2949101602914

## EXTENDED TO NOVEMBER 16, 2020

Return of Private Foundation

Form 990-PF
Department of the Treasury

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

Do not enter social security numbers on this form as it may be made public.

2019

| _          |             | endar year 2019 or tax year beginning  | 13.9077 OTTIBOOT 1 TO 11130        | , and ending                           |  | Open to Public Inspection                      |  |
|------------|-------------|--|------------------------------------|--|--|--|--|
|            |             | of foundation  |                                    |  | A Employer identification                              | number   |  |
|            |             |  |                                    |  |  |  |  |
|            |             | LPH L. & WINIFRED E. POLI  |                                    |  | 38-6080075   |  |  |
|            |             | r and street (or P.O. box number if mail is not delivered to street a                                    | address)                           | Room/suite<br>280                      | B Telephone number                                     | 0.5  |  |
| _          |             | O E. BROWN STREET  |                                    |  | 248-385-52   |  |  |
|            |             | town, state or province, country, and ZIP or foreign p   |                                    | C If exemption application is p        | ending, check here                                     |  |  |
| _          |             | ck all that apply: Initial return  | ormer public charity               | D 1 Foreign organizations              | check here   |  |  |
| •          | 00          | Final return   | Amended return                     | o, pag a,                              |  | ,  |  |
|            |             | X Address change   | Name change                        |  | 2 Foreign organizations me<br>check here and attach co | eting the 85% test                             |  |
| Н          | Che         | ck type of organization: X Section 501(c)(3) ex  |                                    | $\overline{\Omega}$                    | E If private foundation sta                            |  |  |
|            | $\Box$      |  | Other taxable private found        | ation 9                                | under section 507(b)(1)                                |  |  |
| ΙF         | aır r       | market value of all assets at end of year   J   Accounti   | ng method: X Cash                  | Accrual                                | F If the foundation is in a                            | 60-month termination                           |  |
| (1         | from        |  | ther (specify)                     |  | under section 507(b)(1)                                | . —  |  |
|            | <b>▶</b> \$ | 16,961,176. (Part I, colum   | nn (d), must be on cash bas        | is)                                    |  |  |  |
| P          | art         | (The total of amounts in columns (b), (c), and (d) may not   | (a) Revenue and expenses per books | (b) Net investment income              | (c) Adjusted net income                                | (d) Disbursements<br>for charitable purposes   |  |
| <b>Λ</b> — | Τ.          | necessarily equal the amounts in column (a) )  | expenses per books                 | Income                                 | ļ  | (cash basis only)                              |  |
| 2/         | 1           | Contributions, gifts, grants, etc., received  Check X if the foundation is not required to attach Sch. B |                                    |  | N/A  |  |  |
| /A         | 1 3         | Interest on savings and temporary  |                                    |  |  |  |  |
| •          | 1           | cash investments  Dividends and interest from securities   | 472,205.                           | 472,205.                               |  | STATEMENT 1                                    |  |
|            | 1           | a Gross rents  | 2,2,25                             |  |  |  |  |
|            | `           | b Net rental income or (loss)  |                                    |  |  |  |  |
|            | . 6         | 8 Net gain or (loss) from sale of assets not on line 10  | 287,840.                           |  |  |  |  |
| 9          |             | b Gross sales price for all assets on line 6a  |                                    |  |  |  |  |
| Boyen      | 7           | Capital gain net income (from Part IV, line 2)   |                                    | <u> 287,840.</u>                       | P  | :CEN/ED  |  |
| ۵          | 8           | Net short-term capital gain  |                                    |  |  | C C C C C C C C C C C C C C C C C C C          |  |
|            | 9           | Income modifications Gross sales less returns  |                                    |  |  | <del>0∨ 2 3 2020   ×</del>                     |  |
|            | 10          | a and allowances   |                                    |  | 8 1  | 100  |  |
|            |             | Less Cost of goods sold  |                                    |  |  | NEAT NO LET                                    |  |
|            | 1           | c Gross profit or (loss) Other income  |                                    |  |  |  |  |
|            | 11          |  | 760,045.                           | 760,045.                               |  |  |  |
|            | 13          | ·  | 0.                                 | 0.                                     |  | 0.   |  |
|            | 14          |  |                                    |  |  |  |  |
|            | 15          | Pension plans, employee benefits   |                                    |  |  |  |  |
| 9          | ខ្ពុំ 16    | a Legal fees STMT 2  | 1,071.                             | 0.                                     |  | 536.   |  |
|            | -           | b Accounting fees STMT 3   | 4,255.                             | 2,128.                                 |  | 2,127.   |  |
| T<br>S     |             | c Other professional fees STMT 4   | 8,250.                             | 4,125.                                 |  | 4,125.   |  |
| _          |             |  | 43 000                             | 10 010                                 |  |  |  |
| 3          | 31          |  | 43,900.                            | 19,010.                                |  | 0.   |  |
| <u> </u>   | =           |  |                                    |  |  |  |  |
| Adm        | 20          |  |                                    | <del></del>                            | <del> </del>   |  |  |
|            |             |  |                                    |  |  |  |  |
|            |             |  | 218,481.                           | 217,761.                               |  | 720.   |  |
| Operating  | 24          | •  |                                    |  |  | <u>: = : = : = : = : = : = : = : = : = : =</u> |  |
| er.        |             | expenses Add lines 13 through 23   | 275,957.                           | 243,024.                               |  | 7,508.   |  |
| Č          | 25          | •  | 1,234,500.                         |  |  | 1,234,500.                                     |  |
|            | 26          | •  |                                    |  |  |  |  |
|            | -           | Add lines 24 and 25  | 1,510,457.                         | 243,024.                               |  | 1,242,008.                                     |  |
|            | 27          | Subtract line 26 from line 12;   | g., 44.                            |  |  |  |  |
|            | 1           | Excess of revenue over expenses and disbursements  | -750,412.                          | F17 001                                |  |  |  |
|            |             | b Net investment income (if negative, enter -0-)   |                                    | 517,021.                               | AT / A   |  |  |
|            |             | C Adjusted net income (if negative, enter -0-)   |                                    | ************************************** | N/A_   |  |  |

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-PF (2019) RALPH L. & WINIFRED E. POLK FOUNDATION 38-6080075 Page 2 Balance Sheets Attached schedules and amounts in the description Beginning of year End of year column should be for end-of year amounts only (c) Fair Market Value (a) Book Value (b) Book Value 90,071 28,984. 28,984. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 82,641. 3 Accounts receivable 82.641 82,641. 82,641 Less, allowance for doubtful accounts 4 Pledges receivable Less; allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts. I 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 14,870,566. STMT 7 15,071,522. 16,849,551. 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 15,244,234. 14,982,191 16,961,176 instructions Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) ightharpoonsFoundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30 Balances 15,244,234. 14,982,191 24 Net assets without donor restrictions 25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here Fund and complete lines 26 through 30 26 Capital stock, trust principal, or current funds þ **Vet Assets** 27 Paid-in or capital surplus, or land, bldg, and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 15,244,234. 14,982,191 29 Total net assets or fund balances 15,244,234. 14,982,191 30 Total liabilities and net assets/fund balances

**Analysis of Changes in Net Assets or Fund Balances** 

| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 29                 |   |             |
|---|---|---|-------------|
|   | (must agree with end-of-year figure reported on prior year's return)                                  | 1 | 15,244,234. |
| 2 | Enter amount from Part I, line 27a  | 2 | -750,412.   |
| 3 | Other increases not included in line 2 (itemize) UNREALIZED GAIN/(LOSS)                               | 3 | 488,369.    |
| 4 | Add lines 1, 2, and 3   | 4 | 14,982,191. |
| 5 | Decreases not included in line 2 (itemize)  | 5 | 0.          |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 | 6 | 14,982,191. |
| _ |   | _ |             |

|   |   | . & WINIFRED  |                           |                                      | ATI           | ОЙ                                  | 3   | <u> 88-608</u>                               | 0075                                 | Page 3       |
|---|---|---|---------------------------|--------------------------------------|---------------|-------------------------------------|-----|--|--------------------------------------|--------------|
| (a) List and describe   | the kind(   | s) of property sold (for exan<br>or common stock, 200 shs   | nple, real esta           |                                      | `P-           | ow acquired<br>Purchase<br>Donation |     | acquired<br>day, yr )                        | ( <b>d)</b> Date<br>(mo., da         |              |
| 1a PUBLICLY TRADE   | D SE  | CURITIES  |                           |                                      |               | P                                   |     |  | _                                    | _            |
| b FROM K-1'S  |   |   |                           |                                      |               | P                                   | _   |  |                                      |              |
| c CAPITAL GAINS   | DIVI  | DENDS   |                           |                                      |               |                                     |     |  |                                      |              |
| _d  |   |   |                           |                                      |               |                                     |     |  |                                      | _            |
| <u>e</u>  |   |   |                           |                                      | Ĺ,            |                                     |     |  |                                      |              |
| (e) Gross sales price   | (f)   | Depreciation allowed (or allowable)                         |                           | st or other basis<br>expense of sale |               |                                     |     | Gain or (loss)<br>is (f) minus (             |                                      |              |
| a 6,960,292.  |   |   |                           | <u>6,760,12</u>                      | 0.            |                                     |     |  |                                      | <u> 172.</u> |
| ь 60,302.   |   |   |                           |                                      | _             |                                     |     |  |                                      | 302.         |
| c 27,366.   |   |   |                           |                                      | $\rightarrow$ |                                     |     |  | 27,                                  | 366.         |
| <u>d</u>  |   |   |                           |                                      | -             | <del></del>                         |     |  |                                      |              |
| e Complete and for accordance   |   |   |                           | 10/01/00                             | -+            |                                     |     |  | <del>.</del>                         |              |
| Complete only for assets showin   | ig gain in  |   |                           |                                      |               |                                     |     | Col. (h) gaın<br>not less thar               |                                      |              |
| (i) FMV as of 12/31/69  |   | (j) Adjusted basis<br>as of 12/31/69                        |                           | cess of col (i)<br>col. (j), if any  |               |                                     |     | (from col (I                                 | h)) ´<br>————                        |              |
| a   |   |   |                           |                                      |               |                                     |     | <u> </u>                                     |                                      | 172.         |
| b   |   |   |                           |                                      | _             |                                     |     |  |                                      | 302.         |
| <u>c</u>  |   |   |                           |                                      | $\dashv$      | <del></del>                         |     |  | 21,                                  | 366.         |
| <u>d</u>  |   | <del></del>   |                           |                                      |               |                                     |     |  |                                      |              |
| 2 Capital gain net income or (net ca<br>3 Net short-term capital gain or (los<br>If gain, also enter in Part I, line 8,<br>If (loss), enter -0- in Part I, line 8<br>Part V Qualification U | ss) as def<br>column (  | ined in sections 1222(5) and                                | in Part I, line<br>J (6): | 7                                    | nves          | 2<br>3<br>stment Inco               | ome | N/A  | 287,                                 | 840.         |
| (For optional use by domestic private<br>If section 4940(d)(2) applies, leave th<br>Was the foundation liable for the sect<br>If "Yes," the foundation doesn't qualif                       | nis part bl<br>tion 4942<br>y under s   | tax on the distributable amo<br>ection 4940(e). Do not comp | ount of any ye            | ar in the base peri                  | od?           | ·                                   |     |  | Yes [                                | X No         |
| 1 Enter the appropriate amount in 6   | each colu   | mn for each year; see the ins                               | structions bef            | ore making any en                    | tries         |                                     |     | <u>.                                    </u> | (a)                                  |              |
| Base period years<br>Calendar year (or tax year beginnir  | ng in)_   | (b)<br>Adjusted qualifying disti                            |                           | Net value of no                      |               |                                     |     | Distrib                                      | (d)<br>ution ratio<br>ided by col. ( | ~            |
| 2018  |   |   | 1,117.                    |                                      | 16,369,313.   |                                     |     |  |                                      |              |
| 2017  |   |   | 7,955.                    |                                      |               | 719,936                             |     |  |                                      | 4043         |
| 2016  |   |   | 5,057.                    |                                      | <u>14,</u>    | 696,565                             | •   |  |                                      | 8448         |
| 2015  |   |   | 2,946.                    |                                      |               | 095,784<br>190,115                  |     |  |                                      | 9215         |
| 2014  |   | 84.   | 3,557.                    |                                      | 1/,           | 190,115                             | +-  | Γ  | .04                                  | <u> 7909</u> |
| <ul><li>Total of line 1, column (d)</li><li>Average distribution ratio for the 5</li></ul>  | <ul> <li>Total of line 1, column (d)</li> <li>Average distribution ratio for the 5-year base period - divide the total on line 2 by 5 0, or by the number of years</li> </ul> |   |                           |                                      |               | 2                                   |     | .16  | 5792                                 |              |
| the foundation has been in existence if less than 5 years   |   |   |                           |                                      | r of ye       | u. 5                                | -   | ł  |                                      |              |
| the foundation has been in exister  |   |   | n line 2 by 5 (           | o, or by the numbe                   | r of ye       | uro                                 | 3   |  | .03                                  | <u>3158</u>  |
| the foundation has been in exister  Enter the net value of noncharitab  | nce if less   | than 5 years  |                           | , or by the numbe                    | r of ye       | <b></b> 0                           | 34  | 16   | .03<br>5,237,                        |              |
|   | nce if less   | than 5 years  |                           | , or by the numbe                    | r of ye       |                                     |     | 16   |                                      | 411.         |
| 4 Enter the net value of noncharitab  | nce if less<br>le-use as  | s than 5 years<br>sets for 2019 from Part X, III            |                           | , or by the numbe                    | r of ye       |                                     | 4   | 16   | 5,237,<br>538,                       | 411.         |

1,242,008.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate

See the Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

|     | m 990-PF (2019) RALPH L. & WINIFRED E. POLK FOUNDATION 38-608 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see  |                   |
|-----|---|-------------------|
| 1:  | a 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)   |                   |
| 1   | b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%  | 5,170.            |
|     | of Part I, line 27b   |                   |
| (   | c All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)   | 0                 |
| 2   | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  | <u> </u>          |
| 3   | Add lines 1 and 2  Subtitle A (income) tay (democtic section 4047(a)(4) trusts and toyable foundations only others enter (0.)   | <u> </u>          |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)  Tax based on investment income. Subtract line 4 from line 3 lf zero or less, enter -0-  5 | 5,170.            |
| 6   | Credits/Payments.   | 3,1700            |
| ٠   | a 2019 estimated tax payments and 2018 overpayment credited to 2019   |                   |
|     | b Exempt foreign organizations - tax withheld at source 6b 0.   |                   |
|     | c Tax paid with application for extension of time to file (Form 8868)   |                   |
| c   | d Backup withholding erroneously withheld   |                   |
| 7   | Total credits and payments. Add lines 6a through 6d   | 24,588.           |
| 8   | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8  | 0.                |
| 9   | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   |                   |
| 10  | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  | 19,418.           |
|     | Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 19,418. Refunded ▶ 11   | 0.                |
|     | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in  | Yes No            |
| 18  | any political campaign?   | 1a X              |
| h   | 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.  |                   |
| c   | : Did the foundation file Form 1120-POL for this year?  | 1c X              |
| d   | f Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  |                   |
|     | (1) On the foundation ► \$ O. (2) On foundation managers ► \$ O.  |                   |
| е   | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation   |                   |
| _   | managers. ▶ \$ 0.   |                   |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?   | 2 X               |
| 3   | If "Yes," attach a detailed description of the activities  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or          |                   |
| 3   | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  | 3 X               |
| 4a  | Did the foundation have unrelated business gross income of \$1,000 or more during the year?   | 4a X              |
|     | of "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 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   |                   |
|     | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law  | 7                 |
| _   | remain in the governing instrument?   | 6 X 7 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               |
| Ra  | Enter the states to which the foundation reports or with which it is registered. See instructions   |                   |
| 04  | MI  |                   |
| . р | of 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 4942(j)(5) for calendar   | 1                 |
|     | year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV   | 9 X L             |
| 10  |   | 10 X              |
|     | F   | orm 990-PF (2019) |

|       | 990-PF (2019) RALPH L. & WINIFRED E. POLK FOUNDATION 38-608  | 0075      | Page 5       |
|-------|--|-----------|--------------|
| ္ခမ္း | 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 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 ▶ HIGHGATE, LLC Telephone no ▶248-3   | 85-5280   |              |
|       | Located at ▶ 260 E. BROWN STREET, STE 280, BIRMINGHAM, MI ZIP+4 ▶4   | 8009      |              |
| 15    | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here  | <b>•</b>  | lacktriangle |
|       | and enter the amount of tax-exempt interest received or accrued during the year  | N/A       |              |
| 16    | At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,               | Yes       | No           |
|       | securities, or other financial account in a foreign country?   | 16        | X            |
|       | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the                           |           |              |
| _     | foreign country  |           |              |
| Pa    | rt 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    | During the year, did the foundation (either directly or indirectly):   |           |              |
|       | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?   |           |              |
|       | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  |           |              |
|       | a disqualified person?   |           |              |
|       | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   |           |              |
|       | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   |           |              |
|       | (5) Transfer any income or assets to a disqualified person (or make any of either available  |           |              |
|       | for the benefit or use of a disqualified person)?  |           |              |
|       | (6) Agree to pay money or property to a government official? (Exception Check "No"   |           |              |
|       | if the foundation agreed to make a grant to or to employ the official for a period after   |           |              |
|       | termination of government service, if terminating within 90 days.)   |           |              |
| b     | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations                     |           |              |
| _     | section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions  | 1b        | X            |
|       | Organizations relying on a current notice regarding disaster assistance, check here  |           | 8.525        |
| c     | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected            |           |              |
| ·     | before the first day of the tax year beginning in 2019?  | 1c        | X            |
| 2     | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation           |           | 16,042       |
| _     | 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 ▶ , , , ,   |           |              |
| 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        | assuuttus 3  |
| c     | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here                            |           |              |
| Ī     |  |           |              |
| 3a    | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time                                  |           |              |
|       | during the year?   |           |              |
| h     | 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.)  | 3Ь        | X            |
| 42    | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                            | 4a        | X            |
|       | 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            |
|       |  | rm 990-PF |              |

| · •   |  |  |   |   |  |  |  |  |  |  |
|---|--|--|---|---|--|--|--|--|--|--|
| orm 990-PF (2019) RALPH L. & WINIFRED E. P  | OLK FOUNDATION   | 1  | 38-60800  | 75 Page 6                                   |  |  |  |  |  |  |
| Part VII-B Statements Regarding Activities for Which F  | orm 4720 May Be R  | equired <sub>(contin</sub>                                       | ued)  |   |  |  |  |  |  |  |
| 5a During the year, did the foundation pay or incur any amount to:  |  |  | Ž   | Yes No                                      |  |  |  |  |  |  |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section   | n 4945(e))?  | Y  | es 🗶 No 🛭   |   |  |  |  |  |  |  |
| (2) Influence the outcome of any specific public election (see section 4955), of  | r to carry on, directly or indire  | ectly,   |   |   |  |  |  |  |  |  |
| any voter registration drive?   |  |  | es X No   |   |  |  |  |  |  |  |
| (3) Provide a grant to an individual for travel, study, or other similar purposes   | ?  |  | es X No   |   |  |  |  |  |  |  |
| (4) Provide a grant to an organization other than a charitable, etc., organization  |  |  |   |   |  |  |  |  |  |  |
| 4945(d)(4)(A)? See instructions   |  | □ ∨  | es X No   |   |  |  |  |  |  |  |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,   | or educational nurnoses or fo  |  |   |   |  |  |  |  |  |  |
| the prevention of cruelty to children or animals?   | or concentrational perpension, or the  |  | es X No   |   |  |  |  |  |  |  |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un   | der the eventions described i  | <del></del>  | .s ( <u></u> -) .to   |   |  |  |  |  |  |  |
| section 53.4945 or in a current notice regarding disaster assistance? See instri  | •  | Trogulations   | N/A   | 5b  |  |  |  |  |  |  |
| Organizations relying on a current notice regarding disaster assistance, check l  |  |  | ▶□ 8  |   |  |  |  |  |  |  |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f   |  | ned  |   |   |  |  |  |  |  |  |
| expenditure responsibility for the grant?   |  |  | es No   |   |  |  |  |  |  |  |
| 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   | nav nremijims on   |  |   |   |  |  |  |  |  |  |
| a personal benefit contract?  | pay promisino on   | v  | es X No   |   |  |  |  |  |  |  |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p  | ersonal 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 s  | shelter transaction?   | [  | es X No   |   |  |  |  |  |  |  |
| <b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribu   |  |  |   | 7b  |  |  |  |  |  |  |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$   |  |  |   |   |  |  |  |  |  |  |
| excess parachute payment(s) during the year?  |  | Y  | es X No   |   |  |  |  |  |  |  |
| Part VIII Information About Officers, Directors, Truste   | es, Foundation Mar   | agers, Highly  | <u> </u>  |   |  |  |  |  |  |  |
|   |  |  |   | Paid Employees, and Contractors             |  |  |  |  |  |  |
| List all officers, directors, trustees, and foundation managers and the   | r  | (a) Companyation   |   |   |  |  |  |  |  |  |
| (a) Name and address  | i noi line, and average  |  | (d) Contributions to  | (-) Funance                                 |  |  |  |  |  |  |
| (5)   | (b) Title, and average hours per week devoted  | (c) Compensation<br>(If not paid,                                | (d) Contributions to<br>employee benefit plans<br>and deferred        | (e) Expense account, other                  |  |  |  |  |  |  |
|   | to position  | (If not paid,<br>enter -0-)                                      | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense<br>account, other<br>allowances |  |  |  |  |  |  |
|   | hours per week devoted to position  PRESIDENT/TRE  | (If not paid,<br>enter -0-)                                      | compensation  | (e) Expense account, other allowances       |  |  |  |  |  |  |
| 60 E. BROWN STREET, STE 340   | PRESIDENT/TRE  | (If not paid,<br>enter -0-)<br>ASURER / TRI                      | JSTE  | allowances                                  |  |  |  |  |  |  |
| 60 E. BROWN STREET, STE 340<br>SIRMINGHAM, MI 48009   | to position PRESIDENT/TRE  | (If not paid,<br>enter -0-)                                      | compensation  | (e) Expense account, other allowances       |  |  |  |  |  |  |
| 60 E. BROWN STREET, STE 340<br>SIRMINGHAM, MI 48009<br>ATHY POLK OSBORNE  | PRESIDENT/TRE  | (If not paid,<br>enter -0-)<br>ASURER / TRI                      | JSTE  | allowances                                  |  |  |  |  |  |  |
| 60 E. BROWN STREET, STE 340<br>SIRMINGHAM, MI 48009<br>ATHY POLK OSBORNE<br>60 E. BROWN STREET, STE 340   | to position PRESIDENT/TRE.  1.00 TRUSTEE   | (If not paid,<br>enter -0-)<br>ASURER/TRI                        | JSTE 0.   | allowances  0.                              |  |  |  |  |  |  |
| 60 E. BROWN STREET, STE 340<br>BIRMINGHAM, MI 48009<br>ATHY POLK OSBORNE<br>60 E. BROWN STREET, STE 340<br>BIRMINGHAM, MI 48009   | to position PRESIDENT/TRE.  1.00 TRUSTEE  0.50   | (If not paid,<br>enter -0-)<br>ASURER / TRI                      | JSTE  | allowances                                  |  |  |  |  |  |  |
| GO E. BROWN STREET, STE 340 BIRMINGHAM, MI 48009 ATHY POLK OSBORNE GO E. BROWN STREET, STE 340 BIRMINGHAM, MI 48009 ULIE A. POLK  | to position PRESIDENT/TRE.  1.00 TRUSTEE   | (If not paid,<br>enter -0-)<br>ASURER/TRI                        | JSTE 0.   | allowances  0.                              |  |  |  |  |  |  |
| GO E. BROWN STREET, STE 340 BIRMINGHAM, MI 48009 EATHY POLK OSBORNE GO E. BROWN STREET, STE 340 BIRMINGHAM, MI 48009 FULIE A. POLK GO E. BROWN STREET, STE 340  | to position PRESIDENT/TRE  1.00 TRUSTEE  0.50 TRUSTEE  | (If not paid, enter -0-) ASURER/TRI 0.                           | USTE 0.   | 0.  |  |  |  |  |  |  |
| GO E. BROWN STREET, STE 340 BIRMINGHAM, MI 48009 EATHY POLK OSBORNE GO E. BROWN STREET, STE 340 BIRMINGHAM, MI 48009 FULIE A. POLK GO E. BROWN STREET, STE 340 BIRMINGHAM, MI 48009   | to position PRESIDENT/TRE  1.00 TRUSTEE  0.50 TRUSTEE  0.50  | (If not paid,<br>enter -0-)<br>ASURER/TRI                        | JSTE 0.   | allowances  0.                              |  |  |  |  |  |  |
| GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 EATHY POLK OSBORNE GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 FULIE A. POLK GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 GUSAN P. SCYPHERS   | to position PRESIDENT/TRE  1.00 TRUSTEE  0.50 TRUSTEE  | (If not paid, enter -0-) ASURER/TRI 0.                           | USTE 0.   | 0.  |  |  |  |  |  |  |
| GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 EATHY POLK OSBORNE GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 FULIE A. POLK GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 GUSAN P. SCYPHERS GO E. BROWN STREET, STE 340   | to position PRESIDENT/TRE  1.00 TRUSTEE  0.50 TRUSTEE  0.50 TRUSTEE  | (If not paid, enter -0-) ASURER/TRI  0.                          | O.  O.  | 0.<br>0.                                    |  |  |  |  |  |  |
| GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 EATHY POLK OSBORNE GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 FULIE A. POLK GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 GUSAN P. SCYPHERS GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 GIRMINGHAM, MI 48009   | to position PRESIDENT/TRE  1.00 TRUSTEE  0.50 TRUSTEE  0.50 TRUSTEE  0.50  | (If not paid, enter -0-) ASURER/TRI  0.  0.                      | USTE 0.   | 0.  |  |  |  |  |  |  |
| GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 EATHY POLK OSBORNE GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 FULIE A. POLK GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 GUSAN P. SCYPHERS GO E. BROWN STREET, STE 340   | to position  PRESIDENT/TRE  1.00  TRUSTEE  0.50  TRUSTEE  0.50  TRUSTEE  0.50  INDUSTEE  (b) Title, and average hours per week | (If not paid, enter -0-) ASURER/TRI  0.  0.                      | O.  O.  (d) Contributions to employee benefit plans and detered       | 0.  0.  (e) Expense account, other          |  |  |  |  |  |  |
| GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 CATHY POLK OSBORNE GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 CULIE A. POLK GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 GUSAN P. SCYPHERS GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 GUSAN P. SCYPHERS GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 Compensation of five highest-paid employees (other than those inc   | to position  PRESIDENT/TRE.  1.00  TRUSTEE  0.50  TRUSTEE  0.50  TRUSTEE  0.50  Uded on line 1). If none, 6                    | (If not paid, enter -0-) ASURER / TRI  0.  0.  0.  enter "NONE." | 0.<br>0.  | 0 . 0 . 0 . (e) Expense                     |  |  |  |  |  |  |
| GO E. BROWN STREET, STE 340 BIRMINGHAM, MI 48009 EATHY POLK OSBORNE GO E. BROWN STREET, STE 340 BIRMINGHAM, MI 48009 FULIE A. POLK GO E. BROWN STREET, STE 340 BIRMINGHAM, MI 48009 BUSAN P. SCYPHERS GO E. BROWN STREET, STE 340 BIRMINGHAM, MI 48009 BUSAN P. SCYPHERS GO E. BROWN STREET, STE 340 BIRMINGHAM, MI 48009 COMPENSATION OF THE PROPERTY OF THE | to position  PRESIDENT/TRE  1.00  TRUSTEE  0.50  TRUSTEE  0.50  TRUSTEE  0.50  INDUSTEE  (b) Title, and average hours per week | (If not paid, enter -0-) ASURER / TRI  0.  0.  0.  enter "NONE." | O.  O.  (d) Contributions to employee benefit plans and detered       | 0.  0.  (e) Expense account, other          |  |  |  |  |  |  |
| GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 CATHY POLK OSBORNE GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 CULIE A. POLK GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 GUSAN P. SCYPHERS GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 GUSAN P. SCYPHERS GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 Compensation of five highest-paid employees (other than those inc   | to position  PRESIDENT/TRE  1.00  TRUSTEE  0.50  TRUSTEE  0.50  TRUSTEE  0.50  INDUSTEE  (b) Title, and average hours per week | (If not paid, enter -0-) ASURER / TRI  0.  0.  0.  enter "NONE." | O.  O.  (d) Contributions to employee benefit plans and detered       | 0.  0.  (e) Expense account, other          |  |  |  |  |  |  |
| GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 CATHY POLK OSBORNE GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 CULIE A. POLK GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 GUSAN P. SCYPHERS GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 GUSAN P. SCYPHERS GO E. BROWN STREET, STE 340 GIRMINGHAM, MI 48009 Compensation of five highest-paid employees (other than those inc   | to position  PRESIDENT/TRE  1.00  TRUSTEE  0.50  TRUSTEE  0.50  TRUSTEE  0.50  INDUSTEE  (b) Title, and average hours per week | (If not paid, enter -0-) ASURER / TRI  0.  0.  0.  enter "NONE." | O.  O.  (d) Contributions to employee benefit plans and detered       | 0.  0.  (e) Expense account, other          |  |  |  |  |  |  |

Total number of other employees paid over \$50,000

| Form 990-PF (2019) RALPH L. & WINIFRED E. POLK FOUNDAT   |                       | 6080075 Page 7            |
|--|-----------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)    | Managers, Highly      |                           |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NO                            | NE."                  |                           |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service   | (c) Compensation          |
| NONE   |                       |                           |
|  |                       |                           |
|  |                       |                           |
|  |                       |                           |
|  |                       |                           |
|  |                       |                           |
|  |                       |                           |
|  |                       |                           |
|  |                       |                           |
| Total number of others receiving over \$50,000 for professional services   |                       | ▶ 0                       |
| Part X-A Summary of Direct Charitable Activities   | <del></del>           |                           |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in | formation such as the |                           |
| number of organizations and other beneficiaries served, conferences convened, research papers produced,              |                       | Expenses                  |
| 1 N/A  |                       |                           |
|  |                       |                           |
|  |                       | <del></del>               |
| 2  |                       |                           |
|  |                       |                           |
| •  |                       |                           |
| 3  |                       |                           |
|  |                       | I<br>I                    |
| 4  |                       |                           |
|  |                       | 1                         |
|  | <u> </u>              |                           |
| Part X-B Summary of Program-Related Investments  |                       | <del></del>               |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1           | and 2                 | Amount                    |
| 1 <u>N/A</u>   |                       |                           |
|  | <del></del>           |                           |
| 2  |                       |                           |
| <u> </u>   |                       |                           |
|  |                       |                           |
| All other program-related investments See instructions.  |                       |                           |
| 3  |                       |                           |
|  |                       |                           |
|  |                       |                           |
|  |                       |                           |
|  |                       |                           |
| Total. Add lines 1 through 3   |                       |                           |
| Total, 7 to miles 1 tillough o   |                       | Form <b>990-PF</b> (2019) |

| F  | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou   | ndations,     | see instructions)      |
|----|--|---------------|------------------------|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:  |               |                        |
| a  |  | 1a            | 16,451,447.            |
| b  |  | 1b            | 16,451,447.<br>33,234. |
| C  |  | 10            |                        |
| d  |  | 1d            | 16,484,681.            |
| e  | Reduction claimed for blockage or other factors reported on lines 1a and   | A 48.         |                        |
|    | 1c (attach detailed explanation) 1e 0 •  |               |                        |
| 2  | Acquisition indebtedness applicable to line 1 assets   | 2             | 0.                     |
| 3  | Subtract line 2 from line 1d   | 3             | 16,484,681.            |
| 4  | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)  | 4             | 247,270.               |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4   | 5             | 16,237,411.            |
| 6  | Minimum investment return Enter 5% of line 5   | 6             | 811,871.               |
| P  | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations as   | nd certain    |                        |
| _  | foreign organizations, check here   and do not complete this part )  |               | _                      |
| 1  | Minimum investment return from Part X, line 6  |               | 811,871.               |
| 2a | Tax on investment income for 2019 from Part VI, line 5   |               |                        |
| þ  | Income tax for 2019 (This does not include the tax from Part VI)   |               |                        |
| C  | Add lines 2a and 2b  | 2c            | 5,170.                 |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1   | 3             | 806,701.               |
| 4  | Recoveries of amounts treated as qualifying distributions  | 4             | 0.                     |
| 5  | Add lines 3 and 4  | 5             | 806,701.               |
| 6  | Deduction from distributable amount (see instructions)   | 6             | 0.                     |
| 7_ | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1  | 7             | 806,701.               |
| P  | Qualifying Distributions (see instructions)  |               |                        |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:   |               |                        |
| a  | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26   | 1a            | 1,242,008.             |
| þ  | Program-related investments - total from Part IX-B   | 1b            | 0.                     |
| 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  |               |                        |
| a  | Suitability test (prior IRS approval required)   | 3a            |                        |
| Þ  | 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             | 1,242,008.             |
| 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  | 5             | 5,170.                 |
| 6  | Adjusted qualifying distributions Subtract line 5 from line 4  | 6             | 1,236,838.             |
|    | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years. | qualifies for | the section            |

## Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | ( <b>d)</b><br>2019       |
|--|---------------|----------------------------|-------------|---------------------------|
| 1 Distributable amount for 2019 from Part XI, line 7   |               |                            |             | 806,701.                  |
| 2 Undistributed income, if any as of the end of 2019   |               |                            |             |                           |
| a Enter amount for 2018 only   |               |                            | 0.          |                           |
| b Total for prior years:   |               | _ 0.                       |             |                           |
| 3 Excess distributions carryover, if any, to 2019  |               |                            |             |                           |
| a From 2014  |               |                            |             |                           |
| <b>b</b> From 2015 594.  |               |                            |             |                           |
| c From 2016  |               |                            |             |                           |
| <b>d</b> From 2017   |               |                            |             |                           |
| e From 2018  |               |                            |             |                           |
| f Total of lines 3a through e  | 594.          |                            |             |                           |
| 4 Qualifying distributions for 2019 from   |               |                            |             |                           |
| Part XII, line 4: $\triangleright$ \$ 1,242,008.   |               | 7/4                        |             |                           |
| a Applied to 2018, but not more than line 2a   |               |                            | 0.          |                           |
| <b>b</b> Applied to undistributed income of prior  |               | •                          |             |                           |
| years (Election required - see instructions)   |               | 0.                         |             |                           |
| c Treated as distributions out of corpus   |               |                            |             |                           |
| (Election required - see instructions)   | 0.1           |                            |             | 806,701.                  |
| d Applied to 2019 distributable amount   | 435,307.      |                            |             | 000,701•                  |
| e Remaining amount distributed out of corpus     Excess distributions carryover applied to 2019     (If an amount appears in column (d), the same amount                   | _             |                            |             | 0                         |
| must be shown in column (a) )  6 Enter the net total of each column as   | 0.            |                            |             | 0.                        |
| Indicated below:  a Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 435,901.      |                            |             |                           |
| b Prior years' undistributed income Subtract   | 433,301.      |                            |             |                           |
| line 4b from line 2b   |               | 0.                         |             |                           |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | 5 J           | 0.                         |             |                           |
| d Subtract line 6c from line 6b Taxable  |               | -                          |             |                           |
| amount - see instructions  |               | 0.                         |             |                           |
| e Undistributed income for 2018. Subtract line   |               |                            |             |                           |
| 4a from line 2a Taxable amount - see instr   |               |                            | 0.          |                           |
| f Undistributed income for 2019 Subtract   |               |                            |             |                           |
| lines 4d and 5 from line 1. This amount must   |               |                            |             | 0.                        |
| be distributed in 2020   |               |                            |             | <u> </u>                  |
| 7 Amounts treated as distributions out of  |               |                            |             |                           |
| corpus to satisfy requirements imposed by  |               |                            |             |                           |
| section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)   | 0.            |                            |             |                           |
| 8 Excess distributions carryover from 2014   |               |                            |             |                           |
| not applied on line 5 or line 7  | 0.            |                            |             |                           |
| 9 Excess distributions carryover to 2020.  |               |                            |             | 7.                        |
| Subtract lines 7 and 8 from line 6a  | 435,901.      |                            |             |                           |
| O Analysis of line 9:  | ,             |                            |             |                           |
| a Excess from 2015 594.  |               |                            |             |                           |
| b Excess from 2016   |               |                            |             |                           |
| c Excess from 2017   |               |                            |             |                           |
| d Excess from 2018   |               |                            |             |                           |
| e Excess from 2019 435,307.  |               |                            |             | Form <b>990-PF</b> (2010) |

|  |                            | ED E. POLK I                                     |  |                             | 180075 Page 1      |
|--|----------------------------|--|--|-----------------------------|--------------------|
| Part XIV Private Operating   |                            |  |  | N/A                         |                    |
| 1 a If the foundation has received a ruling                                |                            |  |  |                             |                    |
| foundation, and the ruling is effective                                    |                            | <del>-</del>                                     | · · ▶ └- <sub> </sub>                            | 7 1000 100                  | 040()(5)           |
| b Check box to indicate whether the fou                                    | <del></del>                | iting foundation described                       |  | 4942(j)(3) or 4             | 942(j)(5)<br>T     |
| 2 a Enter the lesser of the adjusted net                                   | Tax year                   | /h) 2018   | Prior 3 years                                    | (d) 2016                    | - (a) Total        |
| income from Part I or the minimum  | (a) 2019                   | (b) 2018   | (c) 2017   | (0) 2010                    | (e) Total          |
| investment return from Part X for  |                            |  |  |                             |                    |
| each year listed   |                            |  |  | <i></i>                     | <u> </u>           |
| <b>b</b> 85% of line 2a  |                            |  |  |                             |                    |
| c Qualifying distributions from Part XII,                                  |                            |  |  |                             |                    |
| line 4, for each year listed   |                            |  | <del>                                     </del> |                             |                    |
| d Amounts included in line 2c not  |                            |  |  |                             |                    |
| used directly for active conduct of  |                            |  |  |                             |                    |
| exempt activities  |                            | <del>                                     </del> | 4  |                             | <del> </del>       |
| e Qualifying distributions made directly                                   |                            |  |  |                             |                    |
| for active conduct of exempt activities                                    |                            |  | ļ  |                             | ļ                  |
| Subtract line 2d from line 2c<br>3 Complete 3a, b, or c for the            |                            |  |  |                             | <del></del>        |
| alternative test relied upon:  |                            |  |  |                             |                    |
| a "Assets" alternative test - enter:                                       |                            |  |  |                             |                    |
| (1) Value of all assets  |                            | <del></del>                                      | <del> </del>                                     | <del> </del>                | <del> </del>       |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i)              |                            |  |  |                             |                    |
| <b>b</b> "Endowment" alternative test - enter                              |                            |  |  |                             |                    |
| 2/3 of minimum investment return<br>shown in Part X, line 6, for each year |                            |  |  |                             |                    |
| listed   |                            |  |  |                             |                    |
| c "Support" alternative test - enter.                                      |                            |  |  |                             |                    |
| (1) Total support other than gross   |                            |  |  |                             |                    |
| investment income (interest,   |                            |  |  |                             |                    |
| dividends, rents, payments on<br>securities loans (section                 |                            |  |  |                             |                    |
| 512(a)(5)), or royalties)  |                            |  |  |                             |                    |
| (2) Support from general public  |                            |  |  |                             |                    |
| and 5 or more exempt<br>organizations as provided in                       |                            |  |  |                             |                    |
| section 4942(j)(3)(B)(III)   |                            |  |  |                             |                    |
| (3) Largest amount of support from   |                            |  |  |                             |                    |
| an exempt organization   |                            |  |  | ļ <b>—</b>                  |                    |
| (4) Gross investment income  |                            |  | <u> </u>   | 1 10-000                    | <u> </u>           |
| Part XV Supplementary Info   |                            |  | if the foundation                                | had \$5,000 or moi          | re in assets       |
| at any time during   | the year-see inst          | ructions.)                                       |  |                             | _ <del></del> _    |
| 1 Information Regarding Foundati   | on Managers:               |  |  |                             |                    |
| a List any managers of the foundation w                                    |                            |  | tributions received by the                       | foundation before the clos  | e of any tax       |
| year (but only if they have contributed                                    | more than \$5,000) (See    | section 507(d)(2).)                              |  |                             |                    |
| STEPHEN R. POLK  |                            |  |  |                             |                    |
| b List any managers of the foundation w                                    |                            |  | (or an equally large porti                       | on of the ownership of a pa | rtnership or       |
| other entity) of which the foundation h                                    | as a 10% or greater inter  | est  |  |                             |                    |
| NONE   |                            |  |  |                             |                    |
| 2 Information Regarding Contribu   |                            | •  | -  |                             |                    |
| Check here ► X if the foundation   |                            |  |  |                             | ests for funds. If |
| the foundation makes gifts, grants, etc                                    |                            |  |  |                             |                    |
| a The name, address, and telephone nun                                     | nber or email address of t | the person to whom appli                         | cations should be address                        | sed;                        |                    |
|  |                            |  |  |                             |                    |
| h. The forms on which are beating about                                    | ha automatad and info-     | at an and materials their s                      | hould polydo:                                    | <del></del>                 | <del>-</del>       |
| <b>b</b> The form in which applications should                             | be submitted and inform    | ation and materials trey's                       | modia include.                                   |                             |                    |
| c Any submission deadlines:  |                            |  |  |                             |                    |
| d Any rectrictions or limitations on access                                | de euch as by esseration   | nal areas, charitable fields                     | kinds of institutions of                         | other factors               |                    |
| d Any restrictions or limitations on award                                 | as, such as by geographic  | uai ai cas, chantadhe nelos                      | , גוווטט טו וווסטנענוטווא, טו                    | ouidi iaciuls               |                    |
|  |                            |  |  |                             |                    |

| Rart XV Supplementary Information 3 Grants and Contributions Paid During the Y |  | Pavment                              |                                  |                       |
|--|--|--------------------------------------|----------------------------------|-----------------------|
| Recipient  | If recipient is an individual,   |                                      | D                                | •                     |
| Name and address (home or business)  | show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or contribution | Amount                |
| a Paid during the year   | UI SUUSIAIRIAI CORRIBOROI  | Тострын                              |                                  |                       |
|  |  |                                      |                                  |                       |
| AND THE PART OF TAXA   |  | no.                                  | CENTED AT EVIDIO                 |                       |
| AUTOMOTIVE HALL OF FAME<br>21400 OAKWOOD                                       |  | PC                                   | GENERAL FUND                     |                       |
| DEARBORN, MI 48124   |  |                                      |                                  | 15,000                |
| oningona, in 10111   |  |                                      |                                  |                       |
|  |  |                                      |                                  |                       |
| BEAUMONT FOUNDATION  |  | PC                                   | HEALTH CARE                      |                       |
| 26901 BEAUMONT BLVD  |  |                                      |                                  | 35 000                |
| SOUTHFIELD, MI 48033   |  |                                      |                                  | 35,000                |
|  |  |                                      |                                  |                       |
| BIG BROTHERS BIG SISTERS   |  | ₽C                                   | MENTORSHIP SERVICES              |                       |
| 7700 SECOND AVE, SUITE 602   |  |                                      |                                  |                       |
| DETROIT, MI 48202  |  |                                      |                                  | 15,000                |
|  |  |                                      |                                  |                       |
| BIRMINGHAM BLOOMFIELD ART CENTER   |  | PC                                   | PROMOTION OF THE ARTS            |                       |
| 1516 S CRANBROOK RD  |  |                                      |                                  |                       |
| BIRMINGHAM, MI 48009   |  |                                      |                                  | 15,000                |
|  |  |                                      |                                  |                       |
| BOY SCOUTS-GREAT LAKES FIELD SERVICE COUN                                      |  | PC                                   | BOY'S DEVELOPMENT                |                       |
| 14258 MICHIGAN STREET  |  |                                      |                                  |                       |
| EAGLE, MI 48822  |  |                                      |                                  | 10,000                |
|  | TINUATION SHEE   | T(S)                                 | <b>▶</b> 3a                      | 1,234,500             |
| b Approved for future payment  |  |                                      |                                  |                       |
| NONE   |  |                                      |                                  |                       |
| 110112   |  |                                      |                                  |                       |
|  |  |                                      |                                  |                       |
|  |  |                                      |                                  |                       |
|  |  |                                      |                                  |                       |
|  |  |                                      |                                  |                       |
|  |  |                                      |                                  |                       |
|  |  |                                      |                                  |                       |
|  |  |                                      |                                  |                       |
| Total  |  | <u>L</u>                             | <b>▶</b> 3b                      | 0.                    |
| 10.41  |  | -                                    | For                              | m <b>990-PF</b> (2019 |

Part XVI-A Analysis of Income-Producing Activities

|   |                    |                                       |   | T  |                                       |
|---|--------------------|---------------------------------------|---|--|---------------------------------------|
| Enter gross amounts unless otherwise indicated                                  | (a)<br>Business    | (b) Amount                            | (C)<br>Exclu-<br>sion                   | d by section 512, 513, or 514<br>(d)<br>Amount | (e) Related or exempt function income |
| 1 Program service revenue:  | code               |                                       | code                                    | Amount   | TOTIONOTI MODIFIC                     |
| a   |                    | _                                     | -                                       |  |                                       |
| b   |                    |                                       | <del> </del>                            |  |                                       |
| <u> </u>  | 1                  | <del></del>                           | +                                       |  | ·                                     |
| d   |                    |                                       | + +                                     |  | <del></del>                           |
| e   |                    |                                       | +                                       |  |                                       |
| Tees and contracts from accurrement agencies                                    | -                  |                                       | <del>    -</del>                        |  |                                       |
| g Fees and contracts from government agencies 2 Membership dues and assessments |                    |                                       | 1 1                                     |  |                                       |
| 3 Interest on savings and temporary cash  |                    |                                       | +                                       |  |                                       |
| investments   |                    |                                       |   |  |                                       |
| 4 Dividends and interest from securities  |                    | · · · · · · · · · · · · · · · · · · · | 14                                      | 472,205.                                       |                                       |
| 5 Net rental income or (loss) from real estate:                                 |                    |                                       |   |  | 77                                    |
| a Debt-financed property  |                    | 3,113,113,113                         |   |  |                                       |
| b Not debt-financed property  |                    |                                       |   |  |                                       |
| 6 Net rental income or (loss) from personal                                     |                    |                                       |   |  |                                       |
| property  |                    |                                       |   |  |                                       |
| 7 Other investment income   |                    |                                       |   |  |                                       |
| 8 Gain or (loss) from sales of assets other                                     |                    |                                       | 1 1                                     |  |                                       |
| than inventory  |                    |                                       | 18                                      | 287,840.                                       |                                       |
| 9 Net income or (loss) from special events                                      |                    |                                       |   |  |                                       |
| 10 Gross profit or (loss) from sales of inventory                               |                    |                                       |   |  |                                       |
| 11 Other revenue:   |                    |                                       |   |  |                                       |
| a   | _                  |                                       |   |  |                                       |
| b   | _                  |                                       |   |  |                                       |
| c   | _                  |                                       | $\vdash$                                |  |                                       |
| d   | _                  |                                       | <b>↓</b> ↓                              |  | ·                                     |
| e   |                    | <u></u>                               | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |                                       |
| 12 Subtotal Add columns (b), (d), and (e)                                       |                    | 0.                                    | 4864                                    | 760,045.                                       | 0.                                    |
| 13 Total. Add line 12, columns (b), (d), and (e)                                |                    |                                       |   | 13   | 760,045.                              |
| (See worksheet in line 13 instructions to verify calculations.)                 |                    | <del>-</del>                          |   |  |                                       |
| Part XVI-B Relationship of Activities   | to the Accon       | nplishment of Ex                      | empt F                                  | Purposes                                       |                                       |
| Line No. Explain below how each activity for which inc                          | ome is reported in | solumn (a) of Part VVI-A              | contribut                               | ted importantly to the accomp                  | hishment of                           |
| the foundation's exempt purposes (other tha                                     |                    |                                       | Continue                                | ted importantly to the docom                   | manimont of                           |
| N/A   | <u> </u>           | , , , , , , , , , , , , , , , , , , , |   |  |                                       |
|   |                    |                                       |   |  |                                       |
|   |                    |                                       |   |  | -                                     |
|   | ''                 |                                       |   |  |                                       |
|   |                    |                                       |   |  |                                       |
|   |                    |                                       |   |  |                                       |
|   |                    |                                       |   |  |                                       |
|   |                    |                                       |   | ·  |                                       |
|   |                    |                                       |   |  |                                       |
|   |                    |                                       |   |  |                                       |
|   |                    |                                       |   |  |                                       |
|   |                    |                                       |   |  |                                       |
|   |                    |                                       |   |  |                                       |
|   |                    |                                       |   | <del></del>                                    |                                       |
|   |                    |                                       |   |  |                                       |
|   |                    |                                       |   |  |                                       |
|   |                    |                                       |   |  |                                       |
|   |                    |                                       | · ·                                     |  |                                       |
|   |                    |                                       |   |  |                                       |

| Part .     | XVII Information R                       | egarding Transfe               | RED E. POLK FOUND. rs to and Transactions and     |   | charitable                            |          | ige ' |
|------------|--|--------------------------------|---|---|---------------------------------------|----------|-------|
| 1 Did      | Exempt Organ                             |                                | e following with any other organization           | described in section 501(c)               |                                       | Yes      | N     |
|            |  |                                | 7, relating to political organizations?           | , 300011202 III 00011011 04 1(0)          |                                       |          |       |
|            | insfers from the reporting found         |                                |   |   |                                       |          |       |
|            | Cash                                     |                                |   |   | 1a(1)                                 |          | _X    |
| ٠,         | Other assets                             |                                |   |   | 1a(2)                                 |          | X     |
|            | ner transactions:                        |                                |   |   |                                       |          |       |
|            | Sales of assets to a noncharita          | able exempt organization       |   |   | 1b(1)                                 |          | X     |
| ٠,         | Purchases of assets from a no            |                                | ization   |   | 1b(2)                                 |          | Х     |
| ٠,         | Rental of facilities, equipment,         | • •                            |   |   | 1b(3)                                 |          | X     |
|            | Reimbursement arrangements               |                                |   |   | 1b(4)                                 |          | X     |
| (5)        | Loans or loan guarantees                 |                                |   |   | 1b(5)                                 |          | X     |
| (6)        | Performance of services or mo            | embership or fundraising       | solicitations                                     |   | 1b(6)                                 |          | Х     |
| c Sh       | aring of facilities, equipment, ma       | ailing lists, other assets, o  | r paid employees                                  |   | 1c                                    |          | X     |
| d Ift      | he answer to any of the above is         | "Yes," complete the follow     | wing schedule. Column (b) should alwa             | ays show the fair market value of the g   | goods, other ass                      | ets,     |       |
| or         | services given by the reporting f        | foundation. If the foundati    | on received less than fair market value           | in any transaction or sharing arrangei    | ment, show in                         |          |       |
| col        | umn (d) the value of the goods,          | other assets, or services      | received.   |   |                                       |          |       |
| (a) Line n | o (b) Amount involved                    | <del></del>                    | charitable exempt organization                    | (d) Description of transfers, transaction | ns, and sharing arra                  | ngemen   | ts    |
|            |  |                                | N/A   |   |                                       |          |       |
|            |  |                                |   |   |                                       |          |       |
|            |  |                                |   |   |                                       |          |       |
|            |  |                                |   |   |                                       |          |       |
|            |  |                                |   |   |                                       |          |       |
|            | . <del> </del>                           | ļ                              |   |   |                                       |          |       |
|            |  | ļ                              |   |   |                                       |          |       |
|            |  | -                              |   |   |                                       |          |       |
|            | <del></del>                              | <del></del>                    |   |   |                                       |          |       |
|            | <del> </del>                             | <del> </del>                   |   |   |                                       |          |       |
|            | <del> </del>                             | <del></del>                    |   |   |                                       |          |       |
|            | <del>_</del>                             |                                |   |   |                                       |          |       |
|            | <del></del>                              | <u> </u>                       |   |   |                                       | _        |       |
|            | <del></del>                              | -                              |   |   |                                       |          |       |
|            | <del> </del>                             | <del></del>                    |   |   |                                       |          |       |
| 20 lc t    | he foundation directly or indirec        | the affiliated with or rolate  | ed to, one or more tax-exempt organiza            | tions described                           | ·                                     |          |       |
|            | section 501(c) (other than section       | •                              |   | tions described                           | Yes                                   | X        | 1 N   |
|            | Yes," complete the following sch         |                                |   |   |                                       |          | , ,,, |
|            | (a) Name of or                           |                                | (b) Type of organization                          | (c) Description of re                     | elationship                           | _        |       |
|            | N/A                                      | <u> </u>                       |   |   | · · · · · · · · · · · · · · · · · · · |          |       |
|            |  |                                |   | <del></del>                               |                                       |          |       |
|            |  |                                |   |   |                                       |          |       |
|            |  |                                |   |   |                                       | _        | _     |
|            |  |                                |   |   |                                       |          |       |
|            |  |                                | n, including accompanying schedules and state     |   | May the IRS di                        | scuss th | IIS   |
| Sign       | and delier, it is true, correct, and con | priere Declaration of preparer | (other than taxpayer) is based on all information | n or which preparer has any knowledge     | return with the shown below?          | prepare  | r     |
| Here       | 2 Shal                                   |                                | 1/1-13-20   | PRESIDENT                                 | X Yes                                 |          | N     |
|            | Signature of officer of trustee          |                                | Date  | Title                                     | L                                     |          |       |

Preparer's signature

SOUTHFIELD, MI 48034

11/12/20 P00240340 BRIAN SCHULTZ BRIAN SCHULTZ Firm's name ▶ PLANTE & MORAN, PLLC Firm's EIN ► 38-1357951 Firm's address ▶ 27400 NORTHWESTERN HIGHWAY

Date

Phone no. (248) 352-2500 Form **990-PF** (2019)

PTIN

Check f self- employed

Paid

Preparer

**Use Only** 

Print/Type preparer's name

RALPH L. & WINIFRED E. POLK FOUNDATION 38-6080075 Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient CHARLES H. WRIGHT MUSEUM-AFRICAN PROMOTION OF THE ARTS AMER HIST 315 E WARREN AVE DETROIT, MI 48201 15,000. COLLEGE FOR CREATIVE STUDIES HIGHER EDUCATION 201 E KIRBY ST 25,000. DETROIT, MI 48202 COMMUNITY HOUSE ÞС COMMUNITY SERVICES 380 S BATES ST BIRMINGHAM, MI 48009 15,000. CORNERSTONE EDUCATION GROUP ÞС EDUCATION 306 E 4TH ST 10,000. ROYAL OAK, MI 48067 CORNERSTONE SCHOOLS EDUCATION 6861 NEVADA AVE #3 5,000. DETROIT, MI 48234 SERVICES FOR THE COTS UNDERPRIVILEGED 2211 E JEFFERSON, SUITE 400 15,000. DETROIT, MI 48207 CROSSROADS FOR YOUTH YOUTH SERVICES 930 E. DRAHNER RD OXFORD, MI 48371 6,500. DETROIT INSTITUTE FOR CHILDREN ÞС YOUTH SERVICES 2075 E WEST MAPLE RD B-203 COMMERCE CHARTER TWP, MI 48390 17,500. DETROIT INSTITUTE OF ARTS ÞС PROMOTION OF THE ARTS 5200 WOODWARD AVE DETROIT, MI 48202 35,000. GENERAL FUND DETROIT PAL ÞС

1680 MICHIGAN AVE

DETROIT, MI 48216

15,000.

1,144,500.

Total from continuation sheets

**Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient Foundation Purpose of grant or show any relationship to **Amount** any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient PUBLIC TELEVISION DETROIT PUBLIC TELEVISION 1 CLOVER COURT WIXOM, MI 48393 25,000. REGIONAL ECONOMIC DETROIT REGIONAL CHAMBER FOUNDATION DEVELOPMENT ONE WOODWARD AVE STE 1700 DETROIT, MI 48226 20,000. DETROIT RIVERFRONT CONSERVENCY ÞС NATURE CONSERVATION 600 RENAISSANCE CENTER #1720 AND PROMOTION DETROIT, MI 48243 60,000. DETROIT ZOOLOGICAL SOCIETY ÞC ZOOLOGICAL SERVICES 8450 W 10 MILE RD SUITE 1 ROYAL OAK, MI 48067 25,000. MARKETING EDGE EDUCATION 500 SEVENTH AVE, 8TH FLOOR OPPORTUNITIES 12,500. NEW YORK, NY 10018 GENERAL WELFARE FATHER FRED FOUNDATION 826 HASTINGS ST SERVICES TRAVERSE CITY, MI 49686 25,000. FOCUS HOPE ÞС SERVICES FOR THE UNDERPRIVILEGED 1400 OAKMAN BOULEVARD DETROIT, MI 48238 15,000. FORGOTTEN HARVEST ÞС SERVICES FOR THE UNDERPRIVILEGED 21800 GREENFIELD RD OAK PARK, MI 48237 15,000. ÞС EDUCATION SERVICES FRIENDS OF PENINSULA COMMUNITY LIBRARY 2893 ISLAND VIEW ROAD TRAVERSE CITY, MI 49686 3,000. GLEANERS COMMUNITY FOOD BANK PC SERVICES FOR THE 2131 BEAUFAIT ST UNDERPRIVILEGED DETROIT, MI 48207 22,500. Total from continuation sheets

| Part XV Supplementary Information                                   |  |                      |                                   | <del></del> |
|---|--|----------------------|-----------------------------------|-------------|
| 3 Grants and Contributions Paid During the Y                        | T  | 1                    | <del></del>                       |             |
| Recipient   | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation status of | Purpose of grant or contribution  | Amount      |
| Name and address (home or business)                                 | or substantial contributor   | recipient            |                                   |             |
|   |  | L                    |                                   |             |
| GRAND TRAVERSE REGIONAL LAND  |  | ₽C                   | NATURE CONSERVATION AND PROMOTION | •           |
| CONSERVANCY 3860 N LONG LAKE RD #D                                  |  |                      | AND PROMOTION                     |             |
| TRAVERSE CITY, MI 49684   |  |                      |                                   | 125,000     |
|   |  |                      |                                   |             |
|   |  |                      |                                   | •           |
| GRASS LAKE SANCTUARY  |  | PC                   | NATURE CONSERVATION               |             |
| 18580 GRASS LAKE RD   |  |                      | AND PROMOTION                     | 4.5.000     |
| MANCHESTER, MI 48158  |  |                      |                                   | 15,000      |
|   |  |                      |                                   |             |
| GREAT LAKES CHILDREN'S MUSEUM                                       |  | PC                   | HISTORICAL                        |             |
| 13240 S W BAY SHORE DR  |  |                      | PRESERVATION                      |             |
| TRAVERSE CITY, MI 49684   |  |                      |                                   | 12,500      |
|   |  |                      |                                   |             |
| GREENING OF DETROIT   |  | PC                   | NATURE CONSERVATION               |             |
| 13000 W MCNICHOLS RD  |  | ľ                    | AND PROMOTION                     |             |
| DETROIT, MI 48235   |  |                      |                                   | 15,000      |
| · · · · · · · · · · · · · · · · · · ·                               |  |                      |                                   |             |
|   |  |                      |                                   |             |
| HORIZONS UPWARD BOUND   |  | PC                   | YOUTH SERVICES                    |             |
| PO BOX 801  |  |                      |                                   | 25 000      |
| BLOOMFIELD HILLS, MI 48303  |  |                      |                                   | 25,000      |
|   |  |                      |                                   |             |
| INTERLOCHEN CENTER  |  | PC                   | PROMOTION OF THE ARTS             |             |
| 4000 M-137  |  |                      |                                   |             |
| INTERLOCHEN, MI 49643   |  | ļ                    |                                   | 12,500      |
|   |  |                      |                                   |             |
| JACK'S PLACE FOR AUTISM   |  | PC                   | YOUTH SERVICES                    |             |
| 17360 W 12 MILE RD  |  | [                    |                                   |             |
| SOUTHFIELD, MI 48076  |  |                      |                                   | 12,500      |
|   |  |                      |                                   |             |
|   |  |                      | NOVIEW GERNATORS                  |             |
| JUDSON CENTER   |  | PC                   | YOUTH SERVICES                    |             |
| 30301 NORTHWESTERN HIGHWAY, SUITE 100<br>FARMINGTON HILLS, MI 48334 |  |                      |                                   | 22,500      |
| I Marineron Millar, Millard   |  |                      |                                   |             |
|   |  |                      |                                   |             |
| LAPEER COUNTY COMMUNITY FOUNDATION                                  |  | PC                   | COMMUNITY SERVICES                |             |
| 235 W NEPESSING ST  |  |                      |                                   |             |
| LAPEER, MI 48446  | <del>                                     </del>                                     | <del> </del>         |                                   | 7,500.      |
|   |  |                      |                                   |             |
| LEADER DOGS FOR THE BLIND   |  | PC                   | ASSISTANCE FOR                    |             |
| 1039 S ROCHESTER RD   |  |                      | PHYSICALLY HANDICAPPED            |             |
| ROCHESTER HILLS, MI 48307   |  |                      |                                   | 20,000      |
| Total from continuation sheets                                      |  |                      |                                   |             |

| Part XV Supplementary Information                        |  |                      | ·                                |         |
|--|--|----------------------|----------------------------------|---------|
| 3 Grants and Contributions Paid During the               |  | <del>- r</del>       | <del></del>                      |         |
| Recipient  | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation status of | Purpose of grant or contribution | Amount  |
| Name and address (home or business)                      | or substantial contributor   | recipient            |                                  |         |
|  |  |                      |                                  |         |
| LIGHTHOUSE OF OAKLAND COUNTY                             |  | PC                   | SERVICES FOR THE                 |         |
| 46156 WOODWARD AVE                                       |  |                      | UNDERPRIVILEGED                  | 15 000  |
| PONTIAC, MI 48342  |  |                      |                                  | 15,000. |
| MI THANKSGIVING PARADE FOUNDATION                        |  | ₽C                   | PROMOTION OF THE ARTS            |         |
| 9500 MT ELLIOTT, STUDIO A                                |  | f                    | TROMOTTON OF THE ARTS            |         |
| DETROIT, MI 48211  |  |                      |                                  | 5,000.  |
| <b>.</b>   |  |                      |                                  |         |
| MICHIGAN HUMANE SOCIETY                                  |  | PC                   | ANIMAL CARE AND                  |         |
| 30300 TELEGRAPH ROAD, SUITE 220                          |  |                      | SUPPORT                          |         |
| BINGHAM FARMS, MI 48025                                  |  |                      |                                  | 75,000. |
|  |  |                      |                                  |         |
| MICHIGAN OPERA THEATRE                                   |  | PC                   | PROMOTION OF THE ARTS            |         |
| 1526 BROADWAY ST   |  |                      |                                  |         |
| DETROIT, MI 48226  |  |                      | <u> </u>                         | 15,000. |
|  |  |                      |                                  |         |
| MICHIGAN RADIO   |  | PC                   | COMMUNITY SERVICES               |         |
| 535 W WILLIAM ST, SUITE 110<br>ANN ARBOR, MI 48103       |  |                      |                                  | 5,000.  |
|  |  |                      |                                  | -,      |
| MICHIGAN SCIENCE CENTER                                  |  | PC                   | EDUCATION SERVICES               |         |
| 5020 JOHN R ST   |  |                      |                                  |         |
| DETROIT, MI 48202  |  |                      |                                  | 35,000. |
|  |  |                      |                                  |         |
| MIDNIGHT GOLF PROGRAM                                    |  | PC                   | YOUTH SERVICES                   |         |
| 30100 TELEGRAPH RD, SUITE 404<br>BINGHAM FARMS, MI 48025 |  |                      |                                  | 10,000. |
| ,  |  |                      |                                  | , -     |
| MINDS  |  | ₽C                   | MENTAL HEALTH SERVICES           |         |
| 535 GRISWOLD STREET, SUITE 111-112                       |  |                      |                                  |         |
| DETROIT, MI 48226  |  |                      |                                  | 15,000. |
|  |  |                      |                                  |         |
| OAKLAND FAMILY SERVICES                                  |  | PC                   | COMMUNITY SERVICES               |         |
| 114 ORCHARD LAKE RD                                      |  |                      |                                  |         |
| PONTIAC, MI 48341  | <del>                                     </del>                                     |                      |                                  | 15,000. |
|  |  |                      |                                  |         |
| ORCHARD CHILDRENS SERVICES                               |  | PC                   | YOUTH SERVICES                   |         |
| 24901 NORTHWESTERN HIGHWAY<br>SOUTHFIELD, MI 48075       |  |                      |                                  | 15,000. |
| Total from continuation sheets                           | <u> </u>   |                      |                                  |         |

| 3 Grants and Contributions Paid During the                 |   | <del></del>            |                        |           |
|--|---|------------------------|------------------------|-----------|
| Recipient  | If recipient is an individual, show any relationship to | Foundation             | Purpose of grant or    | Amount    |
| Name and address (home or business)                        | any foundation manager<br>or substantial contributor    | status of<br>recipient | contribution           | Amount    |
|  |   |                        | DDVC BLOW GEDWIGEG     |           |
| PENINSULA COMMUNITY LIBRARY                                |   | PC                     | EDUCATION SERVICES     |           |
| 2893 ISLAND VIEW ROAD                                      |   |                        |                        | 2 5       |
| TRAVERSE CITY, MI 49686                                    |   |                        |                        | 2,5       |
| RACQUET UP DETROIT   |   | PC                     | PHYSICAL EDUCATION     |           |
| 18100 MEYERS RD  |   |                        | SERVICES               |           |
| DETROIT, MI 48235  |   |                        |                        | 30,0      |
|  |   |                        |                        |           |
| REACH OUT & READ   |   | PC                     | NATURE CONSERVATION    |           |
| 89 SOUTH ST, SUITE 201                                     |   |                        | AND PROMOTION          | <b></b> - |
| BOSTON, MA 02111   |   |                        |                        | 25,0      |
| RECOVERY PARK  |   | ₽C                     | URBAN FARMING          |           |
| 5470 CHENE   |   |                        |                        |           |
| DETROIT, MI 48211  |   |                        |                        | 25,0      |
| ·  |   |                        |                        | ·         |
| ROSE HILL  |   | PC                     | MENTAL HEALTH SERVICES |           |
| 5130 ROSE HILL BLVD  |   | [ ]                    |                        |           |
| HOLLY, MI 48442  |   |                        |                        | 20,0      |
|  |   |                        |                        | ,         |
| SEVEN PONDS RESERVE FUND                                   |   | ₽C                     | NATURE CONSERVATION    |           |
| 3854 CRAWFORD RD   |   |                        | AND PROMOTION          |           |
| DRYDEN, MI 48428   |   |                        | -                      | 7,5       |
| SOCIETY OF ST. VINCENT DEPAUL                              |   | ₽C                     | SERVICES FOR THE       |           |
| 3000 GRATIOT AVE   |   |                        | UNDERPRIVILEGED        |           |
| DETROIT, MI 48207  |   |                        |                        | 7,5       |
|  |   |                        |                        |           |
| SPECIAL OLYMPICS - MICHIGAN                                |   | PC                     | SPECIAL NEEDS SERVICES |           |
| 1120 S. MISSION STREET                                     |   |                        |                        | 45.0      |
| MT. PLEASANT, MI 48858                                     |   |                        |                        | 15,0      |
| SPHINX ORGANIZATION  |   | ₽C                     | PROMOTION OF THE ARTS  |           |
| 400 RENAISSANCE CENTER                                     |   |                        |                        |           |
| DETROIT, MI 48243  |   |                        |                        | 15,0      |
|  |   |                        |                        |           |
| ST. ELIZABETH BRIARBANK                                    |   | PC                     | RELIGIOUS SERVICES     |           |
| 39315 WOODWARD AVE   |   |                        |                        | 17 5      |
| BLOOMFIELD HILLS, MI 48304  Total from continuation sheets |   | 1                      |                        | 17,5      |

| 3 Grants and Contributions Paid During the Y | ear (Continuation)                                      |                        |                       |        |
|--|---|------------------------|-----------------------|--------|
| Recipient                                    | If recipient is an individual, show any relationship to | Foundation             | Purpose of grant or   |        |
| Name and address (home or business)          | any foundation manager<br>or substantial contributor    | status of<br>recipient | contribution          | Amount |
|  |   |                        |                       |        |
| STARFISH FAMILY SERVICES                     |   | PC                     | COMMUNITY SERVICES    |        |
| 30000 HIVELEY ROAD                           |   |                        |                       |        |
| INKSTER, MI 48141                            |   |                        |                       | 15,000 |
|  |   |                        |                       |        |
| T.E.A.                                       |   | ₽C                     | EDUCATION SERVICES    |        |
| 1401 VERMONT ST                              |   |                        |                       |        |
| DETROIT, MI 48216                            | · · · ·   | -                      |                       | 25,000 |
|  |   |                        |                       |        |
| THE CHILDREN'S CENTER                        |   | PC                     | YOUTH SERVICES        |        |
| 90 SELDEN ST                                 |   |                        |                       |        |
| DETROIT, MI 48201                            |   |                        |                       | 12,500 |
|  |   |                        |                       |        |
| THE NATURE CONSERVANCY                       |   | ₽C                     | NATURE CONSERVATION   |        |
| 101 EAST CESAR E CHAVEZ AVENUE               |   |                        | AND PROMOTION         | 25 000 |
| LANSING, MI 48906                            | <del> </del>  |                        |                       | 25,000 |
|  |   |                        | COMMITTING CERTIFICES |        |
| WDET<br>4600 CASS AVENUE                     |   | PC                     | COMMUNITY SERVICES    |        |
| DETROIT, MI 48201                            |   |                        | ]                     | 7,500  |
| BEIROTT, MT 40201                            |   |                        | -                     |        |
| WOMEN OF TOMORROW                            |   | PC                     | MENTORSHIP SERVICES   |        |
| 32 GROVE ST PO BOX 73                        |   |                        |                       |        |
| SPRING VALLEY, NY 10977                      |   |                        |                       | 15,000 |
|  |   |                        |                       |        |
| WOMEN WHO WELD                               |   | PC                     | JOB TRAINING SERVICES |        |
| 1570 WOODWARD AVE SUITE 2                    |   |                        |                       |        |
| DETROIT, MI 48226                            |   |                        |                       | 10,000 |
|  |   | <b>'</b>               | •                     |        |
| YMCA OF METROPOLITAN DETROIT                 |   | ₽C                     | COMMUNITY SERVICES    |        |
| 1401 BROADWAY ST #3A                         |   |                        |                       |        |
| DETROIT, MI 48226                            |   |                        |                       | 15,000 |
|  |   |                        |                       |        |
|  |   |                        |                       |        |
|  |   |                        |                       |        |
|  |   |                        |                       |        |
|  |   |                        |                       |        |
|  |   |                        |                       |        |
|  |   | 1                      |                       |        |

| FORM 990-PF  | DIVIDEND        | S AND                                      | INTER  | EST FR                     | ROM SECUR                                     | ITIES S'                          | TATEMENT 1   |
|--|-----------------|--|--|----------------------------|---|-----------------------------------|--|
| SOURCE   | GROSS<br>AMOUNT | G  | APITAL<br>SAINS<br>/IDEND:                     | R                          | (A)<br>REVENUE<br>ER BOOKS                    | (B)<br>NET INVEST-<br>MENT INCOME |  |
| ACL K-1  | 15,854          |  |  | 0.                         | 15,854.                                       | 15,854.                           |  |
| HATTERAS CORE<br>ALTERNATIVES K-1  | 7               |  |  | 0.                         | 7.  | 7.                                |  |
| MORGAN STANLEY   | 478,448         | •  | 27,36  | 6.                         | 451,082.                                      | 451,082.                          |  |
| PLATFORM K-1   | 5,262           | •  | ······   | 0.<br>— —                  | 5,262.  | 5,262.                            |  |
| TO PART I, LINE 4  | 499,571         | •  | 27,36  | 6.<br>— —                  | 472,205.                                      | 472,205.                          |  |
| FORM 990-PF  |                 | -  | LEGAL  | FEES                       |   | S                                 | PATEMENT 2   |
| DESCRIPTION  |                 | (A<br>EXPEN<br>PER E                       | ISES   | NET I                      | (B)<br>INVEST-<br>INCOME                      | (C)<br>ADJUSTED<br>NET INCOME     | (D)<br>CHARITABLE<br>PURPOSES  |
| LEGAL FEES   |                 | 1  | 1,071.   |                            | 0.  |                                   | 536.   |
| DEGNE FEED   |                 |  |  |                            |   |                                   |  |
| TO FM 990-PF, PG 1,  | LN 16A =        |  | 1,071.   |                            | 0.  |                                   | 536.   |
| TO FM 990-PF, PG 1,  | LN 16A =        | 1  | COUNTIN  | NG FEE                     |   | Si                                | 536.   |
| TO FM 990-PF, PG 1,  | LN 16A =        | ACC<br>(A<br>EXPEN                         | COUNTIN  | (<br>NET I                 |   | (C)<br>ADJUSTED<br>NET INCOME     |  |
|  | LN 16A =        | ACC<br>(A<br>EXPEN<br>PER E                | COUNTIN  | (<br>NET I                 | B)  | (C)<br>ADJUSTED                   | PATEMENT 3  (D)  CHARITABLE  |
| TO FM 990-PF, PG 1,  FORM 990-PF  DESCRIPTION  ACCOUNTING FEES                     |                 | ACC<br>(A<br>EXPEN<br>PER B                | COUNTINAL) ISES BOOKS                          | (<br>NET I                 | B)<br>NVEST-<br>INCOME                        | (C)<br>ADJUSTED                   | (D) CHARITABLE PURPOSES 2,127.                                       |
| TO FM 990-PF, PG 1,  FORM 990-PF  DESCRIPTION  ACCOUNTING FEES  TO FORM 990-PF, PG | -<br>1, LN 16B  | ACC (A EXPEN PER B                         | COUNTINGS OF STREET                            | NET I                      | B) INVEST- INCOME 2,128.                      | (C) ADJUSTED NET INCOME           | (D) CHARITABLE PURPOSES  |
| TO FM 990-PF, PG 1,  FORM 990-PF  DESCRIPTION  ACCOUNTING FEES  TO FORM 990-PF, PG | -<br>1, LN 16B  | ACC (A EXPEN PER B                         | COUNTING A) ISES BOOKS A, 255. PROFESS A) ISES | NET I MENT  SIONAL  (NET I | B) INVEST- INCOME 2,128.                      | (C) ADJUSTED NET INCOME           | CATEMENT 3  (D) CHARITABLE PURPOSES  2,127.  2,127.  CATEMENT 4  (D) |
| TO FM 990-PF, PG 1, FORM 990-PF  DESCRIPTION                                       | -<br>1, LN 16B  | ACC (A EXPEN PER B  THER P  (A EXPEN PER B | COUNTING A) ISES BOOKS A, 255. PROFESS A) ISES | NET I MENT  SIONAL  (NET I | B) NVEST- INCOME 2,128. 2,128. FEES B) NVEST- | (C) ADJUSTED NET INCOME  ST       | CHARITABLE PURPOSES  2,127.  2,127.  CATEMENT 4  (D)  CHARITABLE     |

| FORM 990-PF                           | TAX                              | ES  | STATEMENT 5                   |                                      |  |
|---------------------------------------|----------------------------------|---|-------------------------------|--------------------------------------|--|
| DESCRIPTION                           | (A)<br>EXPENSES<br>PER BOOKS     | (B)<br>NET INVEST-<br>MENT INCOME           | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES        |  |
| FOREIGN TAXES PAID FEDERAL EXCISE TAX | 19,010.<br>24,890.               |   |                               | 0.                                   |  |
| TO FORM 990-PF, PG 1, LN 18           | 43,900.                          | 19,010.                                     |                               | 0.                                   |  |
|                                       | OTHER EXPENSES                   |   | STATEMENT 6                   |                                      |  |
| FORM 990-PF                           | OTHER E                          | XPENSES                                     | S                             | TATEMENT 6                           |  |
| FORM 990-PF  DESCRIPTION              | OTHER E  (A)  EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME                 | (C) ADJUSTED NET INCOME       | TATEMENT 6  (D)  CHARITABLE PURPOSES |  |
|                                       | (A)<br>EXPENSES                  | (B) NET INVEST- MENT INCOME  0. 0. 100,739. | (C)<br>ADJUSTED               | (D)<br>CHARITABLE                    |  |

| FORM 990-PF OTHER  | RINVESTMENTS        |                           | STATEMENT 7               |
|--|---------------------|---------------------------|---------------------------|
| DESCRIPTION  | VALUATION<br>METHOD | BOOK VALUE                | FAIR MARKET<br>VALUE      |
| MORGAN STANLEY INVESTMENTS PLATFORM NEIGHBORHOOD FUND I LP | COST                | 13,332,716.<br>1,537,850. | 15,311,701.<br>1,537,850. |
| TOTAL TO FORM 990-PF, PART II, LINE                        | 13                  | 14,870,566.               | 16,849,551.               |