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## 990-PF

#### Return of Private Foundation

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

OMB No 1545-0052

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Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2013 or tax year beginning , and ending Name of foundation Employer identification number THE SAYERS FOUNDATION, C/O W. GRANT WILLIAMS, 80-0398758 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 1100 N. LINDBERGH BLVD. 314-812-5200 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here SAINT LOUIS MO 63132 G Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the Address change Name change 85% test, check here and attach computation Check type of organization  $|\overline{X}|$  Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation J Accounting method X Cash I Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col (c), Other (specify) 4,137,417 line 16) ▶ \$ (Part I, column (d) must be on cash basis ) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable expenses per amounts in columns (b), (c), and (d) may not necessarily equal ıncome purposes books the amounts in column (a) (see instructions) ) (cash basis only) Contributions, gifts, grants, etc , received (attach schedule) Check ► X if the foundation is **not** required to attach Sch B 2 3 Interest on savings and temporary cash investments 65,695 65,695 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -25,363Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 701,509 Capital gain net income (from Part IV, line 2) 0 SCANFIED NOV 2 8 2014 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and a b Less Cost of goods sold Gross profit or (loss) (attach schedule) 4 2014 C Other income (attach schedule) 11 Total. Add lines 1 through 11 12 40,332 65,695 13 Compensation of officers, directors, trustees 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedule) SEE 517 517 16a STMT STMT 2 Accounting fees (attach schedule) 757 7.757 STMT 3 Other professional fees (attach schedule) 18,629 18,629 17 Interest 65 65 STMT 4 286 Taxes (attach schedule) (see instructions) 4,286 19 Depreciation (attach schedule) and depletion Occupancy 21 Travel, conferences, and meetings Printing and publications STMT 5 127 127 23 Other expenses (att sch) Total operating and administrative expenses. Add lines 13 through 23 31,381 31,381 25 Contributions, gifts, grants paid SEE STATEMENT 6 149,860 149,860 Total expenses and disbursements. Add lines 24 and 25 181,241 31,381 0 26 149,860 Subtract line 26 from line 12 27 -140,909 Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) 34,314 Adjusted net income (if negative, enter -0-) 0

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2013)

	Part II	Balance Sheets Attached schedules and amounts in the description column		Beginning of year	E	nd of	f year
_		should be for end-of-year amounts only (See instructions )		(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash – non-interest-bearing		69,799			
	2	Savings and temporary cash investments		160,958	138,4	188	138,488
1	3	Accounts receivable ▶					
ı		Less allowance for doubtful accounts ▶					
	4	Pledges receivable ▶				1	
		Less allowance for doubtful accounts ▶					
1	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see					
		instructions)					
	7	Other notes and loans receivable (att. schedule)					
		Less allowance for doubtful accounts ▶	0				
ş	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
ď	10a	Investments – U S and state government obligations (attach schedule)					
1	b	investments – corporate stock (attach schedule) SEE STMT	7	2,874,931	2,826,2	291	3,998,929
Ì	С	Investments – corporate bonds (attach schedule)					
	11	Investments – land, buildings, and equipment basis ▶					
		Less accumulated depreciation (attach sch ) ▶					
	12	Investments – mortgage loans					
- 1	13	Investments – other (attach schedule)					
ĺ	14	Land, buildings, and equipment basis ▶					
		Less accumulated depreciation (attach sch ) ▶					
- 1	15	Other assets (describe ▶	)				
	16	Total assets (to be completed by all filers – see the					
_		instructions. Also, see page 1, item I)		3,105,688	2,964,	779	4,137,417
	17	Accounts payable and accrued expenses					
	18	Grants payable				<u> </u>	
Ę.	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
<u>.</u>	21	Mortgages and other notes payable (attach schedule)					
-	22	Other liabilities (describe ▶	)				
$\dashv$	23	Total liabilities (add lines 17 through 22)	()	0		_엑	
			X				
nces		and complete lines 24 through 26 and lines 30 and 31.					
핆	24	Unrestricted		3,105,688	2,964,	779	
Sal	25	Temporarily restricted					
힏	26	Permanently restricted	<u>ш</u>				
<u>,</u>		Foundations that do not follow SFAS 117, check here	•				
Net Assets or Fund Bala		and complete lines 27 through 31.					
\$	27	Capital stock, trust principal, or current funds			<del> </del>		
Se	28	Paid-in or capital surplus, or land, bldg , and equipment fund			· · · · · · · · · · · · · · · · · · ·		
¥	29	Retained earnings, accumulated income, endowment, or other funds		2 105 600	0.064		
흴	30	Total net assets or fund balances (see instructions)		3,105,688	2,964,	//9	
	31	Total liabilities and net assets/fund balances (see		2 105 600	2 264	370	
4	D4 I	instructions)		3,105,688	2,964,	779	
	Part I	······································		ant name with	———г		
1		net assets or fund balances at beginning of year – Part II, column (a), line	30 (mu	ist agree with	İ		2 105 600
_		of-year figure reported on prior year's return)			-	-1-	3,105,688
		amount from Part I, line 27a			-	2	-140,909
		r increases not included in line 2 (itemize)			-	3 4	2 064 770
		ines 1, 2, and 3			-	5	2,964,779
		eases not included in line 2 (itemize)	duma (	h) line 30	-	6	2,964,779
-0	rotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	<u>aumn (</u>	<u>, iii i∈ 30</u>	1	_0 ]	2,964,779

Part IV Capital Gains a	ind Losses for Tax on Investme	ent Income			<del> </del>
	cribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acq (mo , day,	
1a PUBLICLY TRADEI	) SECURITIES		P	VARIO	
b PUBLICLY TRADEI			P	VARIO	
c PUBLICLY TRADE			P	VARIO	
d PUBLICLY TRADE			P	VARIO	US VARIOUS
e SCHWAB INSTITUT	CIONAL 7803				
(e) Gross sales price		(h) Gain or (loss) (e) plus (f) minus (g)			
<u>a</u> 274,668			287,190		-12,522
<u>b</u> 198,868			162,364		36,504
<u>c</u> 120,356		· · · · · · · · · · · · · · · · · · ·	103,539		16,817
d 105,088			173,779		-68,691
e 2,529	* <del></del>	<u> </u>			2,529
Complete only for assets showing	ng gain in column (h) and owned by the f	oundation on 12/31/0	69		iains (Col. (h) gain minus k), but not less than -0-) or
(i) F M V as of 12/31/69	(i) F M V as of 12/31/69  (j) Adjusted basis (k) Excess of col (i) as of 12/31/69 over col (j), if any				
<u>a</u>					-12,522
					36,504
<u> </u>					16,817
<u>d</u>					-68,691
<u>e</u>					2,529
2 Capital gain net income or (net	capital loss) If gain, also enter in			2	25,363
3 Net short-term capital gain or (lo	oss) as defined in sections 1222(5) and (	6)			
If gain, also enter in Part I, line 8	B, column (c) (see instructions) If (loss),	enter -0- ın			
Part I, line 8				3	4,295
Part V Qualification U	nder Section 4940(e) for Reduc	ced Tax on Net	Investment Inco	me	
(For optional use by domestic privat	e foundations subject to the section 4940	O(a) tax on net inves	tment income)		
If section 4940(d)(2) applies, leave t	his part blank.				
NATIONAL STATE OF THE STATE OF			h		
	ction 4942 tax on the distributable amour	• •	base period?		Yes X No
<del></del>	alify under section 4940(e) Do not comp	·			
	each column for each year, see the inst	ructions before maki	ing any entries.	<del></del>	
(a) Base period years	(b)	Naturalis	(c)	_	(d) Distribution ratio
Calendar year (or tax year beginning i	<del></del>		e of noncharitable-use asset		(col (b) divided by col (c))
2012		,470		250	0.024374
2011		,067	1,773,		0.011876
2010	10	,000	232,		0.042953
2009		-	176,	082	
2008					
O Takal at 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					0 050000
2 Total of line 1, column (d)				2	0.079203
	5-year base period – divide the total on		9		0.006401
number of years the foundation	has been in existence if less than 5 year	S		3	0.026401
		_			3 705 006
4 Enter the net value of noncharita	able-use assets for 2013 from Part X, line	e 5		4	3,795,226
					100 100
5 Multiply line 4 by line 3				5	100,198
					242
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6	343
7 Add lines 5 and 6				7	100,541
	B 1901 4				140 000
8 Enter qualifying distributions fro If line 8 is equal to or greater that	m Part XII, line 4 an line 7, check the box in Part VI, line 1l	o, and complete that	t part using a 1% tax r	8	149,860

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				<u>343</u>
	here ▶ X and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	ļ		_	0
3	Add lines 1 and 2	3				<u>343</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				343
6	Credits/Payments					
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 3, 371					
b	Exempt foreign organizations – tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d	7			3,	371
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here $X$ 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	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			3,	028
11	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ 3,028 Refunded ▶	11				
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				Yes	No
	participate or intervene in 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 the definition)?			1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			17		
	published or distributed by the foundation in connection with the activities					
С	Did the foundation file Form 1120-POL for this year?			1c		х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
_	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	_				
•	on foundation managers > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
_	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		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		11/11	5		X
-	If "Yes," attach the statement required by General Instruction T		,			41
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		1			
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?			6	Х	
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 Par	+ <b>Y</b> \/		7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	LAV		<b>-</b>		
Ja	DE, MO					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
J	(or designate) of each state as required by General Instruction G? If "No," attach explanation			p.	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			8b		
•	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"					
	complete Part XIV					v
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			9		X
				40		Х
_	names and addresses			10 orm 99	n <sub>-</sub> PF	
			r	UIII <b>3</b> 2	- I	(2013)

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 2013?

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		ng Activities for Which Fo	rm 4/20 May Be R	equirea (conti	nuea)		<del></del>	
5a	During the year did the foundation pay or	•		r				
	(1) Carry on propaganda, or otherwise a	· ·		Y	es 🛚 No	ĺ		
	(2) Influence the outcome of any specific		), or to carry on,		₩			
	directly or indirectly, any voter registr			<del></del>	es X No			
	(3) Provide a grant to an individual for tr	• • • •		Y	es 🛚 No			
	(4) Provide a grant to an organization of		ation described in		<del>.</del>			
	section 509(a)(1), (2), or (3), or secti	, , , , , , , , , , , , , , , , , , , ,		Y	es 🛚 No			
	(5) Provide for any purpose other than re		ry, or educational		( <del>.</del> .			
	purposes, or for the prevention of cru	•			es 🗓 No	l		
b	If any answer is "Yes" to 5a(1)–(5), did a				NT / 7			
	Regulations section 53 4945 or in a curre				N/A	5b		
	Organizations relying on a current notice				▶ 📖			
С	If the answer is "Yes" to question 5a(4),	•	on from the tax	/-	г—,			
	because it maintained expenditure response	=		N/A 📙 Y	es 📙 No			
	If "Yes," attach the statement required by	•				-		
6a	Did the foundation, during the year, rece	ive any funds, directly or indirectly,	to pay premiums		. <del> </del>			
	on a personal benefit contract?				es X No	1	j	<b>.</b> -
þ	Did the foundation, during the year, pay	premiums, directly or indirectly, on	a personal benefit contr	act?	ļ	6b		<u>X</u>
	If "Yes" to 6b, file Form 8870				<u></u>		l	
	At any time during the tax year, was the	· · ·			es X No	j	ł	
	If "Yes," did the foundation receive any p				N/A	7b		
Pa		ficers, Directors, Trustees	, Foundation Mana	agers, Highly	Paid Employe	es,		
	and Contractors		<del></del>	<del></del>				
1 l	ist all officers, directors, trustees, four	idation managers and their comp	pensation (see instruc	tions).				
	(a) Name and a	ddress	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	<ul><li>(d) Contributions to employee benefit plans and deferred</li></ul>		ense ac allowar	
					compensation	<u> </u>		
W	GRANT WILLIAMS, III	SAINT LOUIS	DIR/PRES/TRE					
11	00 N LINDBERGH BLVD	MO 63132	1 00	0	0			0
CY	NTHIA A REESE	SAINT LOUIS	DIRECTOR/SEC					
11	00 N LINDBERGH BLVD	MO 63132	1 00	0	0	<u> </u>		0
	<u> </u>							
						<u> </u>		
2	Compensation of five highest-paid en "NONE."	ployees (other than those includ	ded on line 1 – see ins	tructions). If none	e, enter			
					(d) Contributions to			
	(a) Name and address of each employee	paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		ense ac	
	(a) Name and address of cash simple, as		devoted to position	(0, 00	plans and deferred compensation	other	allowar	ices
NC	ONE		<u> </u>		· · · · · · · · · · · · · · · · · · ·			
140	ME							
						<b></b>		
						<del>                                     </del>		
		· · · · · · · · · · · · · · · · · · ·						
				]				
[ota	I number of other employees paid over \$5	50,000	1				η	0
	The second of th		·			om <b>99</b>	0-PF	
								1-4.0/

Form 990-PF (20	013) THE SAYERS FOUNDATION, INC.	80-0398758	Page <b>7</b>
Part VIII	Information About Officers, Directors, Trustees, Four	ndation Managers, Highly Paid En	nployees,
	and Contractors (continued)		
3 Five highe	est-paid independent contractors for professional services (see inst	ructions). If none, enter "NONE."	<del></del>
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
<del></del>			
			1
Total number of	others receiving over \$50,000 for professional services		<b>&gt;</b>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical informatio other beneficiaries served, conferences convened, research papers produced, etc.	n such as the number of	Expenses
1 N/A			
2			
			•
			· <del>-</del> · ·
3			
4			
•			
Part IX-B	Summary of Program-Related Investments (see instr	ructions)	
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
All other program-re	elated investments. See instructions	, , , , , , , , , , , , , , , , , , , ,	
3			

Total. Add lines 1 through 3

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149,860

3<u>a</u>

3b

4

5

3

Amounts set aside for specific charitable projects that satisfy the

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b (see instructions)

Cash distribution test (attach the required schedule)

Pa	rt XIII Undistributed Income (see instructions)				
		(a)	(b)	(c)	(d)
1	Distributable amount for 2013 from Part XI,	Corpus	Years pnor to 2012	2012	2013
	line 7				189,418
2	Undistributed income, if any, as of the end of 2013				
а	Enter amount for 2012 only			149,860	
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2013				
а	From 2008				
b	From 2009				
С	From 2010				
d	From 2011				
е	From 2012				
f	Total of lines 3a through e				
4	Qualifying distributions for 2013 from Part XII,				
	line 4 ▶ \$ 149,860				
а	Applied to 2012, but not more than line 2a			149,860	
b	Applied to undistributed income of prior years				
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2013 distributable amount	· · · · · · · · · · · · · · · · · · ·			
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2013				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a) )				
6	Enter the net total of each column as			}	
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				· · · · · · · · · · · · · · · · · · ·
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount – see instructions				
е	Undistributed income for 2012 Subtract line				
	4a from line 2a Taxable amount – see				
	instructions				
f	Undistributed income for 2013 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2014				189,418
7	Amounts treated as distributions out of corpus				***************************************
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2014.				
	Subtract lines 7 and 8 from line 6a				
0	Analysis of line 9				
а	Excess from 2009				
b	Excess from 2010				
С	Excess from 2011				
d	Excess from 2012				
е	Excess from 2013				

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	rt XIV Private Operating Fou			t VII-A, question 9	))	
1a	If the foundation has received a ruling or	determination letter th	at it is a private opera	ting		
	foundation, and the ruling is effective for	2013, enter the date o	f the ruling	•		
b	Check box to indicate whether the foundation	ation is a private opera	iting foundation descri	bed in section 4	942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) <b>T</b> akal
	income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
С	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					
е	Qualifying distributions made directly					
_	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter					
-	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3					· · · · · · · · · · · · · · · · · · ·
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test – enter					
C	(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)			<del>                                   </del>		
	(3) Largest amount of support from					
	an exempt organization					
D.	(4) Gross investment income art XV Supplementary Inform	nation (Complete	this part only if	the foundation b	ad \$5 000 or more	e in assets at
r	any time during the y	• •	• •	the loundation i	iau \$5,000 or illor	e III assets at
4			tions. <sub>/</sub>	· ·		
1	Information Regarding Foundation Ma List any managers of the foundation who	-	o than 20/ of the total	contributions received	t by the foundation	
а	before the close of any tax year (but only					
	N/A	in they have contribut	ed more than \$5,000)	(See Section 507 (d)(a	-) )	
	List any managers of the foundation who	own 10% or more of	the stock of a corporat	tion (or an equally larg	e portion of the	
b	ownership of a partnership or other entity				e portion of the	
	N/A	7) Of William the louridat	iioii iias a 10 /6 oi grea	iter interest.		
2	Information Regarding Contribution, (	Grant Gift Loan Sch	nolarship etc. Progr	ams		
2	Check here ► X if the foundation only				does not accept	
	unsolicited requests for funds. If the four					
	·		ants, etc (see mstruc	lions) to individuals of	organizations under	
	other conditions, complete items 2a, b, c The name, address, and telephone num		of the person to whom	annications should b	e addressed	
а		per or e-mail address	of the person to whom	applications should to	e addressed.	
	N/A					
	The form in which applications should be	eubmitted and info	nation and materials th	ev should include:	··	······································
b	The form in which applications should be	s submitted and inform	iauon anu materiais th	ey should include.		
	N/A			<del> </del>		
С	Any submission deadlines					
	N/A Any restrictions or limitations on awards	cuch as by assess-b	ical areas, shartable f	ielde kinde of institut	one or other	
d	•	, such as by geograph	icai areas, charitable f	icius, kinas of instituti	ons, or other	
	factors.					
DAA	N/A	· · · · · · · · · · · · · · · · · · ·			<del></del>	Form 990-PF (2013
MA						, J 224 I I (201)

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year SCHWAB CHARITABLE FUND 211 MAIN ST. 501(C)(3) SAN FRANCISCO CA 94105 TAX | EXEMPT PUBLIC CHARITY 128,860 MEMORIAL SLOAN-KETTERING CANCER CTR 1275 YORK AVENUE 501(C)(3) NEW YORK NY 10065 CANCER RESEARCH 5,000 WESTERLY AREA REST MEALS 56 SPRUCE ST. 501(C)(3) WESTERLY RI 02891 HOMELESS SHELTER, ASSISTANCE TO NEED 5,000 CURE PSP 501(C)(3) 30 E. PADONIA RD. TIMONIUM MD 21093 RESEARCH PSP (SUPRANUCLEAR PALSY) 5,000 GATEWAY TO HOPE 845 N. NEW BALLAS RD. 501(C)(3) BREAST CANCER CARE & TREATMENT ST. LOUIS MO 63141 5,000 LABYRINTH THEATER 155 BANK STREET 501(C)(3) NEW YORK NY 10014 DEVELOPMENT OF THEATER ART & ARTISTS 1,000 Total ▶ 3a 149,860 b Approved for future payment N/A

▶ 3b

Total

P	art XVI-A	Analysis of Income-Producing Activ	vities				
		ts unless otherwise indicated	1	d business income	Exclude	d by section 512, 513, or 514	4.
	v		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Program servic	æ revenue		<del></del>			(See instructions )
	a				<b> </b>		
		<del></del>			ļ		
		<del></del>		<del></del>			
				<del></del>		<del></del>	<del></del>
	f		<u> </u>	<del></del>		<del></del>	<del></del>
_	_	contracts from government agencies	<del></del>	<del></del>			
		ues and assessments			<del> </del>		
		ings and temporary cash investments			1.4	CF (0F	·
		interest from securities			14	65,695	
5		me or (loss) from real estate			ļ Ī		
		ced property					<del></del>
^		nanced property			<del> </del>		<del></del>
	Other investme	me or (loss) from personal property			İ	<del>                                     </del>	
	-	from sales of assets other than inventory			18	-25,363	
		(loss) from special events			1 0	25,303	
		(loss) from sales of inventory					
		a			<u>†</u>		
• •					<u> </u>	<del></del>	
					1		
	_						
	е						
		columns (b), (d), and (e)	-			40,332	0
12	Subtotal Add t	COMMINS (D), (G), and (E)					
					1		
13	Total. Add line	12, columns (b), (d), and (e)			1	13 _	
13 (S∈	Total. Add line	e 12, columns (b), (d), and (e) line 13 instructions to verify calculations )	complishm		•	13 _	
13 (Se	Total. Add line to worksheet in lart XVI-B	12, columns (b), (d), and (e) line 13 instructions to verify calculations )  Relationship of Activities to the Ac  Explain below how each activity for which income	is reported in o	nent of Exempt P	urpose	13	40,332
13 (Se	Total. Add line to worksheet in learn XVI-B Line No.	12, columns (b), (d), and (e) line 13 instructions to verify calculations )  Relationship of Activities to the Ac	is reported in o	nent of Exempt P	urpose	13	40,332
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<u>orm 990</u>	-PF (201	3) Ind 3	SHIEV	NUUT C.	IDALLON,	INC.	80-03	90/30			Pag	ge ij
Part X		Informatio Exempt O	_	_	ansfers To an	d Transactio	ns and Relatio	nships Wit	h Nonchari	itable		
4 Did					o in any of the following	louing with any c	ther organization de				Yes	No
	_				•		=				163	NO
			oue (oure	r man secuo	on 50 f(c)(3) organ	izations) or in se	ction 527, relating to	pontical				ĺ
_	anization			-4 4		-4	•					
		om tne reporti	ng tounaa	ation to a no	ncharitable exemp	pt organization of						.,
` '	Cash									1a(1)		X
	Other as									1a(2)		X
	er transa											
		assets to a n			-					1b(1)		X
(2)	Purchas	es of assets f	rom a no	ncharitable (	exempt organizati	on				1b(2)		X
(3)	Rental o	f facilities, eq	uipment,	or other ass	ets					1b(3)		X
• •		rsement arran	-							1b(4)		X
		r Ioan guaran								1b(5)		X
				-	fundraising solici					1b(6)		X
	•			-	ther assets, or pa	· -				1 <u>c</u>	l	X
		•			•		nn (b) should alway					
		-		_		-	the foundation rece					
valu	ie in any						the goods, other as					
(a) Lin	e no	(b) Amount in	volved	(c) Name	e of noncharitable exem	pt organization	(d) Descripti	on of transfers, tra	nsactions, and sha	nng arrangeme	ents	
<u> A\V</u>					<del></del>							
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											_	
									·			
									<del> </del>			
2a Is t	ne found	ation directly	or indirec	tly affiliated	with, or related to,	, one or more tax	-exempt organization	ons		_	_	_
des	cribed in	section 501(	c) of the (	Code (other	than section 501(	c)(3)) or in section	n 527?			Y	es 🛚 X	No
b if "\	∕es," con	nplete the foll	owing sch	nedule			<b>,</b>					
	<u> </u>	) Name of organi	zation		(b) Type of (	organization		(c) Descript	ion of relationship		_	
N/ <i>I</i>	4											
						_						
							edules and statements, a which preparer has any k		ny knowledge and	belief, it is true	₽,	
	3333., 3				,,		, , , , , , , , , , , , , , , , , , , ,	<b>3</b> -	1 1	RS discuss this r		
Sign									(see instru	reparer shown b	Yes	No
Here			<b>"</b>	1/1	-		العابد .	0.0		71		
ļ		1/0	ЛП			•	<u> </u>	Tres	<u>siaent</u>			
	Signa	ature of officer or	fuste /	<u> </u>		Date	<b>'</b>	Title				
	Print/Ty	pe preparer's nam	<b>√</b>			Preparer's signatu	re .		(	Date	Check	T f
Paid	1	- 17	•			1	0 01.1.			مناح مار		nployed
reparer	JERR:	Y P. STA	LOSS		<del> </del>		m P. Sellos			0/20/14	L	
Jse Only	I Firm's n	ame 🕨	SCHLC		ASSOCIATE	S, PC	,		PTIN	<u> P00444</u>	1746	5
oe Only	Firm's a			WATSON		·				<u>43-117</u>		
			<u>SAINT</u>	LOUIS	s, MO 63	119-4806			Phone no	<u> 314-84</u>	9-0	603

80-0398758	F <sub>0</sub>	ederal St	tat	tements				
Statement	1 - Fo	m 990-PF	Pa	rt I, Line 16a	. I <i>e</i>	nal Fees		
		111 000 1 1 ,	<u>. u</u>	iti, Emo ioa		<u>garr coo</u>		
Description		- Total	_	Net Investment		Adjusted Net	_	Charitable Purpose
PROSKAUER ROSE LLP	\$	517	\$	517	\$		\$	
TOTAL	\$	<del>-</del>	\$ =	517	\$ =	0	-	
Statement 2 -	Form	990-PF, Par	<u>t I,</u>	Line 16b - A	cco	unting Fees		
Description		_						
		Total	_	Net Investment		Adjusted Net	_	Charitable Purpose
SCHLOSS & ASSOCIATES PC CF	PA'S \$	7,757	\$	7,757	\$		\$	
TOTAL	\$	7,757	_	7,757		0	-	
Statement 3 - For	rm 990	-PF, Part I,	Lir	e 16c - Other	Pr	ofessional F	905	<u> </u>
Description		_						
		Total	_	Net Investment	_	Adjusted Net	_	Charitable Purpose
INVESTMENT MANAGEMENT FEES	\$ 	18,629	\$_	18,629	\$		\$	
TOTAL	\$	18,629	\$_	18,629	\$_	0	\$	
Statem	ent 4 -	Form 990-F	PF,	Part I, Line 1	8 -	Taxes		
Description		_						
ADR FEES		Total		Net Investment		Adjusted Net	-	Charitable Purpose
	\$	7	\$	7	\$		\$	
FOREIGN TAXES WITHHELD		44		44				
FEDERAL INCOME TAX (REFUNI	))	4,235		4,235				
TOTAL	\$	4,286	\$ =	4,286	\$ <u></u>	0	\$	
Statement 5	- Form	1 990-PF, Pa	art	I, Line 23 - O	the	r Expenses		
Description		_		NI-4		A although the		Ob - 11 + 1
		Total		Net Investment		Adjusted Net		Charitable Purpose
		Total	_	investment	_	INGL	-	1 dipose

#### **Federal Statements**

#### Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)

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		C : P I		1111
$\boldsymbol{\mathcal{L}}$	$\sim$	$\sim$ 1 1	$\sim$ $\sim$	on

		— Total	_	Net Investment	_	Adjusted Net	_	Charitable Purpose
EXPENSES	ς.		ς .		¢		Ś	
ESTIMATED TAX PENALTY	Ÿ	127	٧	127	7		٧	
TOTAL	\$	127	\$_	127	\$_	0	\$_	0

#### Statement 6 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants

Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
128,860					12/23/13
5,000					12/26/13
5,000					12/24/13
5,000					10/09/13
5,000					10/09/13
1,000					10/09/13

#### Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description

		Beginning of Year	End of Year	Basis of Valuation		Fair Market Value
SCHWAB INSTITUTIONAL ACCOUNT	7803					
	\$	2,385,935 \$	2,315,782	COST	\$	3,229,523
SCHWAB INSTITUTIONAL ACCOUNT	1047					
	_	488,996	510,509	COST	_	769,406
TOTAL	\$_	2,874,931 \$	2,826,291		\$_	3,998,929

#### Statement 8 - Form 990-PF, Part VII-A, Line 12 - Distribution Information

#### Description

THE FOUNDATION HAS TREATED A DISTRIBUTION TO A DONOR ADVISED FUND AS A QUALIFYING DISTRIBUTION.

AS LISTED IN PART XV, THE FOUNDATION CONTRIBUTED \$128,860 TO THE SCHWAB CHARITABLE FUND, WHICH IS A NATIONAL DONOR-ADVISED FUND. MANAGEMENT OF THIS FOUNDATION HAVE THE ABILITY TO RECOMMEND GRANTS TO U.S. PUBLIC CHARITIES.

TO MAINTAIN COMPLIANCE WITH INTERNAL REVENUE CODE SECTION 170(C)(2)(B), GRANTS WILL ONLY BE MADE TO A CORPORATION, TRUST, OR COMMUNITY CHEST, FUND, OR FOUNDATION ORGANIZED AND OPERATED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY, OR EDUCATIONAL PURPOSES, OR TO FOSTER NATIONAL OR INTERNATIONAL AMATEUR SPORTS COMPETITION, OR FOR THE PREVENTION OF CRUELTY TO CHILDREN OR ANIMALS

### Form 8868

(Rev January 2014)

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

Department of the Internal Revenue	•	▶ Inform		-	application for each return Lits instructions is at www.ii	rs.gov/form	8868.		
	<del></del>	itomatic 3-Month Ex	tension comple	ete only Par	rt I and check this box				<b>▶</b> X
-	•			-	omplete only Part II (on page	2 of this form	m l		لقفا -
-	<del>-</del>		-		3-month extension on a previous			368	
Electronic fil	lina (e-file). Yo	u can electronically fi	le Form 8868 if v	ou need a 3	I-month automatic extension o	f time to file (	(6 mo	nths for	
					onth extension of time. You ca				
					Part II with the exception of Fo				
		· · · · · · · · · · · · · · · · · · ·			th must be sent to the IRS in p			011	
					gov/efile and click on e-file for			rofite	
Part I					omit original (no copies n		Nonp	ionis	
					n extension – check this box a			<del> </del>	
Part I only	•	•	J			•			▶ 🗍
-	orations (includ	ing 1120-C filers), par	rtnerships, REMI	Cs. and trus	sts must use Form 7004 to req	uest an exter	nsion	of time	_
to file income	•	gc cc.c,, pc.							
to me moone	tax retarns				Fr	ter filer's id	entifu	ing number	, see instructions
Type or	Name of eve	mpt organization or o	ther filer see ins	tructions	T T			ation numbe	
print	II .	YERS FOUND		NC.		Linployeria	Citane	Janon nambe	(2111) 01
print	1 .	GRANT WILL		II	1	80-039	275	<b>.</b> Ω	
				<del></del>					
File by the due date for		et, and room or suite		t, see msuu	ctions.	Social Secui	nty nu	ımber (SSN)	
filing your		. LINDBERGI							
return See	1 -			_	dress, see instructions.				
instructions	SAINT	LOUIS	MO	63132	<u> </u>				
Enter the Retu	urn code for the	return that this applic	cation is for (file a	a separate a	pplication for each return)				04
Application	)			Return	Application				Return
Is For				Code	Is For				Code
Form 990 oi	r Form 990-EZ			01	Form 990-T (corporation)				07
Form 990-B	L			02	Form 1041-A				08
Form 4720 (	(individual)	1 10//	, ,	03	Form 4720 (other than indiv	idual)			09
Form 990-P		mm - sullos	5/9/14	04	Form 5227	<del></del>			10
Form 990-T	(sec 401(a) or	408(a) trust)	7 /	05	Form 6069				11
	(trust other tha			06	Form 8870				12
		SCHLOSS & A	SSOCIATES	, PC, CI	PA'S				
		8200 WATSON		,					
The books a	are in the care of	SAINT LOUIS	}					MO	63119
Telephone	No ▶ 314	1-849-0603		FAX No	. ▶ 314-849-1948	}			
-			lace of business		d States, check this box				▶ □
_		rn, enter the organiza				If this	ıs		
	roup, check th		If it is for part of		, ,	and attach			
_		s of all members the		u.o g.oop, c		uno ottoon			
				equired to fil	e Form 990-T) extension of tim				
		·	•	-	panization named above. The e				
	•		nganization retui	ii ioi uie oig	Janization harried above. The e	ACCIDION IS			
	rganization's re calendar year								
	calendar year _	2013 or							
▶ □	tax year beginn	ung.	and and:no						
		-	, and ending						
	-	n line 1 is for less that		eck reason:	Initial return Fina	al return			
	nange in accou		2F 000 T 4720		or the testative town land con-		<del></del>		
			F, 990-1, 4/20, (	or gods, ent	er the tentative tax, less any		2-	e	2 271
		See instructions	4700 0000		fradable and the second		3a	\$	3,371
u ii uiis ap	plication is for	Forms 990-PF, 990-T	, 4/20, or 6069,					· · · · · · · · · · · · · · · · · · ·	<del></del>

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using

EFTPS (Electronic Federal Tax Payment System) See instructions

Form 8868 (F	• Pay 1 2014)						Page 2
	filing for an Additional (Not Automatic) 3-Month	Extension Co	omplete only Part II and ch	eck this hox	-		► X
· ·	complete Part II if you have already been granted an				8868		- 63
	filing for an Automatic 3-Month Extension, comp						
Part II	Additional (Not Automatic) 3-Month			original (no	copie	s needed	).
,	/ tallional (internationality of month)	<u> </u>	<u> </u>				r, see instructions
Type or	Name of exempt organization or other filer, see it	nstructions		Employer i			
orint	THE SAYERS FOUNDATION,						
		III		80-039	987	58	
le by the due date for	Number, street, and room or suite no. If a P.O. b.	ox, see instru	ctions	Social secu	irity ni	mber (SSN	)
iling your	1100 N. LINDBERGH BLVD.						
eturn See nstructions	City, town or post office, state, and ZIP code For SAINT LOUIS	r a foreign add					
<del></del>	J SAINT HOUTS	0_03132	·	<del></del>			
Enter the Reti	urn code for the return that this application is for (file	e a separate a	ipplication for each return)				04
Application	1	Return	Application				Return
Is For		Code	Is For				Code
Form 990 o	r Form 990-EZ	01					
Form 990-B	JL	02	Form 1041-A				08
Form 4720	(individual)	03	Form 4720 (other than in	dividual)			09
Form 990-P	PF	04	Form 5227				10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T	(trust other than above)	06	Form 8870				12
TOP! Do no	t complete Part II if you were not already granted	d an automat	ic 3-month extension on a	previously fil	ed Fo	rm 8868.	
Telephone If the orga If this is for the whole get with the na I reques For cale If the tax Cha ADDI	are in the care of ▶ SAINT LOUIS  e No ▶ 314-849-0603  inization does not have an office or place of busines or a Group Return, enter the organization's four digit group, check this box ▶ ☐ If it is for pa ames and EINs of all members the extension is for  it an additional 3-month extension of time until 11 andar year 2013, or other tax year beginning ax year entered in line 5 is for less than 12 months, or ange in accounting period detail why you need the extension  TIONAL TIME IS REQUESTED  ACCURATE RETURN.	Group Exeminant of the group  -/17/14  g  -heck reason	d States, check this box ption Number (GEN) p, check this box  , and ending Initial return	. If this is and atta			63119  ▶□  COMPLETE
•	oplication is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, ente	r the tentative tax, less any	<del></del>	0-		0
	ndable credits. See instructions opplication is for Form 990-PF, 990-T, 4720, or 6069,	enter any ref	undable credits and	<del></del>	8a	\$	0
-	oplication is for Form 990-PF, 990-1, 4720, of 6069, ed tax payments made Include any prior year overp						
		ayinent anow	ed as a credit and any		8b	\$	3,371
	paid previously with Form 8868	vment with th	is form if required by using	FETPS	0.0		3/3/1
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Flectronic Federal Tax Payment System) See instructions					8c	\$	0
	Signature and Verifi	cation mu	st be completed for F	Part II only.			
nder penaltie nowledge and	es of perjury, I declare that I have examined this form displayed belief, it is true, correct, and complete, and that I a	m, including a am authorized	ccompanying schedules and to prepare this form	d statements, a	ind to	the best of	my
gnature >	(mm & Illes	Tit	e ► CPA			Date	× 8/14/14
	·// /					For	m <b>8868</b> (Rev. 1-2014)