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Form **990-PF**

Department of the Treasury

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 2010

-				be able to use a copy of this r			
		dar year 2010, or tax yea	r beginning DEC			NOV 30, 2011	
G	check	all that apply:	Initial return Amended return	Initial return of a for		Final returi	n
					A Employer identification	n number	
""	01						··· ·· · · · · · · · · · · · · · · · ·
		SPEER CHAR	RITABLE TRUS	Т		62-1338941	L
Nun	nber ar	nd street (or P O box number i			Room/suite	B Telephone number	
		P O BOX 24	10368			901/685-98	387
City	nr to	own, state, and ZIP code		_		C If exemption application is	
"	0, 10		N 38124-03	68		D 1. Foreign organization	
Н	heck		X Section 501(c)(3) ex			Foreign organizations m check here and attach c	eeting the 85% test,
	_	ction 4947(a)(1) nonexem		Other taxable private foundat	tinn		
l Fa		rket value of all assets at e			Accrual	E If private foundation sta under section 507(b)(1	
		Part II, col. (c), line 16)	· —	ther (specify)		F If the foundation is in a	
•	\$	7.832		mn (d) must be on cash b	asis)	under section 507(b)(1	
		Analysis of Revenue an	d Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columnecessarily equal the amount	mns (b), (c), and (d) may not	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grant	. , ,	4,609,355.		N/A	
	2		n is not required to attach Sch. B				
	3	Interest on savings and tempo					
	4	Dividends and interest fro	om securities	166,029.	166,029.		STATEMENT 1
	1 '	Gross rents			<u> </u>		
		Net rental income or (loss)					
	i _	Net gain or (loss) from sale of	assets not on line 10	33,303.			
Je e	Ь	Gross sales price for all assets on line 6a	734,693.				
Revenue	7	Capital gain net income (from	•		33,303.		
æ		Net short-term capital gai					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	C	Gross profit or (loss)					
	11	Other income					
	12	Total. Add lines 1 throug	h 11	4,808,687.	199,332.	•	
	13	Compensation of officers, dire		2,509.	0.		2,509.
-	14	Pension plans, employee	and wages				
10	15	Pension plans, empleyee	benefits				
18	16a	Legal fees	O:				
接	þ.	Accounting fe2012	STMT 2	525.	<u>525.</u>		0.
Exercise States		Other professional fees	ggi STMT 3	54.	54.		0.
	$ \mathcal{O} $	HOPE AL TIP	\\ \				
ra	18	Taxes	STMT 4	43,630.	40,093.		155.
and Administrative	19	Depreciation and depletion	on "				
Ē	20	Occupancy					
١٩c	21	Travel, conferences, and	meetings				ļ
and	22	Printing and publications	i				
, bu	23	Other expenses	STMT 5	540.	205.		335.
Operating	24	Total operating and adm	ninistrative				
e e		expenses. Add lines 13 t	through 23	47,258.	40,877.		2,999.
0	25	Contributions, gifts, gran	ts paid	461,088.		ļ	461,088.
)	26	Total expenses and disb	ursements.				
]	<u> </u>	Add lines 24 and 25		508,346.	40,877.		464,087.
3	27	Subtract line 26 from line	e 12:				
ار 7	a	Excess of revenue over exper	nses and disbursements	4,300,341.			
X	b	Net investment income ((if negative, enter -0-)		<u> 158,455.</u>		
/ 		Adjusted net income (if n				N/A	
0235	501 7-10	LHA For Paperwork R	Reduction Act Notice, see	the instructions			Form 990-PF (2010)

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

7,616,195. Form **990-PF** (2010)

Part IV	Capital Gains	and Losses	for Tax on li	nvestment	Income						
			of property sold (e.ç nmon stock, 200 sh			` P	How a - Purc - Don	quired hase ation	(c) Date a	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a 100	00 AMGEN								11/0	9/10	11/08/11
ь 160	000 TELMEX								11/0	9/10	07/13/11
c RTN	PRN MEMPHI	S BOND				<u> </u>		P			
d						<u></u>					
<u>e</u>						1. ,					
(e)	Gross sales price		lation allowed flowable)		st or other basis expense of sale					ain or (loss (f) minus	
<u>a</u>	<u>576,407.</u>				<u>550,95</u>						<u> 25,457.</u>
<u>b</u>	158,236.				150,44	0.					7,796.
<u>C</u>	50.	••		 							50.
_ <u>d</u>				 							
<u>e</u>			(1.)		10/04/00						
Compl	ete only for assets showin		_ 	1				()	l) Gains (C	ol. (h) gaın ıot less tha	minus
(i) F.I	M.V. as of 12/31/69		12/31/69		cess of col. (i) col. (j), if any				Losses	(from col. ((h))
<u>a</u>				 	_						<u> 25,457.</u>
<u>b</u>				 							7,796.
_ C				<u> </u>							50.
_d											
_e				.]				_			
2 Capital	gain net income or (net ca	ipital loss)	If gain, also ente	er in Part I, line D- in Part I, line	7 7	}	2				33,303.
3 Net sho	rt-term capital gain or (los	ss) as defined in	sections 1222(5) a	nd (6):							
	also enter in Part I, line 8,		(-,	- ()-		J					
	, enter -0- in Part I, line 8		40.40(.)			للب	3_	L		<u> N/A</u>	
Part V								nent ind	come		
(For option	al use by domestic private	e foundations su	bject to the section	4940(a) tax on	net investment in	ncome	e.)				
If section 4	940(d)(2) applies, leave th	his part blank.									
		·									
	undation liable for the sec				•	riod?					Yes X No
	foundation does not qual ne appropriate amount in (
1 Enter ti	(a)	each column for		ructions before	making any entri						(4)
	Base periód vears	Ad	(b) justed qualifying dis	etrihiitione	Net value of no	(C)			.	Distril	(d) oution ratio
Calendai	year (or tax year beginnii	ng in) Au			IVEL VAIDE OF HE					(cor (p) av	rided by col. (c))
	2009			17,840.		<u> </u>	<u>, 10</u>	2,932	-		.046741
	2008			31,118.	_			2,656			.049804
	2007			34,416.				8,007			.055748
	2006			31,635.				$\frac{4}{4}$, 113			.047999
	2005			71,33 <u>5</u> .			,48	4,432	3 •		.049172
0 7-4-1-4	(long 4 and come (al)										240464
	f line 1, column (d)	F base see.	a d . duudo tho tatal	l O b C					2		.249464
_	distribution ratio for the			on line 2 by 5,	or by the number	r ot ye	ears				040003
the four	ndation has been in exister	nce ir iess than t	years						3		.049893
4 Enter th	e net value of noncharitab	ole-use assets fo	r 2010 from Part X,	, line 5					4		7,147,341.
5 Multiply	line 4 by line 3								5		356,602.
6 Enter 19	% of net investment incon	ne (1% of Part I,	line 27b)						6		1,585.
7 Add line	es 5 and 6								7		358,187.
•	ualifying distributions fron is equal to or greater thar		e hoy in Part VII. lies	a 1h and comp	alete that neet were	10 2 4	9/ tax	rata	8		464,087.
	Part VI instructions.	ranc /, CHECK III	o box iii rait vi, IIII	c iv, and comp	note mat hatt azil	ıy 4 l	/0 LdX	ialo.			

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	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see ı	nstru	ctio	<u>15)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗶 and enter 1%	1			1,5	<u>85.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u> 0 </u>
3	Add lines 1 and 2	3			1,5	<u>85.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	_			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			1,5	<u>85.</u>
6	Credits/Payments:					
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 4,000					
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868) 6c 4,000					
d	Backup withholding erroneously withheld 6d	_				
7	Total credits and payments. Add lines 6a through 6d	7			8,0	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10		10			6,4	<u> 15.</u>
	Enter the amount of line 10 to be: Credited to 2011 estimated tax 6,415. Refunded	11				0.
Pa	rt 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 participate or interver	e in			Yes	_
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or				
	distributed by the foundation in connection with the activities					ļ
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ► \$0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
_	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3.	. / 3	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		77
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or Director level to a standard of the government of the standard of the st					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the sta	ie iaw		,	v	
,	remain in the governing instrument? Did the foundation boys at least \$5,000 in coasts at any time during the year?			7	X	
'	Did the foundation have at least \$5,000 in assets at any time during the year?			'	Λ	
٥.	If "Yes," complete Part II, col. (c), and Part XV.					
oa	Enter the states to which the foundation reports or with which it is registered (see instructions) TN					1
L						
0	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			0.	х	
0	of each state as required by General Instruction G? If "No," attach explanation	landa-		8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call year 2010 or the tayable year beginning in 2010 (see instructions for Port XIV)2 if "You " complete Port XIV)	iciiuă!		9		x
year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV						T V

X

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i	in Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	nere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	ıned		
expenditure responsibility for the grant?	N	I/A 🔲 Ye	s No	
If "Yes," attach the statement required by Regulations section 53 494	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) Eypansa
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
· · · · · · · · · · · · · · · · · · ·	to position	enter -0-)		allowances
KATE WATKINS	SECY-TREAS AN	D TRUSTEE		
93 HILLWOOD LANE	6.00	2 500	٠	0
COLLIERVILLE, TN 38017	6.00	2,509.	0.	0.
STEPHEN W VESCOVO	PRESIDENT AND	TRUSTEE		
40 S MAIN STREET, SUITE 2900	0.25		0	•
MEMPHIS, TN 38103	0.25	0.	0.	0.
C T COURTENAY	TRUSTEE			
756 RIDGE LAKE BLVD, SUITE 204	0.05			•
MEMPHIS, TN 38120	0.25 TRUSTEE	0.	0.	0.
CHRIS KOCH	TRUSTEE			
8521 BUCKTHORN DR GERMANTOWN, TN 38139	0.25	0.	0.	^
2 Compensation of five highest-paid employees (other than those inc			0.	0.
2 Compensation of the inglicet para employees (earlier than those life	(b) Title, and average	The restriction of the second	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances
NONE	dovoted to position		compansation	ano wanooo
	1			
	1			
	-			
Total number of other employees paid over \$50,000		<u></u>	<u> </u>	0
1 0 241 Hallings of only only on you				

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Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none,	enter "NONE."	 -
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant	statistical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research paper	s produced, etc.	
1 N/A		
2		

3		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax years.	ear on lines 1 and 2.	Amount
1 N/A		
2		
		•
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
1 otali / lad milos i unidagii o		<u>U •</u>

Р	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
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	6,754,641.
b	Average of monthly cash balances	1b	6,754,641. 501,543.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	7,256,184.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	7,256,184.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	108,843.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,147,341.
6	Minimum investment return. Enter 5% of line 5	6	357,367.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	357,367.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,585.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	355,782.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	355,782.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	355,782.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	464,087.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
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	464,087.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	1,585.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	462,502.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	r the section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				355,782.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			97,596.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2010:		0.		
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 464,087.				
a Applied to 2009, but not more than line 2a			97,596.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				355,782.
e Remaining amount distributed out of corpus	10,709.			
Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,709.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	•	0.		
d Subtract line 6c from line 6b. Taxable			to the total to th	
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				-
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.	40 -00			
Subtract lines 7 and 8 from line 6a	10,709.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008 d Excess from 2009				
e Excess from 2010 10,709.			:	
E LAUESS HUIII ZU IU TU, 109.	<u> </u>		<u></u>	

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Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling					
foundation, and the ruling is effective fo	or 2010, enter the date of t	the ruling	▶ <u> </u>		
b Check box to indicate whether the foun	dation is a private operatir	ng foundation described i	n section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not	_				
				,	
used directly for active conduct of exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "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 XV Supplementary Info	ormation (Comple	te this part only	if the foundation	had \$5,000 or	more in assets
at any time during				40,000 0	
Information Regarding Foundation List any managers of the foundation will year (but only if they have contributed)	ho have contributed more		ributions received by the	foundation before the	close of any tax
NONE					
b List any managers of the foundation we other entity) of which the foundation has			or an equally large porti	on of the ownership of	a partnership or
NONE					
2 Information Regarding Contribution Check here ► X if the foundation the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does i		
a The name, address, and telephone num	,				
a The name, audiess, and telephone hun	iber of the person to whol	m applications should be	audresseu.		
b The form in which applications should	be submitted and informa	tion and materials they sl	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ds. such as by geographic	al areas, charitable fields.	kinds of institutions, or o	other factors:	
,	, as as gaugi apinot				

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Sommedicin	·
a Paid during the year SCHEDULE ATTACHED	N/A	PUBLIC	PROGRAM RELATED	461,088
	-			
		<u> </u>		
total b Approved for future payment	1	 	▶ 3a	461,088
AVE MARIA GUILD 2805 CHARLES BRYAN ROAD MEMPHIS, TN 38134	N/A	PUBLIC	PROGRAM RELATED	15,000
ST LOUIS CHURCH 203 WHITE STATION ROAD MEMPHIS, TN 38117	N/A	N/A	PROGRAM RELATED	666,667
Total			► 3b	681,667

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.		business income		d by section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					_
b					
c					
d					
е					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	166,029.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					-
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	33,303.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:				,	
a					
b					
C					
d					
e					<u>-</u>
12 Subtotal. Add columns (b), (d), and (e)		(<u>). </u>	199,332.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	199,332
(See worksheet in line 13 instructions to verify calculations.)				. <u>.</u>	
Part XVI-B Relationship of Activities	to the Acco	mplishment of	Exempt	Purposes	
				F	

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	the foundation's exempt purposes (other than by providing funds for Such purposes).
-	
	·
022821	000 DE

Form 990 Part)				62-13 nd Relationships With Nonch			ge 13
1 Did			wing with any other organization	n described in section 501(c) of		Yes	No
			n 527, relating to political organiz				
a Trai	nsfers from the reporting found	lation to a noncharitable exempt	t organization of:				1
(1)	Cash				1a(1)		_ X
(2)	Other assets				1a(2)		X
b Oth	er transactions:					ļ	i
(1)	Sales of assets to a noncharita	ible exempt organization			1b(1)		X
(2)	Purchases of assets from a no	ncharitable exempt organizatioi	П		1b(2)		X
(3)	Rental of facilities, equipment,	or other assets			1b(3)		X
٠,	Reimbursement arrangements	3			1b(4)		X
	Loans or loan guarantees				1b(5)		X
		embership or fundraising solicit			1b(6)		X
		ailing lists, other assets, or paid			1c_		X
or s	ervices given by the reporting f	oundation. If the foundation recother assets, or services receiv	ceived less than fair market value	ays show the fair market value of the good e in any transaction or sharing arrangemen (d) Description of transfers, transactions, a	t, show in		nto.
(W) Eine ne	(b) Amount involved	N/Z		(u) Description of transfers, transactions, a		angeme	1115
		IN/E					
-			····				
-							
			· •····				
-							
ın s		r than section 501(c)(3)) or in s	one or more tax-exempt organiza	ations described	Yes	X	No No
	(a) Name of org		(b) Type of organization	(c) Description of relatio	nship		
	N/A			., .	<u> </u>		
	·						
	· · · · · · · · · · · · · · · · · · ·	···					
	1=-:-		_				
Sign Here			cluding accompanying schedules and is based on all information of which produced by the second schedules and the second schedules are second schedules and the second schedules are schedules are schedules and the second schedules are schedules are schedules as the second schedules are schedules as the schedules are schedules are schedules as the schedules are schedules are schedules as the schedules are schedules a	statements, and to the best of my knowledge and reparer has any knowledge	belief, it is tru	e, corre	ct,
	Signature of officer or tri	ustee	Date	Title			
	Print/Type preparer's na		's signature	Date Check X if PTI	N		
Paid	C T COURTE	10-	Courteran CPA	self- employed			
Prepa Use C	rer Firm's name ► C T	COURTENAY, CI	PA	Fırm's EIN ►			
	Firm's address ▶ P	O BOX 38069					

901/767-4431 Form **990-PF** (2010)

Phone no.

GERMANTOWN, TN 38183

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, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Employer identification number

SPEER CHARITABLE TRUST 62-1338941 Organization type (check one). Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

	4	4	
Page	l of	of Pari	1

Name of organization

Employer identification number

SI	?E)	ER	CHA	RΙ	ГАЕ	BLE	TR	UST
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62-1338941

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	R WAYNE SPEER P O BOX 240368 MEMPHIS, TN 38124	\$ 4,609,355.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
•		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

SPEER CHARITABLE TRUST

62-1338941

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-	<u> </u>	\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-	·-	\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
-			
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
_ -		\$	
3453 12-23-1	0		990, 990-EZ, or 990-PF)

of Part III

Name of organization Employer identification number SPEER CHARITABLE TRUST 62-1338941 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating Part III more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) > \$ (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 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 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 gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF DI	VIDEND	SAND	INTER	EST FR	OM SE	CUR	RITIES	STATEMENT	1
SOURCE			GROSS	AMOUN			TAL GAINS	COLUMN (A	.)
RAYMOND JAMES & ASSOCIA	ATES	-		166,02	9.	,	0.	166,0	29.
TOTAL TO FM 990-PF, PAR	RT I, LI	N 4		166,02	9.		0.	166,0	29.
FORM 990-PF		AC	COUNTI	NG FEE	s			STATEMENT	2
DESCRIPTION		EXPE	A) NSES BOOKS	NET I			(C) ADJUSTED NET INCOM		
ACCOUNTING FEES	_		525.		52	5.			0.
TO FORM 990-PF, PG 1, I			525.		52	5.			0.
FORM 990-PF	0'	THER	PROFES	SIONAL	FEES			STATEMENT	3
DESCRIPTION		EXPE	A) NSES BOOKS	(NET I MENT			(C) ADJUSTED NET INCOM		
BROKERAGE FEES	_		54.		5	4.			0.
TO FORM 990-PF, PG 1, I	LN 16C		54.	-	5	4.			0.
FORM 990-PF		TAXES			STATEMENT		4		
DESCRIPTION		EXPE	A) NSES BOOKS	(NET I MENT			(C) ADJUSTED NET INCOM		
FEDERAL EXCISE TAXYE 11/30/2011 FOREIGN INCOME TAXES PAYROLL TAXES	_		3,382. 0,093. 155.		40,09	0. 3. 0.		1	0. 0. 55.
TO FORM 990-PF, PG 1, I	LN 18	4	3,630.		40,09	3.		1	.55.
	_	_		:					

FORM 990-PF	OTHER EXPENSES				STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCON			
P O BOX RENTAL MISCELLANEOUS	410. 130.		205.)5. 30.	
TO FORM 990-PF, PG 1, LN 23 540.					33	335.	
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6	
DESCRIPTION			вос	OK VALUE	FAIR MARKET		
RAYMOND JAMES & ASSOCIATES		•	3	3,123,688.	3,340,30)2.	
TOTAL TO FORM 990-PF, PART II, LINE 10B				3,123,688.	3,340,302.		
FORM 990-PF	OTHER LIA	BILITIES			STATEMENT	7	
DESCRIPTION			воз	TOUNOMA Y	EOY AMOUNT		
PAYROLL LIABILITIES				0.	10)1.	
TOTAL TO FORM 990-PF, PART II, LINE 22				0.	10)1.	

Contributions Paid During Year -- Part XV, Line 3a

Bishop's Annual Appeal	15,000.00
Blue Streak	5,000.00
Boy's & Girls Club	1,500.00
Christian Brothers	6,000.00
Church Health Center	6,000.00
Collierville Presby	5,000.00
Diocese of Memphis	1,200.00
Habitat for Humanity	1,000.00
Harwood Center	25,000.00
Hope Presby Church	1,500.00
Jubilee Schools CMUS	10,000.00
Madonna Learning Center	1,000.00
MARIA	1,000.00
Memphis Food Bank	10,000.00
Memphis Union Mission	500.00
Mid South Food Bank	10,000.00
MIFA	6,000.00
Porter-Leath	6,500.00
Ronald McDonald House	500.00
Salvation Army	7,000.00
St Louis Church	334,933.33
St Mary's Catholic Church	5,955.00
WKNO	500.00
	461,088.33

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 1-2011)

SPEER CHARITABLE TRUST 62-1338941	• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box	ì	\mathbf{x}
Electronic filling (e-file). You can electronically file Form 8868 it you need a 3-month automatic extension of time to file (e) months for a corporation regulated to the Form 990 T), or an additional filor automatics) 3-month retrievance of time vio consideration of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, service way in growing and calcit on a file for Chantes & Avoignositis. Part I and Automatic 3-Month Extension of Time. Only submit original for copies needed). Accorporation required to file Form 9907 and requestion an automatic formonthe extension - check this box and complete Part I only. White corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. SPEER CHARTTABLE TRUST 62-1338941 Number, street, and room or suite no If a P O box, see instructions F O BOX 240368 Enter the Return code for the return that this application is for (file a separate application for each return). 4Application Is For Code Is Form 990-B. 10 Form 990-B. 11 Form 990-B. 11 Form 990-B. 12 Form 990-B. 13 Form 990-B. 14 Form 990-B. 15 Form 990-B. 16 Form 990-B. 16 Form 990-B. 17 Form 990-B. 18 Form 990-B. 19 Form 990-B. 10 Form 990-B. 10 Form 990-B. 11 Form 990-B. 12 Form 990-B. 13 Form 990-B. 14 Form 990-B. 15 Form 990-B. 16 Form 990-B. 16 Form 990-B. 17 Form 990-B. 18 Form 990-B. 19 Form 990-B. 10 Form 990-B. 11 Form 990-B. 12 Form 990-B. 13 Form 990-B. 14 Form 990-B. 15 Form 990-B. 16 Form 990-B. 17 Form 990-B. 18 Form 990-B. 19 Form 990-B. 19 Form 990-B. 10 Form 990-B. 11 Form 990-B. 11 Form 990-B. 12 Form 990-B. 13 Form 990-B. 14 Form 990-B. 15 Form 990-B. 16 Form 990-	• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form)	
required to file Form 990-T), or an additional (not automated) amonth extension of time? You can electronically file Form 890-T) or the forms listed in Part to Part II with the exception of Form 890-T) (information Return for Transfers Associated With Cortan Personal Banefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit wow'v is gov/filite and click on e-file for Chambes 8 Nonprofits. Part I only An other corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Type or to file income tax returns Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box, see instructions SPEER CHARTTABLE TRUST SPEER CHARTTABLE TRUST SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box, see instructions SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box, see instructions SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box, see instructions SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box, see instructions SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box, see instructions SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box, see instructions SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box, see instructions Return SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box see instructions I form						
required to file Form 990-T), or an additional (not automated) amonth extension of time? You can electronically file Form 890-T) or the forms listed in Part to Part II with the exception of Form 890-T) (information Return for Transfers Associated With Cortan Personal Banefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit wow'v is gov/filite and click on e-file for Chambes 8 Nonprofits. Part I only An other corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Type or to file income tax returns Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box, see instructions SPEER CHARTTABLE TRUST SPEER CHARTTABLE TRUST SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box, see instructions SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box, see instructions SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box, see instructions SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box, see instructions SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box, see instructions SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box, see instructions SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box, see instructions Return SPEER CHARTTABLE TRUST Number, siteel, and room or suite no If a P O box see instructions I form	Electron	nic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time to	o file (6 months for a cor	poration
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, sisted wave use goverhile and cick on a mellifer Chantes & Anomporities Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to the Form \$60 T and requesting an automatic 6-month extension - check this box and complete Tart I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to dive increme tax returns Type or Name of exempt originariation Employer identification number print September Employer identification number						
Visit wave visit governing and click on e-file for Chantes & Nonprottis	of time t	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	sfers Associated With C	ertain
Visit wave visit governing and click on e-file for Chantes & Nonprottis						
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only Part I o						
Application Power than 120 Code Power th	Part I	Automatic 3-Month Extension of Time	e. Only su	ibmit original (no copies needed)		
Application SPEER CHARITABLE TRUST SPEER C	A corpor				plete	_
Name of exempt organization SPEER CHARITABLE TRUST Number, street, and room or suite no if a P O box, see instructions P O BOX 240368 City, town or post office, state, and ZIP code For a foreign address, see instructions MEMPHIS , TN 38124-0368 City, town or post office, state, and ZIP code For a foreign address, see instructions MEMPHIS , TN 38124-0368 City, town or post office, state, and ZIP code For a foreign address, see instructions MEMPHIS , TN 38124-0368 City, town or post office, state, and ZIP code For a foreign address, see instructions MEMPHIS , TN 38124-0368 City, town or post office, state, and ZIP code For a foreign address, see instructions MEMPHIS , TN 38124-0368 City, town or post office, state, and ZIP code For a foreign address, see instructions MEMPHIS , TN 38124-0368 City, town or post office, state, and ZIP code For a foreign address, see instructions MEMPHIS , TN 38124-0368 City, town or post office, state, and ZIP code For a foreign address, see instructions MEMPHIS , TN 38124-0368 City, town or post office, state, and ZIP code For a foreign address, see instructions Return Application Return Appli	Part I on	ly				▶ □
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