Form 990-PF

Return of Private Foundation

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

2019

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

Form 990-PF (2019)

For	calen	dar year 2019 or tax year beginning	and ending		·		
	ame of fo				A Emplo	oyer identification number	
-		I MCLEOD FOUNDATION	00 0405000				
		S. GARY SPICER, SR.	· · · · · · · · · · · · · · · · · · ·			-3407098	
		d street (or P O box number if mail is not delivered to street address)	R	oom/suite		none number (see instruction 3-884-9700	ns)
		5 KERCHEVAL AVE , SUITE 5 n, state or province, country, and ZIP or foreign postal code			313	5-664-9700	
	•	SE POINTE MI 48230			C If exer	mption application is pending	, check here
			rn of a former public	charity	D 1 For	reign organizations, check h	ere •
٠	Onear	Final return Amended	•	onunty		reign organizations meeting	_
3		Address change Name cha				% test, check here and attach	
िक्क	01 1			. 1			
		type of organization X Section 501(c)(3) exempt priva		04		ate foundation status was te n 507(b)(1)(A), check here	minated under
		n 4947(a)(1) nonexempt charitable trust Other taxab rket value of all assets at J Accounting method				,,,,,,	
_			A Casii ACC	rual		foundation is in a 60-month section 507(b)(1)(B), check	. I I
	ne 16)	rear (from Part II, col. (c), Uther (specify) ▶ \$ 644,009 (Part I, column (d), mus	et he on each bacie \				_
	art I				1		(d) Disbursements
ى	art 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 income	for chantable purposes
2	<u> </u>	the amounts in column (a) (see instructions))	books				(cash basis only)
ñ	1	Contributions, gifts, grants, etc., received (attach schedule)	49,958				ED /ED
15	2	Check ► if the foundation is not required to attach Sch				REC	EIVED
13	3	Interest on savings and temporary cash investments	115		115		
١	3 4	Dividends and interest from securities	15,694]	15,694	— S MAR	1 8 2020 P
U	5a	Gross rents				<u> </u>	
ą	b	Net rental income or (loss)	10.015			000	
틸	6a	Net gain or (loss) from sale of assets not on line 10	49,845	_		OGD	<u> </u>
Revenue	b	Gross sales price for all assets on line 6a 50,308			- 045		
α		Capital gain net income (from Part IV, line 2)	-	- 4	19,845	. 0	1
	8	Net short-term capital gain					<u>}</u>
	9	Income modifications				-	
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					-
	11	Gross profit or (loss) (attach schedule) Other income (attach schedule)		~		_	1
	12	Total. Add lines 1 through 11	115,612		55,654	0	-
9	13	Compensation of officers, directors, trustees, etc	0		70,00-		
Expense	14	Other employee salaries and wages					
þe	15	Pension plans, employee benefits					
Ж	16a	Legal fees (attach schedule)					
	b	Accounting fees (attach schedule) STMT 1	3,650		1,825		1,825
Administrative	c	Other professional fees (attach schedule)					
itra	17	Interest					
-≅	18	Taxes (attach schedule) (see instructions) STMT 2	644		644		
Ē	19	Depreciation (attach schedule) and depletion					
Ad	20	Occupancy					
and	21	Travel, conferences, and meetings					
an	22	Printing and publications					
	23	Other expenses (att sch)					
atir	24	Total operating and administrative expenses.				_	4 55-
Operating		Add lines 13 through 23	4,294		2,469	0	1,825
c	25	Contributions, gifts, grants paid	33,500		0.455		33,500
_	26	Total expenses and disbursements. Add lines 24 and 25	37,794		2,469	0	35,325
	27	Subtract line 26 from line 12	88 040	ı	ļ		
	a	Excess of revenue over expenses and disbursements	77,818		2 105	<u> </u>	
	b	Net investment income (if negative, enter -0-)			3,185		
	l c	Adjusted net income (if negative enter -0-)	İ	1:		0	ı

326,719

326,719

3

4

5

6

3 Other increases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

5 Decreases not included in line 2 (itemize)

4 Add lines 1, 2, and 3

Part IV Capital Gains and L	osses for Tax on Investment	t Income				
	s) of property sold (for example, real estate, or common stock, 200 shs MLC Co)		(b) How acquired P – Purchase D – Donation	(c) Date a	•	(d) Date sold (mo , day, yr)
1a COLGATE PALMOLIVE	COMPANY		D	01/03	1/65	11/26/19
b COLGATE PALMOLIVE	COMPANY		D	01/0	1/65	11/26/19
c 2018 CAPITAL GAINS	5					
d						
<u>e</u>						
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	(g) Cost or plus exper	nse of sale			or (loss)) minus (g))
a 19,064			176			18,888
ь 31,104			287			30,817
c 140						140
<u>e</u>		1.1	04/00			
Complete only for assets showing gair						(h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any	col		less than -0-) or om col (h))
a						18,888
<u>b</u>						30,817
С						140
<u>d</u>		-				
e	If gain, also enter in Part					
	if (loss), enter -0- in Part	I, line 7 <u> </u>		2		49 <u>,845</u>
3 Net short-term capital gain or (loss) as		- 5	1			
If gain, also enter in Part I, line 8, colu	mn (c) See instructions If (loss), ente	er -0- in				
Part I, line 8 Part V Qualification Under	Section 4940(e) for Reduced		-4	3		
(For optional use by domestic private four				1001110		· · · · ·
If section 4940(d)(2) applies, leave this pa	-	,	,			
Was the foundation liable for the section 4			he base period?			Yes X No
If "Yes," the foundation doesn't qualify und 1 Enter the appropriate amount in each	* * * * * * * * * * * * * * * * * * * *		akıng anv entries			
(a)	(b)		(c)			(d)
Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value	of nonchantable-use asset	is		nbution ratio fivided by col (c))
2018	21,125	5	514,1	.14		0.041090
2017	35,338		554,4			0.063736
2016	22,550		505,9			0.044568
2015	22,222		503,7			0.044116
2014	11,750		240,1			0.048928
2 Total of line 1, column (d)				2		0.242438
3 Average distribution ratio for the 5-year	base period - divide the total on line	2 by 5 0, or b	у			
the number of years the foundation ha	s been in existence if less than 5 year	rs		3		0.048488
4 Enter the net value of noncharitable-us	e assets for 2019 from Part X, line 5			4		<u>556,237</u>
5 Multiply line 4 by line 3				_5		26,971
					}	
6 Enter 1% of net investment income (19	% of Part I, line 27b)			6_		632
7 Add lines 5 and 6				7	<u> </u>	27,603
						 =
8 Enter qualifying distributions from Part				8		35,325
If line 8 is equal to or greater than line	7, check the box in Part VI, line 1b, ai	nd complete th	nat part using a 1%	tax rate S	ee the	

Form	1 990-PF (2019) MARY I MCLEOD FOUNDATION 38-3407098			age 4	
i Pa	art VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – se	e ins	truct	ions	;)
_	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	•			Ī
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				j
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			632	-
	here ▶ 🕱 and enter 1% of Part I, line 27b				ī
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of				1
_	Part I, line 12, col (b)				•
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			O)
3	Add lines 1 and 2			632	_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0	_
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			632	-
6	Credits/Payments				ī
а	2019 estimated tax payments and 2018 overpayment credited to 2019 [6a] 500				ļ
b	Exempt foreign organizations – tax withheld at source 6b				1
	Tax paid with application for extension of time to file (Form 8868) 6c				1
c C	Backup withholding erroneously withheld 6d 6d				
d 7				500	3
7	Total credits and payments Add lines 6a through 6d Enter any penalty for underpayment of estimated tax Check he if Form 2220 is attached 8			<u> </u>	-
8	——————————————————————————————————————			135	-
9				<u> </u>	-
10					-
11 Da	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11				-
	irt VII-A Statements Regarding Activities	Т-		Na	-
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1	Yes	No X	-
	participate or intervene in any political campaign?	1a		Λ	-
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	١		v	
	instructions for the definition	1b	├	X	7
	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		·	37]
С	Did the foundation file Form 1120-POL for this year?	1c	-	X	7
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				ļ
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		-		•
	on foundation managers > \$		 		J
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	-	X	7
	If "Yes," attach a detailed description of the activities	<u> </u>			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				j
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	ļ	X	_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>	X	_
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b			_
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<u> </u>	X	7
	If "Yes," attach the statement required by General Instruction T				l
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	1			
	● By language in the governing instrument, or	1			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that				J
	conflict with the state law remain in the governing instrument?	6	X		_
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	8b	X		•
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	T	·	1	ĺ
•	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV if "Yes,"				٠,
	complete Part XIV	9		X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	—			. —
	names and addresses	10		X	
		om 99	0-PF		
	·	J 00	1	(2019	,

I P	art VII-A Statements Regarding Activities (continued)			
-		1	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ S. GARY SPICER, SR. Telephone no ▶ 313-8	84-	970	0
	16845 KERCHEVAL AVENUE, SUITE 5			
	Located at ▶ GROSSE POINTE MI ZIP+4 ▶ 4823	0		
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			
16	At any time during calendar year 2019, 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	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		ŧ	
	the foreign country ▶		-	
<u>l Pa</u>	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		·
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	` -	Yes	No
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? Yes X No	ļ. ,		
	(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? Yes X No No			ļ, J
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any income or assets to a disqualified person (or make any of either available for			,]
	the benefit or use of a disqualified person)?			.]
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)	,]
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			1
-	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		-	1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	<u> </u>		
	were not corrected before the first day of the tax year beginning in 2019?	1c		_X_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			ŀ
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		,	
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			*
	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) N/A	2b		- 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			,
_	▶ 20 , 20 , 20 , 20			<i>'</i>
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			l
L				
b	If "Yes," did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019) N/A	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			
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
		om 99	0-PF	

Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional services. See instructions	If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of Service	(e) compensation
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the organizations and other beneficianes served, conferences convened, research papers produced, etc.	number of	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	-	Amount
1 N/A		
2		
		······································
All other program-related investments See instructions 3		
Total. Add lines 1 through 3	•	,,

35,325

34,693

632

2

3a 3h

4

5

6

3

b

Amounts set aside for specific charitable projects that satisfy the

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b See instructions

Cash distribution test (attach the required schedule)

P	art XIII Undistributed Incom	e (see instruction	าร)			
	•		(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Pa	rt XI.	Corpus	Years pnor to 2018	2018	2019
	line 7	,	-			27,180
2	Undistributed income, if any, as of the	end of 2019				
a	Enter amount for 2018 only	Cha of Zoto				
		20	-			
b	, , ,					
3	Excess distributions carryover, if any, t	0 2019 I				
a	From 2014					
b	From 2015					
С	From 2016					
d	From 2017	4,787				
е	From 2018			<u> </u>		
f	Total of lines 3a through e		4,787			
4	Qualifying distributions for 2019 from F	Part XII,				
	line 4 ▶ \$35,325					
а	Applied to 2018, but not more than line	: 2a				•
b	Applied to undistributed income of prio	r years				
	(Election required - see instructions)					
С	Treated as distributions out of corpus	(Election				
	required - see instructions)					
d	Applied to 2019 distributable amount					27,180
е	Remaining amount distributed out of c	orpus	8,145			
5	Excess distributions carryover applied	to 2019				
	(If an amount appears in column (d), the					
	amount must be shown in column (a))					
6	Enter the net total of each column a	s				
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtr	act line 5	12,932			
	Prior years' undistributed income Subi					1
	line 4b from line 2b					
С	Enter the amount of prior years' undist	ributed				
_	income for which a notice of deficiency					
	been issued, or on which the section 4					
	tax has been previously assessed	· -(v)				
ч	Subtract line 6c from line 6b Taxable				**	
ŭ	amount - see instructions					j
۵	Undistributed income for 2018 Subtract	et line				· j
٠	4a from line 2a Taxable amount – see	A III IC				
	instructions					
f	Undistributed income for 2019 Subtract	t lines				
٠	4d and 5 from line 1. This amount mus					
	distributed in 2020					o
7	Amounts treated as distributions out of	comus				
•	to satisfy requirements imposed by sec	=				
	170(b)(1)(F) or 4942(g)(3) (Election ma					
		ly be				
	required—see instructions)	14 mat			= =-====	
8	Excess distributions carryover from 20°				•	
0	applied on line 5 or line 7 (see instructions correspond to 20					
9	Excess distributions carryover to 20	72U.	12,932			
40	Subtract lines 7 and 8 from line 6a		12,932			
10	Analysis of line 9					
	Excess from 2015					
	Excess from 2016	4 707				
C	Excess from 2017	4,787				
d	Excess from 2018	0.145				
е	Excess from 2019	8,145				

Form 990-PF (2019) MAKE I MCHEOD FO			<u> </u>	rage II
Part XV Supplementary Information		for Euture Baymon	•	
3 Grants and Contributions Paid During	If recipient is an individual,	for Future Paymen	<u>. </u>	
Recipient	show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid duning the year				
COMMUNITY FOUNDATION OF S	E MICHIGAN			
333 W. FORT STREET				
DETROIT MI 48220		GENERA	AL SUPPOR	T 750
DUNVEGAN FOUNDATION				
P.O. BOX 17303				
RALEIGH NC 27619-7303		GENERA	AL SUPPOR	T 1,000
GROSSE POINTE ANIMAL ADOP	rion			
296 CHALFONTE			JI	
GROSSE POINTE FARMS MI 4	₿	GENERA	AL SUPPOR	T 3,500
	SOCIETY			
381 KERCHEVAL AVE STE. 2				
GROSSE POINTE FARMS MI 4	В	GENERA	AL SUPPOF	T 500
GROSSE POINTE WAR MEMORIA	 			
32 LAKESHORE		CENTED	AT CURROL	1 000
GROSSE POINTE FARMS MI 4	5	GENER <i>i</i>	AL SUPPOR	T 1,000
GROSSE POINTE THEATRE				
315 FISHER ROAD				
GROSSE POINTE MI 48230		GENERA	AL SUPPOR	T 4,500
GROSSE FOINTE MI 40250		GHILLIG	II BOLLON	1,000
LEADER DOGS FOR THE BLIND				
1039 ROCHESTER ROAD				
ROCHESTER MI 48307		GENERA	AL SUPPOR	T 3,000
MICHIGAN HUMANE SOCIETY				
30300 TELEGRAPH SUITE 220	Þ			
BINGHAM FARMS MI 48025		GENER!	AL SUPPOR	T 4,500
NEIGHBORHOOD CLUB				
240 CHALFONTE		CENTED:	T GUIDDOE	750
GROSSE POINTE FARMS MI 48	B	GENERA	AL SUPPOR	T 750
SHAW FESTIVAL FOUNDATION				
10 QUEEN'S PARADE BOX 77				
NIAGRA-ON-THE-LAKE	F	GENERA	AL SUPPOR	т 3,000
Total		CEITEIN	▶ 3a	33,500
b Approved for future payment				
N/A				
Total			▶ 3b	
				- 000 DE

Part XV Supplementary Information (
3 Grants and Contributions Paid During	the Year or Approved	for Future Paymen	<u>t</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 duning the year WAYNE STATE UNIVERSITY 5475 WOODWARD AVE DETROIT MI 48202		GENERA	AL SUPPOR	T 8,000
THE HELM 158 RIDGE ROAD				
GROSSE POINTE FARMS MI 48		GENERA	AL SUPPOR	T 3,000
			▶ 3a	
Total b Approved for future payment		<u> </u>	Ja Ja	
N/A				
T-A-I			N 31	
Total			▶ 3b	

	VI-A Analysis of Income-Producing s amounts unless otherwise indicated		business income	Excluded by s	section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
•	m service revenue					(000 11100 20110110)
			· · · · · · · · · · · · · · · · · · ·	 		
						·
f						
g Fe	es and contracts from government agencies					
2 Membe	ership dues and assessments					
3 Interes	t on savings and temporary cash investments		=	14	115	
4 Divider	nds and interest from securities			14	15,694	
	ntal income or (loss) from real estate				-	· · · · · · · · · · · · · · · · · · ·
	bt-financed property					
	t debt-financed property	-		<u> </u>		
	ntal income or (loss) from personal property				-	
	investment income			10	40 705	140
	r (loss) from sales of assets other than inventory			18	49,705	140
	come or (loss) from special events	-	· -			
	profit or (loss) from sales of inventory			- 		<u> </u>
	revenue a					
				<u> </u>		
			.=			
е	*** *** ***					
12 Subtota	al Add columns (b), (d), and (e)			0	65,514	140
13 Total.	Add line 12, columns (b), (d), and (e)				13	65,654
	sheet in line 13 instructions to verify calculations)					
Part X						
Line No ▼	 Explain below how each activity for which in accomplishment of the foundation's exempt 					
N/A						,
•						
			-			
			 			·
			.		<u> </u>	
			 			·
		.	 -			
			······································			···

		Organizations	_							
1 [Old the org	anization directly or in	directly eng	age in any of the	following with a	any other organization described	1		Yes	No
ı	n section 5	i01(c) (other than sec	tion 501(c)(3	3) organizations) (or in section 52	7, relating to political			·	
(organization	ns?								
a -	Transfers fr	om the reporting four	ndation to a	noncharitable exe	empt organization	on of				<u> </u>
(1) Cash							1a(1)		X
(2) Other a	issets						1a(2)		X
	Other trans									
(1) Sales o	f assets to a nonchar	rtable exem	pt organization				1b(1)		X
		ses of assets from a			ation			1b(2)		X
		of facilities, equipmen		. •				1b(3)		X
		rsement arrangemen	•					1b(4)		X
(5) Loans or loan guarantees										X
		ance of services or r	nembership	or fundraising so	licitations			1b(6)		X
		facilities, equipment, r						1c		X
	-		-			Column (b) should always show	the fair market			
				•	-	n If the foundation received les				
		- ·				e of the goods, other assets, or				
	Line no	(b) Amount involved		e of nonchantable exem		(d) Description of transfers, to		тапдет	ents	
N/A										
<u> </u>										
					-					
•										
			- "		•					
				-						
										
	-									
2a	s the found	lation directly or indire	ectly affiliate	d with, or related	to, one or more	e tax-exempt organizations				
c	lescribed in	section 501(c) (othe	r than section	on 501(c)(3)) or in	section 527?			Y(es X	No
b l	f "Yes," cor	mplete the following s	chedule							
	(a) Name of organization		(b) Type of o	organization	(c) Descri	otion of relationship			
N	/A									
		-								
						schedules and statements, and to the to n of which preparer has any knowledge	est of my knowledge and	belief,	it is tru	e,
	Correct, an	a complete bedaration of	preparer (oute	- man taxpayer, is said		r or mish proparer has any mishingge	May the IRS disc			
Sign	ير ا	_ ()	7	58	/ >	/a /201 20	with the preparer See instructions		Yes T	¬ No
Here			100	1	1000		See mandenons		103	ات.ــــــــــــــــــــــــــــــــــــ
	 	1000			معار		RETARY / T	RUS	TEE	<u>: </u>
	Signa	ature of officer or trustee			Date	Title				
	Pnnt/Ty	pe preparer's name			Preparer's signatu	ıre	Date		Check	lt l
1-1-1						oV/I			self-em	ployed
Paid		KUDLA			1 Jan	c Bola	03/07			
repar	l Firm's n	name ► SCHLA	UPITZ	MADHAVAN	, P.C.				972	
Jse O	Firm's a	address ► 820 I			JITE 100		Firm's EIN ▶ 75-			
		TROY,		48084			Phone no 248			
							Fo	m 99	0-PF	(2019)

38-3407098 FYE: 12/31/2019	Federal Statements	3/7/2020 4:33 PM
Statement	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	
Description NTING TOTAL	Net Adji State Adji State Adji State S	Adjusted Charitable Net Purpose \$ 1,825
Stat	Statement 2 - Form 990-PF, Part I, Line 18 - Taxes	
Description	Net Adju \$ 644 \$ 644 \$ \$ 644 \$ 644 \$	Adjusted Charitable Purpose \$
Statement 3 - Fo	Statement 3 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments	tments
Description IES TOTAL	Beginning of Year of Year End of Year Year Bit Name \$ 215,393 \$ 264,889 \$ 215,393 \$ 264,889	Basis of Fair Market Valuation \$ 582,179
		1.3

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019

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 (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)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

MARY I MCLEOD FOUNDATION

Employer identification number 38-3407098

Part I	Contributors (see instructions) Use duplicate copies of	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	\$ 4 9,958	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100.	numoj unu za	\$	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
NO.	Name, address, and En 7 7	\$	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		ate cop		al space is needed
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
1	120 SHRS. DTE ENERGY COMPANY			
	<u></u>	\$	14,993	11/29/19
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
1	378 SHRS. EATON CORP. PLC SHS			***************************************
		\$	34,965	11/29/19
(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
		\$		