

Return of Private Foundation

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

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

OMB No 1545-0052

2017

en to Public Inspection

Department of the Treasury

Interr	nal Reven	ue Service ► Go to www.irs.gov/Form990PF fo	r instructions and t	the lates	st information	on. Open	to Public Inspection
For	calen	dar year 2017 or tax year beginning	, 201	7, and e	ending		, 20
	me of for					r identification numb	er
СН	ARLES	S H. AND MILDRED E. SPEECE FOUNDATION			47-2	142206	
		d street (or P O box number if mail is not delivered to street address)	Room	/suite		e number (see instruc	tions)
		RKWAY PLACE			1215	886-9030	
		n, state or province, country, and ZIP or foreign postal code				ion application is pend	ding check boro >
		FOWN PA 19046		ľ	o ii exempi	лоп аррисацоп із репо	ang, theta here >
			of a former public	charity	D 4 F	ayaan,estaas -kr-1	horo - □
G	Check		•	chanty	ו. Foreigi	n organizations, check	here . ►
				ł		n organizations meetin	
	Ob 1		 _	74		here and attach comp foundation status was	
		type of organization: Section 501(c)(3) exempt p		1/ 1 3		07(b)(1)(A), check here	
		n 4947(a)(1) nonexempt charitable trust					
		parket value of all assets at J Accounting method	:∟A Cash ∐ Ao	ccrual		ndation is in a 60-mon	
		year (from Part II, col. (c),			under see	ction 507(b)(1)(B), chec	ck here ▶
	line 16		on cash basis.)				
Pa	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		come	income	purposes
<u>; </u>		the amounts in column (a) (see instructions))					(cash basis only)
3	1	Contributions, gifts, grants, etc., received (attach schedule)	100,000.				
ク	2	Check ► ☐ if the foundation is not required to attach Sch. B					
U	3	Interest on savings and temporary cash investments	84.				
1	4	Dividends and interest from securities		_			
	5a	Gross rents					
	b	Net rental income or (loss)					
<u>a</u>	6a	Net gain or (loss) from sale of assets not on line 10				, ,	
Ĭ	b	Gross sales price for all assets on line 6a				,	;
Revenue	7	Capital gain net income (from Part IV, line 2)					1
æ	8	Net short-term capital gain					
	9	Income modifications			· · · · · · · · · · · · · · · · · · ·		
	10a	Gross sales less returns and allowances				, ,	
	b	Less: Cost of goods sold	,				
	c	Gross profit or (loss) (attach schedule)	<u> </u>				,
	11	Other income (attach schedule)		 			1
	12	Total. Add lines 1 through 11	100,084.		 _		
	13	Compensation of officers, directors, trustees, etc.	+00,004.				†
Operating and Administrative Expenses	14	Other employee salaries and wages		<u> </u>			
Su	15	Pension plans, employee benefits	<u> </u>				
be	16a	Legal fees (attach schedule)					
Щ	b	Accounting fees (attach schedule)					
Š	C	Other professional fees (attach schedule)		DE	/ F= 1		
ati	17	Interest		REC	EIVE	D	
str	18	Taxes (attach schedule) (see instructions)				200	+
: <u>Ë</u>	19	Depreciation (attach schedule) and depletion	A047	MAY	07 2018		
Ξ	1					38	
Ad	20	Occupancy		OGD	ERI II-		
Þ	21 22				<u>-14, U {</u>	 	
ā	23	Other expenses (attach schedule) See Stmt.		<u> </u>			
ng	23	Total operating and administrative expenses.					
ati	24	Add lines 13 through 23	,				
ě	0.5		100 000	<u> </u>			100 000
Q	25	Contributions, gifts, grants paid	100,000.			 	100,000.
	26	Total expenses and disbursements. Add lines 24 and 25	100,000.	 			100,000.
	27	Subtract line 26 from line 12.				•	
	a	Excess of revenue over expenses and disbursements	84.				
	b	Net investment income (if negative, enter -0-) .		<u> </u>	·		-
	С	Adjusted net income (if negative, enter -0-)	<u> </u>	L		L	200 05

For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2017)

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4 110,0 5

rarı	(a) List and describe the kin	d(s) of property sold (for example, real ese, or common stock, 200 shs MLC Co	state,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo , day, yr.)
1a						
<u>b</u>						
<u> </u>						
d						
<u>е</u>				<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) (f) minus (g))
<u>a</u>						
b_			\			
<u>c</u>			·			
<u>d</u>						
е_	Complete only for assets show	wing gain in column (h) and owned	by the foundation	on 12/31/69.	M. Corno (Col	I (b) con munus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col. (i) (j), if any	col. (k), but no	l. (h) gain minus t less than -0-) or rom col (h))
a						
b						
С						
d						
е						
2	Capital gain net income or		also enter in Pa , enter -0- ın Paı	_ }	2	
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instru	ctions. If (loss)	, enter -0- ın }	3	
Part		er Section 4940(e) for Redu			7	
Was t		e this part blank. section 4942 tax on the distribu ualify under section 4940(e). Do			se period?	☐ Yes ☐ No
1	Enter the appropriate amo	unt in each column for each yea	ar, see the instru	ictions before mak	ing any entries.	
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	s Net value of	(c) f noncharitable-use asse	ets Dist	(d) tribution ratio divided by col (c))
	2016	65,0	00.	69,063	3.	0.941170
	2015	65,0		50,449	9.	1.288430
	2014	60,0	00.	·		
	2013			 		
	2012	<u> </u>				
2	Total of line 1, column (d)				2	2.229600
3		for the 5-year base period—div				
	the number of years the fo	undation has been in existence	if less than 5 ye	ears	3	1.114800
4	Enter the net value of nonc	charitable-use assets for 2017 fi	rom Part X, line	5	4	120,682.
5	Multiply line 4 by line 3 .				5	134,536.
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)		6	<u>-</u>
7	Add lines 5 and 6				7	134,536.
8	Enter qualifying distribution	ns from Part XII, line 4			8	100,000.
	If line 8 is equal to or great Part VI instructions.	ter than line 7, check the box ir	Part VI, line 1b	, and complete tha	at part using a 1	% tax rate. See the

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	nstru	ction	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	N/	A	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	here ▶ ☐ and enter 1% of Part I, line 27b			1
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of			_
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2		0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		<u> </u>	
6	Credits/Payments:			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a Exempt foreign organizations—tax withheld at source 6b			
b	Exompt foroign organizations tax without at occurs			. 1
C	, , , , , , , , , , , , , , , , , , , ,			i !
d	Backup withholding erroneously withheld			
7 8	Enter any penalty for underpayment of estimated tax. Check here from 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ► 10		0.	
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶ 11			
	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		×
	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.			,
С	Did the foundation file Form 1120-POL for this year?	1c		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			,
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		1	
	on foundation managers. ► \$			ئــــا
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	 	×
_	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			
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		×
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×
4a b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×
J	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 remain in the governing instrument?	6	×	
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	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			
	D A			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			<u> </u>
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	×	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			i
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"	_		
	complete Part XIV	9	ļ <u>.</u>	×
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	40		
	names and addresses	10	×	I

	Part VII-A Statements Regarding Activities (continued)			Page
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	T-	Ye	s No
1	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions Did the foundation make a distribution to a		+-	+
	- Did the tophostion make a distant	11	1	×
1	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified Did the foundation comply with the public inspection requirements for the new to the foundation of a disqualified.		 	+~
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? The books are in	12]	×
1	4 The books are in the difficulty of the armidal returns and exemption application?	13	×	1
	The books are in care of ► GEORGE LUSKUS, TRUSTEE Located at ► 745 YORKWAY PLACE JENKINTOWN PR			
1	Located at ▶ 745 YORKWAY PLACE JENKINTOWN PA Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1044 ZIP+4 ▶ 19046-	86-	903)
	5 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here. At any time discontinuous. (215) 8 (215) 8 (215) 8 (215) 8	271	1	
16	and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2017, did the foundation have an interest in an animal service of the se		•	▶ [
	or or or other firms of the fir			_
	over a bank, securities, or other financial account in a foreign country?. See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		Yes	No
	the foreign country	16		×
P	art VII-B Statements Regarding Aut IV			
	File Form 4720 if any item is checked in the "Yes" column, uplease.			
1	a During the year, did the foundation (att.)		· ·	
	(1) Engage in the sale or explanation directly):		Yes	No
	(2) Borrow money from, lend money to, or otherwise extend gradity to (2) Yes No	1	J	
	disqualified person?	1	ĺ	1
	(3) Furnish goods services or facility		- 1	i
	(4) Pay compensation to or pay the discrept them from) a disqualified person?			1
	(9) Transfer any Income or assets to a discussion of a disqualified person?			1
	the benefit or use of a disqualified person?		.	
	(6) Agree to pay money or property			
	foundation agreed to make a grant to or to a section. Check "No" if the			ļ
	termination of government songer states and the conicial for a period after	- } .		
b	If any answer is "Yes" to 19(1) (6)			!
	section 53.4941(d)-3 or in a current notice research			-
	organizations felving on a current matter			
С	Did the foundation engage in a prison of the district assistance, check here	-		 ,
	were not corrected before the first day of the control described in 1a, other than excepted and the control day of the control			
	Taxes of failure to distribute income /			_
_	operating foundation defined in section 40.4000s. A feet apply for years the foundation was a mile of the section was a mi	-		<u><</u>
а	The trice of the triangle of triangle of the triangle of the triangle of t		1	
	6e, Part XIII) for tax year(s) beginning before 2017?			!
	If Yes," list the years ▶ 20 20 50		1	}
1			1	1
	(relating to incorrect valuation of assets) to the year's undistributed in a relation of section 4942(a)(2)			1
	and attach statement will applying Section 4942/a)/2) to	,		ĺ
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	Did the 60 , 20 , 20 , 20 , 20 , 20	 	+	7
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		1	
	at any time during the year?	1	1	!
	If "Yes," did it have exceed him:		1	1
(disqualified persons after May 26, 1969; (2) the lance of the 5			1
	The choices business holdings in 2017.			
	710 tile 10thndation invoct diament			ĺ
L	All the loundation make any invest		-	-
	haritable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		×	i
	3 Solore the first day of the tax year beginning in 20172		×	
	4b			

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-	VII-B Statements Regarding Activities			4720	May Be R	equire	ed (contir	nued)			
5a	During the year, did the foundation pay or incur, (1) Carry on propaganda, or otherwise attempt to (2) Influence the outcome of any specific public directly or indirectly, any voter registration dr	o influe c electi	ence legislatio	on 495	55), or to ca	arry on	☐ Yes	⊠ No ⊠ No		Yes	No
	(3) Provide a grant to an individual for travel, stu(4) Provide a grant to an organization other than section 4945(d)(4)(A)? See instructions	n a cha	ritable, etc.,	organız	ation desc		☐ Yes	⊠ No ⊠ No			
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to o							⊠ No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice	e transa	actions fail to	qualify	under the	excepti	ons descr				
С	Organizations relying on a current notice regards If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility	he fou	ndation claim	exem	ption from	the tax		► □			!
6a	If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any on a personal benefit contract?	funds,		directly	, to pay pre	emiums	Yes	⊠ No	}		1
b	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.	ns, dire	ectly or indire	ctiy, on	a personal	benefi	t contract	? .	6b		×
7a b	At any time during the tax year, was the foundation of "Yes," did the foundation receive any proceeds		•					⊠ No n? .	7b		نــــا
Par	Information About Officers, Direct and Contractors	tors,	Frustees, F	ounda	tion Mana	agers,	Highly F	Paid E	mploy	ees,	
1	List all officers, directors, trustees, and found	lation i	managers ar	d their	compens	ation. S	See instru	ections	S.		
	(a) Name and address	hou	e, and average irs per week ed to position	(If r	mpensation not paid, nter -0-)	emple	Contributions byee benefit erred compe	plans	(e) Expe	nse ac allowar	
GEO	RGE LUSKUS	TRUS	TEE								
	YORKWAY PLACE JENKINTOWN PA 19046		1.00		0.			0.			0.
	DRED E. SPEECE	TRUS			_						_
	NORRISOWN RD, D103 LOWER GWYNEDD PA 19002		1.00		0.			0.			0.
	ALD A. PIZER RUNNYMEDE AVENUE JENKINTOWN PA 19046	TRUS	TEE 1.00		0.			0.			0.
	ary A. Fuelleborn	TRSU'									
	Yorkway Place Jenkintown PA 19046		1.00		0.			0.			0.
. 2	Compensation of five highest-paid employee "NONE."	es (oth	er than thos	e incl	uded on li	ne 1-	see instri	uction	s). If n	one,	enter
-	(a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to pe	/eek ¯	(c) Comper	nsation	(d) Contribution of the complex of the compens of t	benefit leferred	(e) Expe	nse aco allowan	
NONE											
			 				.				
				···			-				
							<u>.</u> .				
Total	number of other employees paid over \$50,000.							. ▶	0		
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Pari	VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empand Contractors (continued)	oloyees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE.	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
		 _
-		
Total	number of others receiving over \$50,000 for professional services)
Par	IX-A Summary of Direct Charitable Activities	
Lis	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	-
	anizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	THE FOUNDATION IS A PRIVATE NON-OPERATING FOUNDATION AND ITS SOLE	
	ACTIVITY IS TO MAKE GRANTS TO OTHER 501(C)(3) ORGANIZATIONS	
•		0.
2		
3		
4		
Par	Summary of Program-Related Investments (see instructions)	
De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
2		
All	other program-related investments. See instructions	
3		
Total	. Add lines 1 through 3	
· Utai		orm 990-PF (2017)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreise see instructions.)	gn tol	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
a	Average monthly fair market value of securities	1a	122,520.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	122,520.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	122,520.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	ınstructions)	4	1,838.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	120,682.
6	Minimum investment return. Enter 5% of line 5	6	6,034.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► □ and do not complete this part.)	ounda	ations
1	Minimum investment return from Part X, line 6	1	6,034.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,034.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	6,034.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	6,034.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	Г	
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	100,000.
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	100,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
-	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	100,000.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.		
			- 000 DE

Part	Undistributed income (see instruction	ons)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
	`line 7				6,034.
2	Undistributed income, if any, as of the end of 2017:				
а	Enter amount for 2016 only			3,453.	:
ь	Total for prior years: 20 ,20 ,20				· · · · · · · · · · · · · · · · · · ·
3	Excess distributions carryover, if any, to 2017:				
a	From 2012 0.				
b	From 2013 0.				
C	From 2014 60,000.				
d	From 2015 65,000.				
е	From 2016				
f	Total of lines 3a through e	190,000.			
4	Qualifying distributions for 2017 from Part XII,	130,000.			
•	* * .				
а	Applied to 2016, but not more than line 2a .				
þ	Applied to undistributed income of prior years				
	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2017 distributable amount				
e	Remaining amount distributed out of corpus	100,000.			
-	Excess distributions carryover applied to 2017	100,000.			
5	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
_		,			
6	Enter the net total of each column as				_
	indicated below:	and the same of th		•	
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	290,000.			-
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0.		
С	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				
d	Subtract line 6c from line 6b. Taxable				_
u	amount—see instructions		0		
			0.		
е	Undistributed income for 2016. Subtract line		,		
	4a from line 2a. Taxable amount—see				
	instructions	.,		3,453.	
f	Undistributed income for 2017. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2018				6,034.
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)			·	
8	Excess distributions carryover from 2012 not				
-	applied on line 5 or line 7 (see instructions).	_			
0		0.			,
9	Excess distributions carryover to 2018.				-
	Subtract lines 7 and 8 from line 6a	290,000.			
10	Analysis of line 9:				
а	Excess from 2013				
b	Excess from 2014 60,000.				
С	Excess from 2015 65,000.				
d	Excess from 2016 65,000.				
e	Excess from 2017 100,000.				
	1 100,000.				

Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9))	N/A
	If the foundation has received a ruling				<u> </u>	
	foundation, and the ruling is effective fo					
b	Check box to indicate whether the four	ndation is a private	operating foundat	ion described in se	ction 🗌 4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(oy rota:
	each year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII,			ļ		
	line 4 for each year listed					ļ
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon.				-	
а	"Assets" alternative test-enter.					
	(1) Value of all assets				\	
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
D	"Endowment" alternative test—enter 2/3 of minimum investment return 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 securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part		•		he foundation ha	ad \$5,000 or m	ore in assets at
	any time during the year-		ıs.)			
1	Information Regarding Foundation	•				
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have co	minbuted more in	an \$5,000). (See Se	ection 507 (d)(2).)	
	Mildred E. Speece List any managers of the foundation	who own 10% or	more of the stor	ok of a corporation	(or an equally la	irge portion of the
U	ownership of a partnership or other en			·		age portion of the
ī	none	,,		J. J		
2	Information Regarding Contribution Check here ▶ ☒ If the foundation unsolicited requests for funds. If the f complete Items 2a, b, c, and d. See in	only makes controundation makes	butions to prese	lected charitable o	•	•
а	The name, address, and telephone nu	umber or email add	dress of the person	n to whom applicat	tions should be a	ddressed:
b	The form in which applications should	be submitted and	Information and	materials they shou	uld include:	
С	Any submission deadlines.					
	Any rootriotions or limitations as	words such as be	, goographical a	one charitable fie	lde kinde of i	titutions or other
d	Any restrictions or limitations on av factors:	varus, such as by	, geograpnicai ar	eas, charitable fie	ius, kinas ot ins	additions, or other

Form 990-PF (2017) Page **11** Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or status of Amount any foundation manager contribution Name and address (home or business) recipient or substantial contributor a Paid during the year ABINGTON MEMORIAL HOSPITAL 1200 OLD YORK ROAD ABINGTON PA 19001 PUBLIC GENERAL 50,000. JENKINTOWN UNITED METHOD. FOOD CUPBOARD 328 SUMMIT AVENUE 10,000. PUBLIC GENERAL JENKINTOWN PA 19046 ACTS MISSION FOUNDATION 375 Morris Road 10,000. PUBLIC GENERAL West Point PA 19486 SETTLEMENT MUSIC SCHOOL PO Box 63966 10,000. PUBLIC GENERAL Philadelphia PA 19147-3966 SHARE FOOD PROGRAM 2901 W. Hunting Park Ave. 10,000. Philadelphia PA 19129 PUBLIC GENERAL MONTGOMERY COUNTY SPCA 19 E. Ridge Pike, PO Box 222 10,000. Conshohocken PA 19428-0222 PUBLIC GENERAL

	Total		 	. ▶ 3a	100,000.
b	Approved for future payment				
		i i			
.	Total		 <u> </u>	. ▶ 3b	

Ente	r gros	s amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	on 512, 513, or 514	(e)
	•		(a)	(b)	(c)	(d)	Related or exempt function income
1	Prog	ram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions)
•	a	ram sorvido reventas.			 		
	b _						
	c ¯						
	d						
	e						
	f _						
	g F	ees and contracts from government agencies					
2	Mem	bership dues and assessments					
3	Intere	est on savings and temporary cash investments					
4	Divid	ends and interest from securities					
5	Net r	ental income or (loss) from real estate:					·
		ebt-financed property					
		lot debt-financed property					
6		ental income or (loss) from personal property					
7		r investment income					
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events		. <u>. </u>			
10		s profit or (loss) from sales of inventory					
11	Othe	r revenue. a N/A	000000				0.
	ь _						
	c _						
	d _						
	е _						
		otal. Add columns (b), (d), and (e)					0.
13	Total	I. Add line 12, columns (b), (d), and (e)				13	0.
13 See	Total works	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	 ıs.)	· · · · · ·		13	
13 See Pai	Total works	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pal Lin	Total works	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	 I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pal Lin	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.
13 See Pai	Total works it XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	 is.) accomplishm	ent of Exemp	t Purposes		0.

	0-11 (20													age IJ
Part	XVİI	Information Organization	n Regarding l ons	Fransfers to	and Trans	actions	s and R	elation	ships W	ith N	Ionchai	ritabl	e Exe	mpt
1	Did th		directly or indire	ctly engage in	any of the fo	llowing	with any	other c	rganizati	on de	scribed	T	Yes	No
•	in sec		other than sect											
а	-		porting foundate	on to a nonch	arıtable exem	not orgal	nızatıon	of.						,
		ısh										1a(1)		X
	(2) Ot	her assets .										1a(2)		×
b		transactions:										14-()		
	(1) Sa	les of assets to	a noncharitable	exempt orga	anızation .							1b(1)		×
			ets from a nonch									1b(2)		×
			, equipment, or									1b(3)		×
			rrangements .									1b(4)		×
			rantees									1b(5)		×
			ervices or memb									1b(6)		×
С			quipment, mailir									1c		×
			of the above is								avs show	w the	fair m	arket
	value (of the goods, o	ther assets, or s	services giver	by the repor	ting fou	ndation.	If the fo	oundation	recei	ived less	than	fair m	narket
	value i	n any transaction	on or sharing ari	rangement, sl	now in columi	n (d) the	value of	f the god	ods, othe	r asse	ets, or se	rvices	recei	ved.
(a) Line	no (b) Amount involved	(c) Name of	noncharitable exe	empt organization	1	(d) Descri	ption of tr	ansfers, trai	nsaction	ns, and sha	ring arr	angeme	ents
						ļ								
					·· -									
2a			ectly or indirectly					e tax-ex	cempt or	ganıza	ations			
			501(c) (other thai		(c)(3)) or in se	ction 52	27?				[Yes	X	No
b	If "Yes	," complete the	following sched	dule.										
		(a) Name of organi	ızatıon		(b) Type of organ	ization			(c) De	scription	n of relation	nship		
						·								
	,													
٥.	Under	penalties of perjury, I	declare that I have example aration of preparer (other	amined this return,	, including accomp	anying sch	edules and	statements	s, and to the	best of	my knowled	lge and I	pelief, it	is true,
Sign	l 1		aration of preparation	ci man taxpayen i	as based on all lillor	Mation of V	willcii prepe	arer mas am	y kilowiedge		May the If			
Here	/	ance	y but		9/30/18		STEE			1	with the pi			
		ture of officer or trus	<u> </u>		Date '	Title					322 370000			
Paid		Print/Type preparer	s name	Preparer'	a signature	6.00	1	Date		Check		PTIN		
Prepa	arer 🗀	Hilary Fue		Hila	ry Fuelle	orn		04/30	0/2018		mployed I	2017	91 <u>0</u>	4
Use C		Firm's name 🕨	Luskus & E	uellebor	n, P.C.				Firm's		23-24			
		Firm's address ▶	745 YORKWA						Phon	e no				
BAA			JENKINTOWN	1		PA	19046-	-2711			Fo	orm 99	0-PF	(2017)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

<u>CHAR</u>	LES H. AND MIL	DRED E. SPEECE FOUNDATION	47-2142206				
Organization type (check one):							
Filers o	f:	Section:					
Form 99	00 or 990-EZ	501(c)() (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private for	Indation				
		☐ 527 political organization					
Form 99	00-PF	∑ 501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundate	tion				
		☐ 501(c)(3) taxable private foundation					
	nly a section 501(c)(7 ons.	covered by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule a	ınd a Special Rule. See				
X	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules						
	regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 that received from any one contributor, during the year, total contributhe amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	90 or 990-EZ), Part II, line itions of the greater of (1)				
	contributor, during th	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that be year, total contributions of more than \$1,000 exclusively for religious all purposes, or for the prevention of cruelty to children or animals. Cor	s, charitable, scientific,				
	contributor, during the contributions totaled during the year for a General Rule applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that year, contributions exclusively for religious, charitable, etc., purpos more than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose. Don't complete any contribution of the second in t	es, but no such utions that were received of the parts unless the aritable, etc., contributions				

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

CHARLES H. AND MILDRED E. SPEECE FOUNDATION

Employer identification number

47-2142206

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	Mildred E. Speece 728 Norristown Rd, D103 Lower Gwynedd PA 19002	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				

Name of organization

Employer identification number

47-2142206

Noncash Property (see instructions). Ose duplicate co	pies of Part II iI additional spa	ce is needed.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
	Description of noncash property given Description of noncash property given S S	

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2017)			Page 4				
Name of or	ganization			Employer identification number				
	H. AND MILDRED E. SPEECE FO			47-2142206				
Part III	Exclusively religious, charitable, et (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for the	the year from any one coions completing Part III, ee year. (Enter this information	ontributor. Comp	lete columns (a) through (e) and clusively religious, charitable, etc.,				
To No. 1	Use duplicate copies of Part III if add	itional space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)) Description of how gift is held				
		(e) Transfer of g	gift					
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)) Description of how gift is held				
-		(a) Transfer of a						
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
] .								
).								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held				
] .								
-		(e) Transfer of g	uift					
((c) Transier of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship o	f transferor to transferee				
}.								
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held				
-								
⊢		(e) Transfer of g						
-		(c) Hallstel Ol 9	,					
	Transferee's name, address, an	d ZIP + 4	Relationship o	f transferor to transferee				
			_ 					
Ι.								

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
WELLS FARGO BANK FEE				

Total