

# **Return of Private Foundation**

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

OMB No 1545-0052

artment of the Treasury

▶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

∕For	calen	dar year 2018 or tax year beginning ,	and ending				
		oundation			A Emplo	oyer identification number	
•	-	I MCLEOD FOUNDATION			20	2407000	
	:/0					-3407098 none number (see instruction	200
		d street (or P O box number if mail is not delivered to street address) <b>5 KERCHEVAL AVE, SUITE 5</b>	R	oom/suite		3-884-9700	15)
Cit	y or town	n, state or province, country, and ZIP or foreign postal code					
G	ROS	SE POINTE MI 48230			C If exer	mption application is pending	g, check here
G	Check	all that apply Initial return Initial retu	irn of a former public	charity	D 1 Fo	reign organizations, check h	ere 🕨 🗌
		Final return Amended	return		2 Fo	reign organizations meeting	the
		Address change Name cha	ange		85	% test, check here and attac	ch computation
H (	Check	type of organization X Section 501(c)(3) exempt priva	ite foundation	AL	E If priva	ate foundation status was te	minated under
_			ole private foundation	IM	section	n 507(b)(1)(A), check here	▶ ∐
		rket value of all assets at J Accounting method		rual	F If the	foundation is in a 60-month	termination
e	nd of y	rear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check	here 🕨 📙
	ne 16)		t be on cash basis)				
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Not in	colmont	(c) Adjusted not	(d) Disbursements for chantable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net inv		(c) Adjusted net income	purposes
	T		26,134	_			(cash basis only)
١	1	Contributions, gifts, grants, etc., received (attach schedule)  Check   If the foundation is <b>not</b> required to attach Sch. If		<u> </u>			1
	2 3	Interest on savings and temporary cash investments	<u> </u>		-		
4	3 4	Dividends and interest from securities	15,324	-	L5,324		
1	5a	Gross rents			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4	b	Net rental income or (loss)					
Ĕ	6a	Net gain or (loss) from sale of assets not on line 10	18,088			-	
Ş.	b	Gross sales price for all assets on line 6a 32,202	,				
Revenue		CGapital gain net income (from Part IV, line 2)			18,088		
_		Net short-term capital gain				0	
		Income modifications					
		Gross sales less returns and allowances					
	b-	Less Cos References MED					
	8	Gross profit or (loss) (attach schaotle)					
	12	Other income teatracts sometible)					
<del>-0</del>	12	Total Add lines 1 through 11 Mail	59,546	- 3	33,412	0	
Expenses	130	Compensation of officers, directors, trustees, etc	0				
ē	<b>A</b> (H)	Other employeer salabet, and wages					
봈	<b>1</b> 50	Pension plans, employee benefits					
_	Ioa	Legal fees (attach schedule)	2,750		1,375		1,375
ï×	b	Accounting fees (attach schedule) STMT 1	2,750		1,313		1,3/3
ra	17	Other professional fees (attach schedule)	****			<u> </u>	
Administrative	17 18	Interest Taxes (attach schedule) (see instructions)  STMT 2	129		129	•	
n L	19	Depreciation (attach schedule) and depletion					
þ	20	Occupancy					
7	21	Travel, conferences, and meetings					
and	22	Printing and publications					
, D	23	Other expenses (att sch)					
Operating	24	Total operating and administrative expenses.					
ra		Add lines 13 through 23	2,879		1,504	0	
þe	25	Contributions, gifts, grants paid	19,750				19,750
<u> </u>	26	Total expenses and disbursements. Add lines 24 and 25	22,629		1,504	0	21,125
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	36,917				
	b	Net investment income (if negative, enter -0-)		3	31,908		
	С	Adjusted net income (if negative, enter -0-)	<u> </u>			0	
For	Paper	work Reduction Act Notice, see instructions.				$\Omega_1$ .	Form <b>990-PF</b> (2018)

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Part IV Capital Gains	and Losses for Tax on Invest	ment Income	9		-	
(a) List and describe	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 , da		(d) Date sold (mo , day, yr )
1a GENERAL ELECTR	IC		D	01/02	2/64	09/19/18
b GENERAL ELECTR	IC		D	01/01	/64	09/19/18
c GENERAL ELECTR	IC		D	01/02	2/64	09/19/18
d GENERAL ELECTR	IC		D	11/08	3/10	09/19/18
e 2017 CAPITAL G	AINS					
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			or (loss) ) minus (g))
a 5,793			1,550			4,243
ь 15,996			1,600			14,396
c 2,563			686			1,877
d 7,690			10,278			-2,588
e 160						160
Complete only for assets show	ng gain in column (h) and owned by the	e foundation on	12/31/69	(1)	Gaıns (Col	(h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	, ,	xcess of col (i) col (j), if any	col (		less than -0-) or om col (h))
a						4,243
b						14,396
С						1,877
d						-2,588
е						160
2 Capital gain net income or (net	capital loss) If gain, also enter ii If (loss), enter -0- ir	n Part I, line 7	•	2		18,088
3 Net short-term capital gain or (I	oss) as defined in sections 1222(5) an					
	8, column (c) See instructions If (loss					
Part I, line 8				3		
Part V   Qualification U	nder Section 4940(e) for Red	uced Tax on	Net Investment I	ncome		
(For optional use by domestic priva	te foundations subject to the section 4	940(a) tax on ne	et investment income)			
If section 4940(d)(2) applies, leave	this part blank					
	ection 4942 tax on the distributable ami		in the base period?			Yes X No
	lify under section 4940(e) Do not com	<u> </u>	<del></del>			
	each column for each year, see the	nstructions befor	e making any entries			(4)
(a) Base penod years	(b)	, Alot v	(c)			(d) abution ratio
Calendar year (or tax year beginning in	<del></del>		value of nonchantable-use asse		(col (b) d	livided by col (c))
2017		,338	554,4			0.063736
2016		,550	<u>505,9</u>			0.044568
2015		,222	503,7			0.044116
2014		,750	240,1			0.048928
2013		<u>,850 </u>	221,6	085	Π	0.053454
2 Total of line 1, column (d)				2		0.254802
<u> </u>	e 5-year base period - divide the total		or by			0 050000
the number of years the founda	tion has been in existence if less than	5 years		3	ļ	0.050960
4 Enter the net value of nonchard	table-use assets for 2018 from Part X,	line 5		4		514,114
5 Multiply line 4 by line 3				_ 5		26,199
						010
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6	<u> </u>	319
7 Add lines 5 and 6				7		26,518
8 Enter qualifying distributions fro	m Part XII, line 4 an line 7, check the box in Part VI, line	1h and comple	te that part using a 1%	tax rate. Se	ee the	21,125
Part VI instructions						

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X

3b

4a

4b

N/A

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?

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?

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Form 990-PF (	2018) MARY I MCLEOD FOUNDATION	38-3407098		Page 7
Part VIII	Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	Paid Em	ployees,
3 Five high	hest-paid independent contractors for professional services. S	ee 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		•	
Part IX-A				
	n's four largest direct chantable activilies during the tax year. Include relevant statistical in other beneficianes served, conferences convened, research papers produced, etc.	formation such as the number of		Expenses
1 N/A				
2				
3				
4 -				
D.T. IVIDA	1 O	· instructions)		
Part IX-B	Summary of Program-Related Investments (see		<del></del>	Amount
1 N/A	ingest programmetates investments made by the restriction coming the last year on made			/ dilodiik
2		<del></del>		
\ All other program	-related investments. See instructions			
•				

Total. Add lines 1 through 3

Forr	n 990-PF (2018) MARY I MCLEOD FOUNDATION 38-3407098		Page 8
Р	art X Minimum Investment Return (All domestic foundations must complete this part F	oreig	
. —	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	497,778
b	Average of monthly cash balances	1b	24,165
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	521,943
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	521,943
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	7,829
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	514,114
6	Minimum investment return. Enter 5% of line 5	6	25,706
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	ating	foundations
	and certain foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	25,706
2a	Tax on investment income for 2018 from Part VI, line 5		_
b	Income tax for 2018 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	638
3	Distributable amount before adjustments Subtract line 2c from line 1	3	25,068
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	25,068
6	Deduction from distributable amount (see instructions)	6	<u></u>
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	<u>line</u> 1	7	25,068
 P:	art XII Qualifying Distributions (see instructions)		
	dumying Distributions (See Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	21,125
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	21,125
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	01 105
6	Adjusted qualifying distributions. Subtract line 5 from line 4	l 6 I	21,125

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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<u>, Pa</u>	<u>art XIII                                 </u>	e (see instruction	ns)		·	
	`		(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Par	t XI,	Corpus	Years pnor to 2017	2017	2018
	line 7				<del>                                     </del>	25,068
2	Undistributed income, if any, as of the	end of 2018				
а	Enter amount for 2017 only				ļ	<del></del>
b	· · · — · —					
3	Excess distributions carryover, if any, to		,	l		
а	From 2013	856	1			
b						
C						
d		· · · · · · · · · · · · · · · · · · ·			ľ	
	From 2017	7,874				
f	Total of lines 3a through e		8,730	<del></del>		
4	Qualifying distributions for 2018 from P	art XII,				
	line 4 ▶ \$21,125					
	Applied to 2017, but not more than line					
b	Applied to undistributed income of prior	years				
	(Election required – see instructions)			· · · · · · · · · · · · · · · · · · ·		
С	Treated as distributions out of corpus (	Election			ĺ	
	required – see instructions)					
	Applied to 2018 distributable amount					21,125
е	Remaining amount distributed out of co	•				
5	Excess distributions carryover applied to		3,943		<u> </u>	3,943
	(If an amount appears in column (d), the	e same				
	amount must be shown in column (a))					
6	Enter the net total of each column as	<b>5</b>				
	indicated below:				[	
	Corpus Add lines 3f, 4c, and 4e Subtra		4,787			
b	Prior years' undistributed income Subti	ract				
	line 4b from line 2b					
С	Enter the amount of prior years' undistr					
	income for which a notice of deficiency					
	been issued, or on which the section 49	942(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount – see instructions			<del></del>		_
е	Undistributed income for 2017 Subtrac	t line				
	4a from line 2a Taxable amount – see					
	instructions					
ī	Undistributed income for 2018 Subtract					
	4d and 5 from line 1. This amount must	be				0
-	distributed in 2019			······································		
7	Amounts treated as distributions out of	•				
	to satisfy requirements imposed by sec					
	170(b)(1)(F) or 4942(g)(3) (Election may	y be				
	required—see instructions)	0		<del></del>		_
8	Excess distributions carryover from 201					
۵	applied on line 5 or line 7 (see instruction	•			<del> </del>	
9	Excess distributions carryover to 20°	15.	1 707			
	Subtract lines 7 and 8 from line 6a		4,787			
0	Analysis of line 9					
a	Excess from 2014					
b	Excess from 2015	<del>-</del>				
ų C	Excess from 2016	4,787				
d	Excess from 2017	_4,101				
<u>e</u>	Excess from 2018					

1 01111 000 1 1 (2010)	SINDIII TOIN			rage 11
Part XV Supplementary Information (		for Euturo Paymon	<u> </u>	
3 Grants and Contributions Paid During		TOT FULLITE FAYITIETT	<u> </u>	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	reapient		
a Paid during the year  COMMUNITY FOUNDATION OF SI  333 W. FORT STREET  DETROIT MI 48220	E MICHIGAN	GENERA	AL SUPPORT	<b>250</b>
DUNVEGAN FOUNDATION P.O. BOX 17303 RALEIGH NC 27619-7303		GENERA	AL SUPPORT	1,000
GROSSE POINTE ANIMAL ADOP 296 CHALFONTE GROSSE POINTE FARMS MI 48		GENER!	AL SUPPORT	1,500
381 KERCHEVAL AVE STE. 2 GROSSE POINTE FARMS MI 48		GENERA	AL SUPPORT	250
GROSSE POINTE WAR MEMORIA 32 LAKESHORE GROSSE POINTE FARMS MI 48		GENERA	AL SUPPORT	1,000
GROSSE POINTE THEATRE 315 FISHER ROAD GROSSE POINTE MI 48230		GENERA	AL SUPPORT	4,000
LEADER DOGS FOR THE BLIND 1039 ROCHESTER ROAD ROCHESTER MI 48307		GENERA	AL SUPPORT	2,000
MICHIGAN HUMANE SOCIETY 30300 TELEGRAPH SUITE 220 BINGHAM FARMS MI 48025		GENERA	AL SUPPORT	2,000
NEIGHBORHOOD CLUB 240 CHALFONTE GROSSE POINTE FARMS MI 48	<b>B</b>	GENERA	AL SUPPORT	250
SERVICES FOR OLDER CITIZES 158 RIDGE ROAD GROSSE POINTE FARMS MI 48		GENERA	AL SUPPORT  3a	1,500 19,750
b Approved for future payment N/A			P 00	
Total			<b>▶</b> 3b	000 PF

\_ (c)

Unrelated business income

Excluded by section 512, 513, or 514

Enter gross amounts unless otherwise indicated

Part XVI-A | Analysis of Income-Producing Activities

Related or exempt

1	Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	a					_
	b					
	c					
	d					
	е		<u> </u>			
	f					
	g Fees and contracts from government agencies		-			• •
2	Membership dues and assessments					
	Interest on savings and temporary cash investments					
	Dividends and interest from securities			14	15,324	
5	Net rental income or (loss) from real estate				4 -	
_	a Debt-financed property		-			·
	b Not debt-financed property					
6	Net rental income or (loss) from personal property				- "	
	Other investment income					
	Gain or (loss) from sales of assets other than inventory			18	17,928	160
	Net income or (loss) from special events				· · · · · · · · · · · · · · · · · · ·	
	Gross profit or (loss) from sales of inventory		·····	<del>                                     </del>		_
	Other revenue a					
•	b					
	c					
	e			+ +		
12	Subtotal Add columns (b), (d), and (e)		(		33,252	160
	Captolar 7 and Columns (b), (a), and (c)					
17	Total Add line 12 columns (h) (d) and (e)		•		13	33.412
	Total. Add line 12, columns (b), (d), and (e)		,		13	33,412
Sε	ee worksheet in line 13 instructions to verify calculations)	Accomplish	nent of Exemp	ot Purpo		33,412
S∈ F	Part XVI-B   Relationship of Activities to the Line No. Explain below how each activity for which incor	ne is reported in	column (e) of Part	XVI-A cor	oses htributed importantly to	o the
S∈ F	Part XVI-B   Relationship of Activities to the  Line No.   Explain below how each activity for which incorraccomplishment of the foundation's exempt put	ne is reported in	column (e) of Part	XVI-A cor	oses htributed importantly to	o the
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'40 <b>*</b> 732 *		Organizati	ons			,		<u> </u>				
1 C				directly eng	age in any of the	following with a	any other organiza	tion described	-		Yes	No
							7, relating to polit			1		
	rganization			, ,,			- '			l		
	•		tina found	dation to a	noncharitable exe	empt organization	on of			l	li	l
	1) Cash									1a(1)		X
•	2) Other a	esets								1a(2)		X
-	Other trans											
			nonchari	table evem	pt organization					1b(1)		X
•	•				le exempt organiz	ration				1b(2)		X
	•	of facilities, ed			-					1b(3)		X
•	•	rsement arra			100010					1b(4)		X
	•	or Ioan guarar	-	•						1b(5)		Х
	-	_		embership	or fundraising so	licitations				1b(6)		X
•	•			•	other assets, or					1c		X
							Column (b) should	always show t	he fair market			
							n If the foundation					
							e of the goods, ot					
	Line no	(b) Amount in			e of nonchantable exem				insactions, and shanng a	тangem	ents	
N/A												
.,									· · · · · · · · · · · · · · · · · · ·			
					-							
		-		-								
	-											
,												
				<u>-</u>								
d	escribed ir "Yes," cor	-	c) (other lowing so	than section	d with, or related on 501(c)(3)) or in	section 527?	e tax-exempt organ		on of relationship	] Y	es X	No
N	/A	, Hume or Organiz			(5) 1990 01			(-) 500 <u>wib</u>				
74/								<del></del>				
				-								
	Under per	nalties of perjury,	I declare th	nat I have exa	mined this return, inclu	iding accompanying	schedules and statem	ents, and to the be	est of my knowledge and	belief,	it is true	э,
Sign Here	correct, ar	nd complete Dec	daration of p	oreparer (othe	r than taxpayer) is bas	sed on all information	n of which preparer ha		May the IRS discovered with the preparer See instructions	shown t		] No
	Signa	ature of officer or t	trustee	1.50	3	Date	<del></del>	Title				
Paid	Pant/Ty	pe preparer's nam	ne			Preparer's signati	ure V		Date		Check self-em	ıf ployed
-aiu Prepan	DAVII					Manne	Kull		03/14			
Jse Oi	Firm's n			UPITZ	& MADHAY		•				972	
Joe UI	Firm's a				S RD STE				Firm's EIN ▶ 75-:			
			ROY,	MI	<u>48098-281</u>	.2			Phone no 248-			
									Ear	<u> yo</u>	0-PF	(2019)

## 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

2018

38-3407098 C/O S. GARY SPICER, SR. Organization type (check one) Section: Filers of: 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 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 (entering) "N/A" in column (b) instead of the contributor name and address), 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)

Name of organization

MARY I MCLEOD FOUNDATION

Employer identification number 38-3407098

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	MARY I. MCLEOD 16845 KERCHEVAL AVE., SUITE 5 GROSSE POINTE MI 48230	\$ 26,134	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
140.	Hame, address, and Ell . 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
	, (amo) (amo	\$	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

Part II	Noncash Property (see instructions) Use duplica	te copies of Part i	i ii additional space is needed.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or esti	I Date receiven
1	496 SHRS PUBLIC SVC ENTERPRISE		
		\$ 26	,134 10/01/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esti	l Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or esti	I Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or esti (See instruct	l Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esti (See instruct	i Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or esti	I Date received
	`	\$	

127100 Mary I McLeod Foundation

12/100 Mary I McLeod 38-3407098 FYE: 12/31/2018

Federal Statements

3/14/2019 4:49 PM

Fees
<b>Accounting</b>
gp -
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Part
n 990-PF, P
8
- Form
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<u>Statemen</u>

haritable Purpose	1,375	1,375
50	ۍ.	<b>%</b>
Adjusted Net		0
Ac	တ	φ.
Net Investment	1,375	1,375
Inv	\$	\$
Total	2,750	2,750
	\$	s
Description	ACCOUNTING	TOTAL

# Statement 2 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose	<u>ر</u> د	\$
Adjusted Net	\$	\$
Net Investment	129	129
	ၯ	w.
Total	129	129
	<u>ა</u>	w.
Description	TAXES	TOTAL

# Statement 3 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Fair Market Value	\$ 460,600	\$ 460,600
Basis of Valuation		
End of Year	215,393	215,393
	ۍ پ	ۍ ا
Beginning of Year	183,029	183,029
<b>a</b>	တ	w
Description	EQUITIES	TOTAL

RartiXV Supplementary Information (	continued)			<u></u>
Rart XV Supplementary Information ( 3 Grants and Contributions Paid During	the Year or Approved	for Future Payment	t	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SHAW FESTIVAL FOUNDATION				
10 QUEEN'S PARADE BOX 774 NIAGRA-ON-THE-LAKE		GENERA	AL SUPPOR	<b>T</b> 2,000
NIAGRA-ON-THE-LAKE		GENERA	AL SUPPOR	2,000
WAYNE STATE UNIVERSITY				
5475 WOODWARD AVE			,	
DETROIT MI 48202		GENERA	AL SUPPOR	T 4,000
	•			
•				
			:	
Total		<u> </u>	▶ 3a	
<ul><li>b Approved for future payment</li><li>N/A</li></ul>				
N/A				
Total		<u> </u>	<b>▶</b> 3b	