Form **990-PF**

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.

Department of the Treasury

Int	ternal	Revenue Service Go to www irs	: gov/l	Form990PFfor instru	ictions and th	e latest info	rmation. O	en to Public Inspection
Fo	or ca	lendar year 2018 or tax year beginning		08/	01 , 2018,	and endin	<u> </u>	07/31, 20 19
Na	ame of	f foundation					A Employer identifi	
	SPE	YER FOUNDATION						<u>3560538 · </u>
Νī	ımber	and street (or P O box number if mail is not delivered	to stree	et address)		Room/suite	B Telephone numbe	r (see instructions)
		•						
_		. BOX 75000			<u> </u>		73	4-930-2405
Cı	ty or to	own, state or province, country, and ZIP or foreign pos	al code)				
							C If exemption applicat pending, check here	
_	DET	ROIT, MI 48275-7874						
G	Che	eck all that apply: Initial return		Initial return o	of a former p	ublic charit	. D O.C.g., O.Bozor.	
		Final return		Amended ret	•		2 Foreign organizati 85% test, check hi	
		Address change		Name change			computation .	
H	<u>C</u> he	ck type of organization: X Section 501	(c)(3)			04	E If private foundation	status was terminated
\perp	s	Section 4947(a)(1) nonexempt charitable trust		Other taxable pri			under section 507(b)	~ 1 1
ı	Fair	1—		ıg method: ██ Ca	ish Acc	rual	F If the foundation is in	a 60-month termination
		· · · · · · · · · · · · · · · · · · ·		(specify)			under section 507(b)	(1)(B), check here . >
_	_			nn (d) must be on car	sh basis)			(1) 5
Ŀ	art	Analysis of Revenue and Expenses (The) (a) Revenue and	(b) Net inve	stment	(c) Adjusted net	(d) Disbursements for charitable
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in		expenses per books	incom		income	purposes
_		column (a) (see instructions).)	₩					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	<u> </u>	907,206.		, ,		
	2	Check ► if the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments.				2 222		
	4	Dividends and interest from securities		103,838.	10	<u>3,838.</u>		
	5a	Gross rents						
	b	Net rental income or (loss)	┼	14 145		-		<u> </u>
ne	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	-	-14,147.				
ē		assets on line 6a						<u> </u>
Revenue	7	Capital gain net income (from Part IV, line 2).					·	
_	8	Net short-term capital gain					·	, 1
	9 10a	Income modifications	-			-		<u> </u>
		and allowances	+					
		Less Cost of goods sold .	+-					 i
		Gross profit or (loss) (attach schedule) Other income (attach schedule)		64.		64.		1
	11 12 1	Total-Add-Imes_1_through_11		996,961.	10	3,902.		
_	13	Compensation officers, directors, trustees, etc		330,301.		3,302.	-	
ses	14	Que employee salaries-and-wages			_	NONE	NONE	
ű	- 1					NONE	NONE	
pe	16a	Pension plans, employee genefits						
ũ	,	Accounting fees (attach schedule)		1,300.		650.	·	650
Ş		Other professional fees (attach schedule)		77,709.	7	7,709.		
rat	17	Interest		•				
ist	18	Taxes (attach schedule) (see instructions)		4,899.				
를.	19	Depreciation (attach schedule) and depletion.						i
틴	20	Occupancy						
A F	15 16 17 18 19 20 21 22 23 24 25	Travel, conferences, and meetings				NONE	NONE	
aŭ	22	Printing and publications				NONE	NONE	
Б	23	Other expenses (attach schedule)						
ij	24	Total operating and administrative expenses						
èr		Add lines 13 through 23		83,908.	7	<u>8,359.</u>	NONE	650
9	25	Contributions, gifts, grants paid		4,000,000.				4,000,000
	26	Total expenses and disbursements Add lines 24 and 25		4,083,908.	7	8,359.	NONE	4,000,650
_	27	Subtract line 26 from line 12						<u> </u>
	a	Excess of revenue over expenses and disbursements		-3,086,947.				
•	36	Net investment income (if negative, enter -0-)			2	5,543.		
re.	***	Adjusted net income (if negative, enter -0-).						1

JSA For Paperwork Reduction Act Notice, see instructions.

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990-PF (2018)

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0.	art II	Polones Chaste	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
	arc III	Balance Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
\neg	1	Cash - non-interest-beari	ing			
			cash investments	2,948,546.	1,055,802	1,055,802
Ī						
			btful accounts ▶	. <u> </u>		
					` <u>``</u>	
		_	btful accounts ▶			
	-	• • • • • • • • • • • • • • • • • • • •	officers, directors, trustees, and other			
		disqualified persons (att	tach schedule) (see instructions)			•
		•	eceivable (attach schedule)			
			btful accounts ► NONE			
ß			se			
Assets			leferred charges			
As			e government obligations (attach schedule)		-	
			stock (attach schedule)			
		•	bonds (attach schedule) . STMT .1	3,325,095.	2,130,553	2,205,985
	11	Investments - land, building and equipment basis	gs, ▶			
		Less accumulated deprecia	ation >			
		(attach schedule) Investments - mortgage	loans			
			ach schedule)			
		Land, buildings, and equipment basis	、▶			
		Less accumulated deprecta (attach schedule)	ation			
		Other assets (describe I				
			completed by all filers - see the			
j			page 1, item I)	6,273,641.	3,186,355	3,261,787
\Box	17	Accounts payable and a	accrued expenses			
	18	Grants payable				Ì
es						1
Liabilities	20	Loans from officers, directo	ors, trustees, and other disqualified persons			•
a B	21	Mortgages and other no	otes payable (attach schedule)			
=	22	Other liabilities (describe	e ▶)			ì
						İ
\dashv	23	Total liabilities (add line	es 17 through 22)		NONI	
		Foundations that follow	w SFAS 117, check here ▶ 🔙			
ş		and complete lines 24	through 26, and lines 30 and 31.			
ä	24	Unrestricted				<u> </u>
<u>a</u>	25					
9	26				· 	
<u>اج</u>			ot follow SFAS 117, check here	•		İ
ج		and complete lines 27	-	6 000 641	2 106 255	
Net Assets or Fund Balances	27	Capital stock, trust princ	cipal, or current funds	6,273,641.	3,186,355	
ğ	28	Paid-in or capital surplus, o	r land, bldg , and equipment fund			
As	29	•	lated income, endowment, or other funds	6 053 641	2 106 255	<u> </u>
동	30		d balances (see instructions)	6,273,641.	3,186,355	<u> </u>
Z			net assets/fund balances (see	6 072 641	2 106 255	
				6,273,641.	3,186,355	
			nges in Net Assets or Fund Bala		must agree with	
1			balances at beginning of year - Part			6,273,641.
_			d on prior year's return)			-3,086,947.
			line 27a			-3,000,347.
			ded in line 2 (itemize) ▶			3,186,694.
					5	339.
			alances at end of year (line 4 minus l			3,186,355.
	iula	i iier assers of Iulio D	diances at end of year time 4 millus i	mo of traitin, column (L	,, <u>0</u>	Form 990-PF (2018)

(a) List and desi	and Losses for Tax on Inversible the kind(s) of property sold (for e		(b) How acquired	(c) Date acquired	(d) Date sold
<u> </u>	ick warehouse, or common stock, 200	shs MLC Co.)	P - Purchase D - Donation	(mo, day, yr)	(mo , day, yr
a PUBLICLY TRADED S	SECURITIES		 		
<u>b</u>					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a 1,194,275.		1,208,422.			-14,147
b	<u> </u>				
С					
<u>d</u>	· · · · · · · · · · · · · · · · · · ·				
Complete only for accets the	owing gain in column (h) and owned b	y the foundation on 12/21/69			
Complete only for assets sho		(k) Excess of col. (i)		Gains (Col (h) ga (k), but not less t	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	over col (j), if any		Losses (from col	(h))
<u>a</u>			 		-14,147
b c					
d			 		
e			· <u>-</u>		
	, , , , , , f If ga	ain, also enter in Part I, line 7			
Capital gain net income of	or (net capital loss) { If (lo	oss), enter -0- in Part I, line 7	2		-14,147
	in or (loss) as defined in sections				
=	art I, line 8, column (c). See ins	I I			
Part I, line 8			191		
			13		
art V Qualification U	nder Section 4940(e) for Red	uced Tax on Net Investment Invest		me)	
or optional use by domestic section 4940(d)(2) applies, I	nder Section 4940(e) for Reduprivate foundations subject to the eave this part blank he section 4942 tax on the distrib	section 4940(a) tax on net investor utable amount of any year in the b	nent inco		Yes X N
art V Qualification United for optional use by domestic section 4940(d)(2) applies, I was the foundation liable for to "Yes," the foundation doesn't	nder Section 4940(e) for Reduprivate foundations subject to the eave this part blank the section 4942 tax on the distribit qualify under section 4940(e)	section 4940(a) tax on net investration 4940(a) tax on net investration and the section 4940(a) tax on net investration and the section and tax of any year in the bound complete this part.	nent inco	d?	Yes X
art V Qualification Upor optional use by domestic section 4940(d)(2) applies, I as the foundation liable for to "Yes," the foundation doesn't Enter the appropriate am	nder Section 4940(e) for Reduprivate foundations subject to the eave this part blank the section 4942 tax on the distribit qualify under section 4940(e) Description in each column for each year	section 4940(a) tax on net investment li section 4940(a) tax on net investment outable amount of any year in the boonot complete this part.	nent inco	d?	
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art V Qualification Upor optional use by domestic section 4940(d)(2) applies, I as the foundation liable for to "Yes," the foundation doesn'd Enter the appropriate ame (a) Base period years Calendar year for tax year beginning in) 2017 2016 2015 2014 2013 Total of line 1, column (column and the number of years the second test and the number of years the second test and the number of years the second test and the number of years the second test and the number of years the second test and the number of years the second test and the number of years the second test and the number of years the second test and the number of years the second test and the number of years the second test and the number of years the second test and the sec	private foundations subject to the private foundations subject to the eave this part blank the section 4942 tax on the distribit qualify under section 4940(e) Defount in each column for each yea (b) Adjusted qualifying distributions 522,018. 44,180. 44,689. 38,700.	section 4940(a) tax on net investment la section 4940(a) tax on net investment la section 4940(a) tax on net investment la section 4940(a) tax on net investment la section 4940(a) tax on net investment la section 4940(a) tax on net investment la section 1040(a) tax on net investment	ase perio	d? tries (d) Distribution rat (col (b) divided by	0.50895 0.05172 0.04895 0.04324 0.65287 0.13057
art V Qualification Upor optional use by domestic section 4940(d)(2) applies, I as the foundation liable for to "Yes," the foundation doesn's Enter the appropriate am (a) Base period years (a) 2017 2016 2015 2014 2013 Total of line 1, column (c) Average distribution ratio the number of years the section of the properties of the section of the properties of the section of the number of years the section of the properties of the section of the properties of the section of the properties of the section of the properties of the section of the properties of the section of the properties of the section of the properties of the section of the properties of the section of the properties of the section of the properties of the section of the properties of the section of the properties of the section of the properties of the section of the properties of the section of the	private foundations subject to the private foundations subject to the eave this part blank the section 4942 tax on the distribit qualify under section 4940(e) Drount in each column for each yea (b) Adjusted qualifying distributions 522,018. 44,180. 44,689. 38,700. to for the 5-year base period - divide foundation has been in existence in the control of the con	section 4940(a) tax on net investration 5 and 5 an	ase perio	d? tries (d) Distribution rat (col (b) divided by	0.50895 0.05172 0.04895 0.04324 0.65287 0.13057 037,691
art V Qualification Upor optional use by domestic section 4940(d)(2) applies, I as the foundation liable for to "Yes," the foundation doesn's Enter the appropriate am (a) Base period years (a) 2017 2016 2015 2014 2013 Total of line 1, column (c) Average distribution ratio the number of years the Enter the net value of not Multiply line 4 by line 3. Enter 1% of net investments	private foundations subject to the private foundations subject to the eave this part blank the section 4942 tax on the distribit qualify under section 4940(e) Drount in each column for each year (b) Adjusted qualifying distributions 522,018. 44,180. 44,689. 38,700. To for the 5-year base period - divide foundation has been in existence in the control of the co	section 4940(a) tax on net investration 5 and 5 an	ase perio	d? tries (d) Distribution ra (col (b) divided by	0.50895 0.05172 0.04895 0.04324 0.65287 0.13057 037,691 527,222
art V Qualification Upor optional use by domestic section 4940(d)(2) applies, I as the foundation liable for the section 4940(d)(2) applies, I as the foundation liable for the section 4940(d)(2) applies, I as the foundation doesn's Enter the appropriate am (a) Base period years calendar year for tax year beginning in) 2017 2016 2017 2016 2018 2014 2013 Total of line 1, column (column doesn's the inumber of years the interest the net value of normalization of the section of	private foundations subject to the private foundations subject to the eave this part blank the section 4942 tax on the distribit qualify under section 4940(e). Do nount in each column for each yea (b). Adjusted qualifying distributions. 522,018. 44,180. 44,689. 38,700. of for the 5-year base period - divide foundation has been in existence in incharitable-use assets for 2018 from the foundation of Part I, line 27b).	section 4940(a) tax on net investration 5 and 5 an	ase periong any en	d? tries (d) Distribution rai (col (b) divided by	0.50895 0.05172 0.04895 0.04324 0.65287 0.13057 037,691

Form !	990-PF (2018) 38-3560538			Page 4
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	8 - see in	struction	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here	İ		1
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	J		
	Domestic foundations that meet the section 4940(e) requirements in Part V, check			<u> 255.</u>
	here ► X and enter 1% of Part I, line 27b			Ì
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of ${\cal J}$ $ $			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			NONE
3	Add lines 1 and 2	ļ		255.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	 		NONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			<u> 255 .</u>
6-	Credits/Payments			
a	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 2,680 . Exempt foreign organizations - tax withheld at source 6b NONE			
b	NOVE			1
C				}
	Backup withholding erroneously withheld		2	680.
7 8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8	+		<u>000.</u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	+		
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2.	425.
	Enter the amount of line 10 to be Credited to 2019 estimated tax ► 256 . Refunded ► 11			169.
	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?	I .	1a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? S	See the		
	instructions for the definition	L	1b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any m	naterials		
	published or distributed by the foundation in connection with the activities.	-		_
	Did the foundation file Form 1120-POL for this year?	_	1c	<u> </u>
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation ►\$(2) On foundation managers ►\$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax important	osed		1
	on foundation managers. • \$	-		-
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	· · · · · -	2	X
	If "Yes," attach a detailed description of the activities.		ĺ	
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	X
	If "Yes," has it filed a tax return on Form 990-T for this year?	I .	4b	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	· · · · ⊢	5	X
	If "Yes," attach the statement required by General Instruction T.	· · · ·		
	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 direction 	ns that _		
	conflict with the state law remain in the governing instrument?		6 X	<u></u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and P	art XV	7 X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	MI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney	General _		.
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	L	8b X	
	ls the foundation claiming status as a private operating foundation within the meaning of section 4942($\mathfrak f$			، لــــا،
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If	l l		,, ,
	complete Part XIV	· · · ·	9	$\perp x$
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing		_	v
	names and addresses	'	10	X

Part	t 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		Х
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 NONE			
14	The books are in care of ► <u>COMERICA BANK</u> Telephone no ► (313) 222	<u>-301</u>	8	
	Located at ► 411 WEST LAFAYETTE, DETROIT, MI ZIP+4 ► 48226			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	\cdot
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
_	the foreign country	<u>}</u>		
-Pan	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u></u>	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Tes	140
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
		Ì		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	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)			i
ь	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		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	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 2018?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?	, i		
	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	<u> </u>		
	all years listed, answer "No" and attach statement - see instructions }	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	! [
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?	.		
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or		İ	
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	2h		
4.	foundation had excess business holdings in 2018)	3b		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		$\hat{}$
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X
		00	V DE	

Par	t VII-B Statements Regarding Activities	TOT WHICH FORM	4/20 Iviay be ned	ulled (continued)		
,	During the year, did the foundation pay or incur any a	mount to				Yes No
	(1) Carry on propaganda, or otherwise attempt to infl	uence legislation (section	on 4945(e))?	. Yes X N	o	
	(2) Influence the outcome of any specific public	election (see section	4955), or to carry o	n,		
	directly or indirectly, any voter registration drive?.		•		o	
	(3) Provide a grant to an individual for travel, study, o			— ———————————————————————————————————		
	(4) Provide a grant to an organization other than	•				
	section 4945(d)(4)(A)? See instructions		=		.	
	(5) Provide for any purpose other than religious,			· — —		
	purposes, or for the prevention of cruelty to childr If any answer is "Yes" to 5a(1)-(5), did any of t			• —		
D	•		· · ·	•		
	Regulations section 53 4945 or in a current notice reg	•			5b	
	Organizations relying on a current notice regarding dis				·	
С	If the answer is "Yes" to question 5a(4), does to		•			
	because it maintained expenditure responsibility for the	-	• • • • • • • • • • •	. Yes No	°	
	If "Yes," attach the statement required by Regulations					
6a	Did the foundation, during the year, receive any	•				
	on a personal benefit contract?					
b	Did the foundation, during the year, pay premiums, di	ectly or indirectly, on a	personal benefit contra	act ⁷	. <u>6b</u>	X
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foundation a					
b	If "Yes," did the foundation receive any proceeds or ha	ve any net income attri	butable to the transact	ion?	. 7b	
8	Is the foundation subject to the section 4960 tax on p	•				
	remuneration or excess parachute payment(s) during					
Par	Information About Officers, Direct and Contractors	tors, Trustées, Foi	indation Managei	s, Highly Paid Em	pioyees,	
1	List all officers, directors, trustees, and foundat	ion managers and t	heir compensation.	See instructions.		
						•
	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	
RITA	(a) Name and address S. BARNARD	hours per week	(If not paid,	employee benefit plans		
	,	hours per week devoted to position	(If not paid,	employee benefit plans		
900 S	S. BARNARD	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		owances
900 S HOLLY	S. BARNARD UNSET RD., ANN ARBOR, MI 48103	hours per week devoted to position DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation		owances
900 S HOLLY 413 D	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY	hours per week devoted to position DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation -0-		-0-
900 S HOLLY 413 D PHILI	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011	hours per week devoted to position DIRECTOR DIRECTOR	(If not paid, enter -0-) - 0-	employee benefit plans and deferred compensation -0-		-0-
900 S HOLLY 413 D PHILI	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY	hours per week devoted to position DIRECTOR DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation - 0 -		-0- -0-
900 S HOLLY 413 D PHILI	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY	hours per week devoted to position DIRECTOR DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation - 0 -		-0- -0-
900 S HOLLY 413 D PHILI 3375	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY RIDGECANE RD., LEXINGTON, KY 40513 Compensation of five highest-paid employee	hours per week devoted to position DIRECTOR DIRECTOR DIRECTOR	(If not paid, enter -0-) -00-	employee benefit plans and deferred compensation - 0 - - 0 -	other all	-0- -0-
900 S HOLLY 413 D PHILI 3375	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY RIDGECANE RD., LEXINGTON, KY 40513	hours per week devoted to position DIRECTOR DIRECTOR DIRECTOR OTHER CONTROL CONTRO	(If not paid, enter -0-) -00-	employee benefit plans and deferred compensation -0- -0- -0-	other all	-0- -0-
900 S HOLLY 413 D PHILI 3375	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY RIDGECANE RD., LEXINGTON, KY 40513 Compensation of five highest-paid employee "NONE."	hours per week devoted to position DIRECTOR DIRECTOR DIRECTOR Other than those (b) Title, and average	(If not paid, enter -0-) -000- se included on lin	employee benefit plans and deferred compensation - 0 - - 0 - - 0 - (d) Contributions to employee benefit	ons). If no	-00ne, enter
900 S HOLLY 413 D PHILI 3375	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY RIDGECANE RD., LEXINGTON, KY 40513 Compensation of five highest-paid employee	hours per week devoted to position DIRECTOR DIRECTOR DIRECTOR OTHER CONTROL CONTRO	(If not paid, enter -0-) -00-	employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to	other allo	-00ne, enter
900 S HOLLY 413 D PHILI 3375	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY RIDGECANE RD., LEXINGTON, KY 40513 Compensation of five highest-paid employee "NONE."	hours per week devoted to position DIRECTOR DIRECTOR DIRECTOR Other than those (b) Title, and average hours per week	(If not paid, enter -0-) -000- se included on lin	employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred	ons). If no	-00ne, enter
900 S HOLLY 413 D PHILI 3375	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY RIDGECANE RD., LEXINGTON, KY 40513 Compensation of five highest-paid employee "NONE."	hours per week devoted to position DIRECTOR DIRECTOR DIRECTOR Other than those (b) Title, and average hours per week	(If not paid, enter -0-) -0- -0- ce included on ling (c) Compensation	employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred	ons). If no	-00ne, enter
900 S HOLLY 413 D PHILI 3375	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY RIDGECANE RD., LEXINGTON, KY 40513 Compensation of five highest-paid employee "NONE."	hours per week devoted to position DIRECTOR DIRECTOR DIRECTOR Other than those (b) Title, and average hours per week	(If not paid, enter -0-) -000- se included on lin	employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	-00ne, enter
900 S HOLLY 413 D PHILI 3375	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY RIDGECANE RD., LEXINGTON, KY 40513 Compensation of five highest-paid employee "NONE."	hours per week devoted to position DIRECTOR DIRECTOR DIRECTOR Other than those (b) Title, and average hours per week	(If not paid, enter -0-) -0- -0- ce included on ling (c) Compensation	employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	-00ne, enter
900 S HOLLY 413 D PHILI 3375	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY RIDGECANE RD., LEXINGTON, KY 40513 Compensation of five highest-paid employee "NONE."	hours per week devoted to position DIRECTOR DIRECTOR DIRECTOR Other than those (b) Title, and average hours per week	(If not paid, enter -0-) -0- -0- ce included on ling (c) Compensation	employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	-00ne, enter
900 S HOLLY 413 D PHILI 3375	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY RIDGECANE RD., LEXINGTON, KY 40513 Compensation of five highest-paid employee "NONE."	hours per week devoted to position DIRECTOR DIRECTOR DIRECTOR Other than those (b) Title, and average hours per week	(If not paid, enter -0-) -0- -0- ce included on ling (c) Compensation	employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	-00ne, enter
900 S HOLLY 413 D PHILI 3375	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY RIDGECANE RD., LEXINGTON, KY 40513 Compensation of five highest-paid employee "NONE."	hours per week devoted to position DIRECTOR DIRECTOR DIRECTOR Other than those (b) Title, and average hours per week	(If not paid, enter -0-) -0- -0- (c) Compensation -0-	employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	-00ne, enter
900 S HOLLY 413 D PHILI 3375	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY RIDGECANE RD., LEXINGTON, KY 40513 Compensation of five highest-paid employee "NONE."	hours per week devoted to position DIRECTOR DIRECTOR DIRECTOR Other than those (b) Title, and average hours per week	(If not paid, enter -0-) -0- -0- (c) Compensation -0-	employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	-00ne, enter
900 S HOLLY 413 D PHILI 3375	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY RIDGECANE RD., LEXINGTON, KY 40513 Compensation of five highest-paid employee "NONE."	hours per week devoted to position DIRECTOR DIRECTOR DIRECTOR Other than those (b) Title, and average hours per week	(If not paid, enter -0-) -0- -0- (c) Compensation -0-	employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	-00ne, enter
900 S HOLLY 413 D PHILI 3375	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY RIDGECANE RD., LEXINGTON, KY 40513 Compensation of five highest-paid employee "NONE."	hours per week devoted to position DIRECTOR DIRECTOR DIRECTOR Other than those (b) Title, and average hours per week	(If not paid, enter -0-) -0- -0- (c) Compensation -0-	employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no	-00ne, enter
900 S HOLLY 413 D PHILI 3375 2 (a)	S. BARNARD UNSET RD., ANN ARBOR, MI 48103 ZUGAY EERFIELD RD., CAMP HILL, PA 17011 P A. GREASLEY RIDGECANE RD., LEXINGTON, KY 40513 Compensation of five highest-paid employee "NONE."	hours per week devoted to position DIRECTOR DIRECTOR DIRECTOR S (other than those hours per week devoted to position	(If not paid, enter -0-) -0- -0- (c) Compensation -0-	employee benefit plans and deferred compensation -000- (d) Contributions to employee benefit plans and deferred compensation -0-	other allo	-00ne, enter

Form 990-PF (2	018)	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five h	ghest-paid independent contractors for professional services. See instructions. If none, enter "NONE	"
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		NONE
		
Total number	r of others receiving over \$50,000 for professional services	NONE
Part IX-A	Summary of Direct Charitable Activities	
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
2		
3		
<u> </u>		
4		
		
Part IX-B	Summary of Program-Related Investments (see instructions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
All other pro	gram-related investments. See instructions	
3 NONE		
Total, Add In	nes 1 through 3	

Page **7**

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign four	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		0 400 540
	Average monthly fair market value of securities	1a	2,480,548.
þ		1b	1,618,631.
C	Fair market value of all other assets (see instructions)	$\overline{}$	NONE
d	Total (add lines 1a, b, and c)	1d	4,099,179.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	<u>-</u>	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	4,099,179.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	61,488.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,037,691.
6	Minimum investment return. Enter 5% of line 5	6	201,885.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	201,885.
2 a	Tax on investment income for 2018 from Part VI, line 5 2a 255.		
b	Income tax for 2018 (This does not include the tax from Part VI.) 2b	1	
c	Add lines 2a and 2b	2c	255.
3	Distributable amount before adjustments. Subtract line 2c from line 1	\vdash	201,630.
4	Recoveries of amounts treated as qualifying distributions	_	NONE
5	Add lines 3 and 4		201,630.
6	Deduction from distributable amount (see instructions)		NONE
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
,	line 1	7	201,630.
_		. , !	201,030.
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	4,000,650.
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	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	4,000,650.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		-,000,0001
-	Enter 1% of Part I, line 27b. See instructions	5	255.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		4,000,395.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	wite: The amount on the 6 win be used in Fatt V, countin (b), in subsequent years when co	nounating	whether the loundation

Form 990-PF (2018)

Page 9

Pa	t XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2017	2017	2018
	line 7				201,630.
2	Undistributed income, if any, as of the end of 2018				-
а	Enter amount for 2017 only			NONE	<u> </u>
b	Total for prior years 20,20,20		NONE		- 1
3	Excess distributions carryover, if any, to 2018				Ì
а	From 2013 NONE				
b	From 2014 NONE				
C	From 2015 NONE			İ	
d	From 2016				
	From 2017 NONE	YOUR			
	Total of lines 3a through e	NONB			
4	Qualifying distributions for 2018 from Part XII,				
	line 4 ▶ \$ <u>4,000,650.</u>			NONE	
a	Applied to 2017, but not more than line 2a			NONE	<u> </u>
b	Applied to undistributed income of prior years		NONE		
	(Election required - see instructions)		NONE		
С	Treated as distributions out of corpus (Election	NONE			
	required - see instructions)	NOMB	-		201,630.
	Applied to 2018 distributable amount	3,799,020.	•		
	Remaining amount distributed out of corpus Excess distributions carryover applied to 2018	3,733,020.			
	(If an amount appears in column (d), the same	NONE			NONE
_	amount must be shown in column (a))	1,01,2			1,01,2
6	Enter the net total of each column as indicated below:				1
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,799,020.			
	Prior years' undistributed income Subtract				ļ
	line 4b from line 2b		NONE		
C	Enter the amount of prior years' undistributed				Ì
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed		NONE		;
d	Subtract line 6c from line 6b Taxable				i
	amount - see instructions		NONE		
е	Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see				
	Instructions			NONE	i
f	Undistributed income for 2018 Subtract lines				
	4d and 5 from line 1 This amount must be				MONTE
	distributed in 2019				NONE NONE
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	NONE			
_	required - see instructions)	NOMB		• •	
8	Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	NONB			
		1,01,12			1
3	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	3,799,020.			
10	Analysis of line 9	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Excess from 2014 NONE	j			
	Excess from 2015 NONE				
	Excess from 2016 NONE				
	Excess from 2017 NONE				
	Excess from 2018 3,799,020.				

Form **990-PF** (2018)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

JSA 8E1490 1 000

c Any submission deadlines:

3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for I	Future Payment	
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
SEE STATEMENT 16				4,000,000.
_				
		,		
t.				
`				
				,
· · · · · · · · · · · · · · · · · · ·	<u></u>			1 000 000
Total		<u></u>	▶ 3a	4,000,000.
b Approved for future payment			,	
,				
	1			
	:			
Total			▶ 3b	

8E1491 1 000

Form 990-PF (2018)

Part XVI	-A Analysis of Income-Produ	icing Acti	ivities			
	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
-						(ODO MONOGOTO)
е						
f						
g Fees	and contracts from government agencies					
2 Membe	rship dues and assessments					
3 Interest	on savings and temporary cash investments -					
4 Dividen	ds and interest from securities			14	103,838.	
5 Net ren	tal income or (loss) from real estate			 		··-
	t-financed property					
	debt-financed property					
	al income or (loss) from personal property			 -		
	nvestment income			18	-14,147.	· · · · · · · · · · · · · · · · · · ·
	loss) from sales of assets other than inventory			10	14,147.	
	ome or (loss) from special events · · · · rofit or (loss) from sales of inventory · ·					
11 Other re	•	-				
	THER REVENUE			14	64.	
c						
d						
e						
	I Add columns (b), (d), and (e)				89,755.	
	Add line 12, columns (b), (d), and (e)				13	89,755.
See worksl	heet in line 13 instructions to verify calcular B Relationship of Activities			- -		
Line No	Explain below how each activity accomplishment of the foundation					
			NOT APPLICABLE	3		
	<u> </u>					
						
	 		- ·			
						
-						
	†					

i i	AVII	Exempt Orga		ansters to	and Irar	isaction	is and r	relations	snips w	ith Monc	narit	able	
1	Did the	organization direct		engage in :	any of the fo	llowing y	with any	other orga	nization	described		Yes	No
•		ion 501(c) (other			•	_	•	-			.	165	No
	organiz		3001.011	56 /(6/(6/	Organization	,5, 6, ,,	, 3000,011	327, 10	g 10	ponticai	[]		''
а	_	rs from the reportin	ia foundation to	a noncharit	ahle evemnt	organiza	tion of						٠.
-		h									1a(1)		х
		er assets											X
h		ransactions:					· · · · · ·				18(2)		<u> </u>
b			aharitahla aya	mnt organiza	tion						ادورا	٠	
		es of assets to a nor chases of assets fro											X
					_								_
		tal of facilities, equi	•										X
		nbursement arrang ns or loan guarante											X
		formance of service											- <u>x</u> -
_													X
	_	of facilities, equipn inswer to any of th			•								
u		f the goods, other											
		n any transaction o		-		-							
(0) (ine no	(b) Amount involved	T		xempt organizat	-				tions, and shar			
(A) L	ne no	(b) Amount involved	(c) Name or	noncharitable e	xempi organizai	ion	(a) Descrip	tion of transi	ers, transac	lions, and snar	ing arra	ngeme	nts
			 										
		 											
			 										
			 										
			 										
			<u> </u>										
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			<u> </u>										
	L	····	<u> </u>										
2a		oundation directly									_	_	٦.
	describ	ed in section 501(c)) (other than se	ction 501(c)	(3)) or in sec	ction 527	?				Ye	es 🔼	∐ No
<u>b</u>	If "Yes,"	complete the follo	wing schedule.										
		(a) Name of organization	on	(b)	Type of organi	zation			(c) Descripti	on of relations	hip		
			· 										
					<u></u>								
-				<u> </u>									
		penalties of perjury, I decli and complete Declaration of							to the_best_c	of_my knowledg	e_and_b	elief, lt_	_istrue,_
Sigr	-	14/1000	7 40 0		11/11	~ \				May the IRS	discuss	s this	return
Her	. 🔼 🖊	11111111	LICHUL	10	471	<u> </u>	DIRECT	OR		with the pre			below?
nen	Signa	atore of officer or trustee	/	Date	, , ,	Tit	tle			See Instruction:	; L_	Yes	X∣N₀
Paid		Print/Type preparer's na	ime	Proparer'	s rignature	Z., /	1	Date	Che	ا " لــــا **	TIN		
		BRADLEY N SF	RONG	12104	NIVA			12/02/2	2019 self		2006		1
-	arer	Firm's name KI	PMG LLP		7				Firm's EIN	▶ 13-5	55652	207	
Use	Only	Firm's address ► 20		RAL AVE,	STE 700								
	-		OENTY A			8500	4		Phone no	855-80	7-34	423	

Form 990-PF (2018)

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.

Form 990 Form 990 for the latest information.

OMB No 1545-0047

2018

Employer identification number

SPEYER_FOUNDATION	38-3560538				
Organization type (check one):					
Filers of:	of: Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Check if your organization is covered by the General Rule or a Special Rule . Note : Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
contributor, during the contributions totaled m during the year for an e	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,					

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
Name of organization
SPEYER FOUNDATION Employer identification number 38-3560538

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	PFIZER DIFFERED COMPENSATION PLAN 100 ROUTE 206 NORTH PEAPACK, NJ 07977	\$ 893,548.	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	THOMAS F MICH GSFT C/O HOLLY ZUGAY, TRUSTEE CAMP HILL, PA 17011	\$ 13,658.	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			

Employer identification number

SPEYER	FOUNDA'TION		<u> 38-3560538</u>			
Part II						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
2	STOCKS AND SECURITIES		08/03/2019			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		 \$ {				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
_ 						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			

FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION

FIXED INCOME FIXED INCOME OTHER

ENDING FMV ENDING BOOK VALUE

778,832.

844,204. 1,361,781.

2,205,985. 2,130,553.

TOTALS

19

STATEMENT

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

PFIZER DIFFERED COMPENSATION PLAN 100 ROUTE 206 NORTH PEAPACK, NJ 07977

RECIPIENT NAME:

PARTNERS IN HEALTH

ADDRESS:

800 BOYLSTON ST

BOSTON, MA 02199

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

AMERICARES

ADDRESS:

88 HAMILTON AVE

STAMFORD, CT 06902

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 40,000.

RECIPIENT NAME:

ALZHEIMER'S DISEASE ASSOCIATION

ADDRESS:

225 NORTH MICHIGAN AVE

CHICAGO, IL 60601

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

DOCTORS WITHOUT BORDERS

ADDRESS:

40 RECTOR STREET

NEW YORK, NY 10006

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

SMILE TRAIN INC.

ADDRESS:

633 THIRD AVE, 9TH FLOOR

NEW YORK, NY 10017

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

DISTRIBUTION PAID TO SHEIL CATHOLIC CENTER IN

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

CATHOLIC RELIEF SERVICES

ADDRESS:

228 WEST LEXINGTON STREET

BARTIMORE, MD 21201

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 220,000.

RECIPIENT NAME:

OCEAN CONSERVANCY INC

ADDRESS:

1300 19TH STREET

WASHINGTON, DC 20036

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

DAWN FARM

ADDRESS:

502 W HURON

ANN ARBOR, MI 48104

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

FXFMPT

RECIPIENT NAME:

CHI OMEGA FOUNDATION

ADDRESS:

3395 PLAYERS CLUB PKWY

MEMPHIS, TN 38125

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

TOLEDO MUSEUM OF ART

ADDRESS:

2445 MONROE BOX 1013

TOLEDO, OH 43620

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

HEIFER PROJECT INTERNATIONAL, INC

ADDRESS:

1 WORLD AVENUE

LITTLE ROCK, AR 72202

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

NORTHWESTERN UNIVERSITY

ADDRESS:

633 CLARK ST

EVANSTON, IL 60208

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 480,000.

RECIPIENT NAME:

ST MARY'S CHAPEL

ADDRESS:

331 THOMPSON ST

ANNN ARBOR, MI 48104

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

DISTRIBUTION PAID TO SHEIL CATHOLIC CENTER IN

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 120,000.

RECIPIENT NAME:

THE DETROIT INSTITUTE OF ARTS

ADDRESS:

5200 WOODWARD AVE

DETROIT, MI 48202

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

ST THOMAS THE APOSTLE CATHOLIC CHURCH

ADDRESS:

530 ELIZABETH ST

ANN ARBOR, MI 48104

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 120,000.

RECIPIENT NAME:

THE SALVATION ARMY EASTERN MICHIGAN

DIVISION

ADDRESS:

16130 NORTHLAND DR

SOUTHFIELD, MI 48075-5218

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

DETROIT SYMPHONY ORCHESTRA

ADDRESS:

3711 WOODWARD AVENUE

DETROIT, MI 48201

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

DETROIT PUBLIC TELEVISION

ADDRESS:

1 CLOVER COURT

WIXOM, MI 48393

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

HUMANE SOCIETY OF HURON VALLEY

ADDRESS:

3100 CHERRY HILL RD ANN ARBOR, MI 48105

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

CATHOLIC SOCIAL SERVICES OF WASHTENAW

COUNTY

ADDRESS:

4925 PACKARD

ANN ARBOR, MI 48108

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

ECOLOGY CENTER INC

ADDRESS:

117 N DIVISION ST

ANN ARBOR, MI 48104

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

UNITED WAY OF WASHTENAW COUNTY

ADDRESS:

2305 PLATT ROAD

ANN ARBOR, MI 48104

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

PAWS WITH A CAUSE

ADDRESS:

4646 SOUTH DIVISION

WAYLAND, MI 49348

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 40,000.

RECIPIENT NAME:

ARBOR HOSPICE INC

ADDRESS:

2366 OAK VALLEY DRIVE

ANN ARBOR, MI 48103

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

\

RECIPIENT NAME:

SHELTER ASSOCIATION OF WASHTENAW

COUNTY

ADDRESS:

P.O. BOX 7370

ANN ARBOR, MI 48107

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

WASHTENAW COMMUNITY COLLEGE FOUNDATION

ADDRESS:

4800 E HURON RIVER DR

ANN ARBOR, MI 48105

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 300,000.

RECIPIENT NAME:

FOOD GATHERERS

ADDRESS:

P.O. BOX 131037

ANN ARBOR, MI 48113

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

LEGACY LAND CONSERVANCY

ADDRESS:

6276 JACKSON RD

ANN ARBOR, MI 48103

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

EASTERN MICHIGAN UNIVERSITY FOUNDATION

ADDRESS:

850 W CROSS ST

YPSILANTI, MI 48197

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

AVALON NONPROFIT HOUSING CORP

ADDRESS:

1327 JONES DRIVE SUITE 102

ANN ARBOR, MI 48105

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

DETROIT ZOOLOGICAL SOCIETY

ADDRESS:

8450 W 10 MILE ROAD

ROYAL OAK, MI 48067

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

ANN ARBOR AREA COMMUNITY FOUNDATION

ADDRESS:

301 N MAIN ST

ANN ARBOR, MI 48104

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

TO BENEFIT THE SCHOLARSHIP FUND

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

CASA ROMERO RENEWAL CENTER

ADDRESS:

423 W BRUCE STREET

MILWAUKEE, WI 53204

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

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RECIPIENT NAME:

RED CLOUD INDIAN SCHOOL

ADDRESS:

100 MISSION DR

PINE RIDGE, SD 57770

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

AMERICAN INDIAN COLLEGE FUND

ADDRESS:

8333 GREENWOOD BLVD

DENVER, CO 80221

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

LEAGUE OF WOMEN VOTERS EDUCATION FUND

ADDRESS:

1730 M ST NW SUITE 1000

WASHINGTON, DC 20036

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

DISTRIBUTION PAID TO SHEIL CATHOLIC CENTER IN

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

NATURE CONSERVANCY INC.

ADDRESS:

4245 N FAIRFAX DR

ARLINGTON, VA 22203

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 240,000.

RECIPIENT NAME:

ST LABRE INDIAN SCHOOL

ADDRESS:

P.O. BOX 216 1000 TONGUE RIVER ROAD

ASHLAND, MT 59003

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

20,000. AMOUNT OF GRANT PAID

RECIPIENT NAME:

NORTHWEST INDIAN COLLEGE

ADDRESS:

2522 KWINA RD

BELLINGHAM, WA 98226

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

SPEYER FOUNDATION 38-3560538 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

GREENPEACE FUND INC

ADDRESS:

702 H STREET NW

WASHINGTON, DC 20001

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

IN MEMORY OF THOMAS AND JUDITH MICH

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

TOTAL GRANTS PAID:

4,000,000.