address 48098-2812 TROY, MI

248-649-1600 Phone no

Form **990-PF** (2017)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

MARY I MCLEOD FOUNDATION

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

2017

C/O S. GARY SPICER, SR 38-3407098 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 X 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 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 331/3% 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

MARY I MCLEOD FOUNDATION

Employer identification number

38-3407098

Part I	Contributors (see instructions). Use duplicate copies o	f Part I if additional space i	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARY I. MCLEOD 16845 KERCHEVAL AVE., SUITE 5 GROSSE POINTE MI 48230	\$ 35,318	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and Em + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c)Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

MARY I MCLEOD FOUNDATION

Employer identification number 38-3407098

MARY	I MCLEOD FOUNDATION		38-3407098
Part II	Noncash Property (see instructions). Use dup	licate copies of Part II if addition	al space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	175 SHS DTE ENERGY COMPANY		
1		\$ 17,831	03/27/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	335 SHS US BANCORP		
		\$ 17,487	03/27/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

127100 Mary I McLeod Foundation 38-3407098 FYE: 12/31/2017	Federal S	Federal Statements		3/5/2018 12:21 PM.
State	Statement 1 - Form 990-PF, Pa	- Form 990-PF, Part I, Line 16b - Accounting Fees	ting Fees	
Description ACCOUNTING TOTAL	Total \$ 5,935	Net Investment \$ 2,968 \$ 2,968	Adjusted Net	Charitable Purpose \$ 2,967 \$ 2,967
	Statement 2 - Form 990-	- Form 990-PF, Part I, Line 18 - Taxes	Sax	
Description TAXES TOTAL	\$ 215 \$ 215	Net Investment \$ 215	Adjusted Net	Charitable Purpose
State	Statement 3 - Form 990-PF. P	Part I, Line 23 - Other Expenses	xpenses	
Description	Total	Net Investment	Adjusted	Charitable Purpose
EXPENSES MISC EXPENSES TOTAL	\$ 2	\$ 17		
Statement 4	Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments	ine 10b - Corporate St	ock Investments	
Description EQUITIES TOTAL	Beginning of Year \$ 183,029	End of Year \$ 183,029 \$ \$ 183,029	Basis of Valuation	Fair Market
				4.

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127100 Mary I McLeod Foundation 38-3407098 FYE: 12/31/2017

Federal Statements

Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

	Amount	1	200	000	7,000	3,000		200		2,000		2,000		4,000		4,000		500		3,000		4,000		4,000		1,000		2,000	32,500
}	Purpose		GENERAL SUPPORT		GENERAL SOFFORI	GENERAL SUPPORT		GENERAL SUPPORT		GENERAL SUPPORT		GENERAL SUPPORT		GENERAL SUPPORT	220	GENERAL SUPPORT		GENERAL SUPPORT		GENERAL SUPPORT	7	GENERAL SUPPORT		ATHLETICS - HARWELL FIELD		BEN BURNS SCHOLARSHIP		GENERAL SUPPORT	
Address	Status	r Street	(/303	近に フ		7AL AVE STE. 2		XE		ROAD		STER ROAD		ELEGRAPH SUITE 22		日日と		ROAD		PARADE BOX 774		⊢		AVENUE		WOODWARD AVE		
Ad	Relationship	N 333 W. FORT		P.O. BOX 1/303	296 CHALFONTE		381 KERCHEVAL AVE		32 LAKESHORE		315 FISHER ROAD		1039 ROCHESTER ROAD		30300 TELE		240 CHALFONTE		158 RIDGE ROAD		10 QUEEN'S PARADE		101 MATTHEI		5201 CASS		5475 WOODW		
Name	Address	COMMUNITY FOUNDATION OF SE MICHIGAN	DETROIT MI 48220	DUNVEGAN FOUNDATION	GROSSE POINTE ANIMAL ADOPTION	GROSSE POINTE FARMS MI 48	GROSSE POINTE HISTORICAL SOCIETY	GROSSE POINTE FARMS MI 48	GROSSE POINTE WAR MEMORIAL	GROSSE POINTE FARMS MI 48	GROSSE POINTE THEATRE	GROSSE POINTE MI 48230	LEADER DOGS FOR THE BLIND	ROCHESTER MI 48307	MICHIGAN HUMANE SOCIETY	BINGHAM FARMS MI 48025	NEIGHBORHOOD CLUB	GROSSE POINTE FARMS MI 48	SERVICES FOR OLDER CITIZENS	GROSSE POINTE FARMS MI 48	SHAW FESTIVAL FOUNDATION	NIAGRA-ON-THE-LAKE	WAYNE STATE UNIVERSITY	DETROIT MI 48202	WAYNE STATE UNIVERSITY	DETROIT MI 48202	WAYNE STATE UNIVERSITY	DETROIT MI 48202	TOTAL