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Form 990-PF

Return of Private Foundation

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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For calendar year 2014, or tax year beginning 01-01-2014, and ending 12-31-2014

Name of foundation: ALEX TOWNSEND MEMORIAL FOUNDATION. A Employer identification number: 46-0551575. B Telephone number: (314) 725-5252. G Check all that apply: Initial return, Final return, Address change. H Check type of organization: Section 501(c)(3) exempt private foundation. I Fair market value of all assets at end of year: \$ 112,297. J Accounting method: Cash.

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-26). Total revenue: 274,844. Total expenses: 221,291. Net investment income: 98,070. Adjusted net income: 5,566.

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

Part II Balance Sheets		Beginning of year			End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	38,641	98,776	98,776		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	3,701				
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use	4,825	625	4,500		
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment basis ▶ _____ 6,450 Less accumulated depreciation (attach schedule) ▶ 629	4,000	5,821	9,021		
15	Other assets (describe ▶ _____)						
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	51,167	105,222	112,297			
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)	2,208	3,579			
23	Total liabilities (add lines 17 through 22)	2,208	3,579				
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>						
	and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>						
	and complete lines 27 through 31.						
27	Capital stock, trust principal, or current funds	0	0				
28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0				
29	Retained earnings, accumulated income, endowment, or other funds	48,959	101,643				
30	Total net assets or fund balances (see instructions)	48,959	101,643				
31	Total liabilities and net assets/fund balances (see instructions)	51,167	105,222				

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	48,959
2	Enter amount from Part I, line 27a	2	53,553
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	102,512
5	Decreases not included in line 2 (itemize) ▶ _____	5	869
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	101,643

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a See Additional Data Table			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	98,070
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	81,398	32,152	2.531662
2012	14,812	20,170	0.734358
2011			
2010			
2009			

2 Total of line 1, column (d).	2	3.266020
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	1.633010
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	70,896
5 Multiply line 4 by line 3.	5	115,774
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	981
7 Add lines 5 and 6.	7	116,755
8 Enter qualifying distributions from Part XII, line 4.	8	175,392

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	981
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	0
3	Add lines 1 and 2.	3	981
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	981
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	480
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	2,800
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	3,280
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	2,299
11	Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> 0 Refunded <input checked="" type="checkbox"/>	11	2,299

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input checked="" type="checkbox"/> \$ <u>0</u> (2) On foundation managers <input checked="" type="checkbox"/> \$ <u>0</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ <u>0</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> MO _____		
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? <i>If "No," attach explanation.</i>	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> <input checked="" type="checkbox"/>	10	Yes

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>HTTP //ATOWNFOUNDATION.ORG</u>	13	Yes	
14	The books are in care of ▶ <u>JCL ACCOUNTING SERVICES LLC</u> Telephone no ▶ <u>(314) 638-6232</u> Located at ▶ <u>9713 TESSON CREEK ESTATES DR SAINT LOUIS MO</u> ZIP +4 ▶ <u>631236294</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
1b	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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
1c	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 2014? <input type="checkbox"/>	1c		No
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))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20___, 20___, 20___, 20___			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20___, 20___, 20___, 20___			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>) <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2014?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

<p>5a During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/></p> <p>c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i></p> <p>6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870.</i></p> <p>7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	5b		
	6b		No
	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
THOMAS TOWNSEND 6331 ALEXANDER ST LOUIS, MO 63105	TRUSTEE 25 00	0	0	0
JEANNE TOWNSEND 6331 ALEXANDER ST LOUIS, MO 63105	TRUSTEE 3 00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000. 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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	1,619
b	Average of monthly cash balances.	1b	70,357
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	71,976
e	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	71,976
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,080
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	70,896
6	Minimum investment return. Enter 5% of line 5.	6	3,545

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	3,545
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	981
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	981
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	2,564
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	2,564
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	2,564

Part 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	175,392
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		
a	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	175,392
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	981
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	174,411

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				2,564
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			0	
b Total for prior years 20__ , 20__ , 20__		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				
d From 2012.				14,741
e From 2013.				80,710
f Total of lines 3a through e.	95,451			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ <u>175,392</u>				
a Applied to 2013, but not more than line 2a			0	
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 2014 distributable amount.				2,564
e Remaining amount distributed out of corpus	172,828			
5 Excess distributions carryover applied to 2014 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	268,279			
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 amount—see instructions		0		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	0			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	268,279			
10 Analysis of line 9				
a Excess from 2010.				
b Excess from 2011.				
c Excess from 2012.				14,741
d Excess from 2013.				80,710
e Excess from 2014.				172,828

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
2a Enter the lesser of the adjusted net income from Part I or the minimum 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					
3 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 Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total				▶ 3a 65,800
b <i>Approved for future payment</i>				
Total				▶ 3b 0

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
300 SH GILEAD SCIENCES INC		2011-05-04	2014-04-04
200 SH ORACLE CORPORATION		2013-02-06	2014-11-07
350 SH GILEAD SCIENCES INC		2010-01-21	2014-04-04
250 SH MASTERCARD INC		2009-03-13	2014-02-27
286 SH MASTERCARD INC		2009-03-13	2014-12-03
1,100 SH ORACLE CORPORATION			2014-11-07
1,360 SH VANGUARD GROWTH INDEX		2004-08-19	2014-02-21

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
21,583		21,583	0
7,953		7,036	917
25,182		20,718	4,464
19,416		3,952	15,464
25,200		4,521	20,679
43,740		18,078	25,662
60,884		30,000	30,884

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			0
			917
			4,464
			15,464
			20,679
			25,662
			30,884

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

THOMAS TOWNSEND
JEANNE TOWNSEND

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YOUTH IN NEED 7130 GLENMORE ST LOUIS,MO 63121		NOT FOR PROFIT 501 (C	TO PROVIDE THOSE IN NEED WITH A PIANO	1,300
DANA SCHEITER 1307 COBURG LANDS ST LOUIS,MO 63137		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
FIRST LOOK MUSIC SCHOOL 2719 NORTH TAYLOR AVE ST LOUIS,MO 63113		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	1,300
JULIE HECK 6738 DONALD ST LOUIS,MO 63121		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
ELIZABETH HANSON 2320 WEEDEL DR ARNOLD,MO 63010		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
VERNA LETIZIA 6271 NAVAHO CITY BYRNES MIL,MO 63051		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
KIRK DETMER 430 SOUTH 3RD STREET BREESE,IL 62230		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
STEPHANIE STATHANOPULOS 4442 S SPRING AVE ST LOUIS,MO 63116		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
MARY REYNOLDS 6150 MORGANFORD APT-1A ST LOUIS,MO 63116		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
BURTON 1315 BELTON AVENUE WEBSTER GROVES,MO 63119		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	950
RENEE LAURY 10 HAWK CT HIGH RIDGE HIGH RIDGE,MO 63049		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
HANCOCK PLACE HIGH SCHOOL 229 RIPA AVE ST LOUIS,MO 63125		NOT FOR PROFIT 501 (C	TO PROVIDE THOSE IN NEED WITH A PIANO	1,300
JOY MEDLEY 516 CHETYL ANN DR WENTZVILLE,MO 63385		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
CITY MONTESSORI 1618 TOWER GROVE AVE ST LOUIS,MO 63110		NOT FOR PROFIT 501 (C	TO PROVIDE THOSE IN NEED WITH A PIANO	2,600
GALAN NGUYEN 10405 ASHBY PLACE LANE ST ANN,MO 63074		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	2,300
Total			3a	65,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LAJUAN STEIN 1934 SUNS UP WAY FLORISSANT,MO 63031		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
STEVE REYNOLDS 3117 DAVIS AVE GRANITE CITY,IL 62040		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
KATHY SPEISER 404 ST JAMES COURT ST PETERS,MO 63376		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
ANDREA COLEMAN 6704 BLACKWALNUT COURT ST LOUIS,MO 63134		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
KAREN ATKINSON 4730 AMBS RD ST LOUIS,MO 63128		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	950
JASON HARRIS 8 BOUNTIFUL DR FAIRVIEW HEIGHTS,IL 62208		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
ORANDA BURNS 5004 GRANBERRY WAY LANE ST LOUIS,MO 63115		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	850
BRAD STONE 3627 S COMPTON AVE ST LOUIS,MO 63118		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
SAMANTHA VESELY 7090 POST COACH DR OFALLON,MO 63368		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
RONNIE LOGAN 125 MOHAN DR FLORISSANT,MO 63033		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
DORRIEON ROBINSON 2637 RITGER STREET ST LOUIS,MO 63104		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
LISA WIDLHABER 8866 WATSON WOODS ST LOUIS,MO 63126		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
NORKA CARR 1058 DARWICK COURT CREVE COEUR,MO 63132		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	950
KRISTI MACHIA 212 RAMSEY BALLWIN,MO 63021		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	950
TERRY WEBB 621 HAVEN ST ST LOUIS,MO 63111		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
Total				65,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SHARON ROSS 509 LEAWOOD DR SWANSEA,IL 62226		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	950
LOUIS WALL 15745 PLYMTON LN CHESTERFIELD,MO 63017		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
DEBBIE COSTA 4791 VERMILION DRIVE ST LOUIS,MO 63128		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
ELIZABETH JOEL 590 DIELMAN RD OLIVETTE,MO 63132		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	950
DANVIS GIBBS 2711 INDIANA AVE ST LOUIS,MO 63118		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
AL HOLIDAY 5349 DAGGETT AVE ST LOUIS,MO 63110		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
JOANN KORBA 414 N 23RD ST ST LOUIS,MO 63103		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
JOAN WHITTEMORE 9751 MIDLAND BLVD OVERLAND,MO 63114		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	950
STEFONA SIMS 6932 PARC CHARLENE DR FLORISSANT,MO 63033		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
GINA WALSH 10 HAWK COURT HIGH RIDGE,MO 63049		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
JAMI DESIMONE 5 OAK KNOLL DRIVE ST CHARLES,MO 63304		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
HERMAN GORDON 3676 BRIARGROVE DR FLORISSANT,MO 63031		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	950
BRENTWOOD EARLY CHILDHOOD CENTER 1201 HANLEY INDUSTRIAL COURT BRENTWOOD,MO 63044		NOT FOR PROFIT 501 (C)	TO PROVIDE THOSE IN NEED WITH A PIANO	1,300
BILINGUAL ASSISTANT SERVICES 1329 MACKLIND AVE ST LOUIS,MO 63110		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	1,300
MIDWEST MISSIONARY BAPTIST CHURCH 2719 NORTH TAYLOR AVE ST LOUIS,MO 63113		CHURCH 170 (B)(1)(A){	TO PROVIDE THOSE IN NEED WITH A PIANO	1,300
Total				65,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE BLACK REPERTORY OF ST LOUIS 6662 OLIVE BLVD ST LOUIS,MO 63130		NOT FOR PROFIT 501 (C	TO PROVIDE THOSE IN NEED WITH A PIANO	900
THE MUSIK INSTITUTE 3617 GRANDEL SQUARE ST LOUIS,MO 63108		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	950
MCCLUER NORTH HS 705 WATERFORD DRIVE FLORISSANT,MO 63033		NOT FOR PROFIT 501 (C	TO PROVIDE THOSE IN NEED WITH A PIANO	2,300
JOE'S PLACE CORPORATION 2511 OAKLAND AVE MAPLEWOOD,MO 63143		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
FERGUSON MIDDLE SCHOOL 701 JANUARY AVE FERGUSON,MO 63135		NOT FOR PROFIT 501 (C	TO PROVIDE THOSE IN NEED WITH A PIANO	1,300
MARK TWAIN MANOR 11988 MARK TWAIN LANE BRIDGETON,MO 63031		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
ANGELA MERRIDITH 3922 EDMUDSON RD EDMUNDSON,MO 63134		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	1,000
ISIS CLARKSON 3647 WEBER ROAD ST LOUIS,MO 63125		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	1,100
ORA HEGGS 6211 WANDA AVE ST LOUIS,MO 63116		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
SHEVONDA LEGRANDSMITH 3647 WEBER ROAD ST LOUIS,MO 63125		N/A	TO PROVIDE THOSE IN NEED WITH A PIANO	900
FULL GOSPEL ASSEMBLY OF GOD 900 ACID MINE ROAD SULLIVAN,MO 63080		CHURCH 170 (B)(1)(A)(TO PROVIDE THOSE IN NEED WITH A PIANO	1,300
MAPELWOOD RICHMOND MIDDLE SCHOOL 7539 MANCHESTER MAPLEWOOD,MO 63143		NOT FOR PROFIT 501 (C	TO PROVIDE THOSE IN NEED WITH A PIANO	2,600
NEW JERUSALEM CHURCH 8204 PAGE AVE VINITA PARK VINITA PARK,MO 63130		CHURCH 170 (B)(1)(A)(TO PROVIDE THOSE IN NEED WITH A PIANO	3,100
STL LANGUAGE IMMERGENCE SCHOOL 3740 MARINE AVE ST LOUIS,MO 63118		NOT FOR PROFIT 501 (C	TO PROVIDE THOSE IN NEED WITH A PIANO	1,300
Total				65,800

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Depreciation Schedule

Name: ALEX TOWNSEND MEMORIAL FOUNDATION

EIN: 46-0551575

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
KAWAI BABY GRAND PIANO, GEI 1704851	2014-01-01	4,000		SL	7 000000000000	571	0	571	
BALDWIN HAMILTON #257538	2014-10-25	500		SL	7 000000000000	12	0	12	
BALDWIN HAMILTON #268284	2014-10-25	500		SL	7 000000000000	12	0	12	
WEBER CONSOLE #1369635	2014-11-01	100		SL	7 000000000000	2	0	2	
CLAVINOVA #CPV-107	2014-11-01	350		SL	7 000000000000	8	0	8	
KAWAI 801-1	2014-11-08	1,000		SL	7 000000000000	24	0	24	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Gain/Loss from Sale of Other Assets Schedule

Name: ALEX TOWNSEND MEMORIAL FOUNDATION

EIN: 46-0551575

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
SALE OF DONATED PIANOS		DONATED			65,800	75,552		0	-9,752	

TY 2014 General Explanation Attachment

Name: ALEX TOWNSEND MEMORIAL FOUNDATION

EIN: 46-0551575

Identifier	Return Reference	Explanation
DISTRIBUTIONS OF PROPERTY AT FAIR MARKET VALUE	FORM 990-PF, PART I, LINE 25, COLUMN (A)	DISTRIBUTIONS OF PROPERTY VALUED AT FAIR MARKET VALUE ORGANIZATION ALEX TOWNSEND MEMORIAL FOUNDATION TIN 46-0551575 TAX YEAR ENDED DECEMBER 31, 2014 FORM 990-PF, PART I, LINE 25, COLUMN (A)-DISTRIBUTIONS OF PROPERTY VALUED AT FAIR MARKET VALUE AT DATE OF DISTRIBUTION 1 DATE OF DISTRIBUTION VARIOUS DATES IN 2014 2 DESCRIPTION OF PROPERTY 62 DONATED PIANOS 3 BOOK VALUE \$75,552 (BOOK VALUE EQUALS FAIR MARKET VALUE AT DATE CONTRIBUTION WAS RECEIVED PLUS PIANO MOVING AND REPAIR COST) 4 FAIR MARKET VALUE \$65,800 (FAIR MARKET VALUE DETERMINED BASED ON ESTIMATE PROVIDED BY PIANO REPAIR EXPERT) INDIVIDUAL DETAILED INFORMATION AVAILABLE UPON REQUEST

TY 2014 Land, Etc. Schedule

Name: ALEX TOWNSEND MEMORIAL FOUNDATION

EIN: 46-0551575

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
KAWAI BABY GRAND PIANO, GEI 1704851	4,000	571	3,429	
BALDWIN HAMILTON #257538	500	12	488	
BALDWIN HAMILTON #268284	500	12	488	
WEBER CONSOLE #1369635	100	2	98	
CLAVINOVA #CPV-107	350	8	342	
KAWAI 801-1	1,000	24	976	

TY 2014 Other Decreases Schedule

Name: ALEX TOWNSEND MEMORIAL FOUNDATION

EIN: 46-0551575

Description	Amount
LOSS FROM SALE OF DONATED STOCK EXCLUDED FROM REVENUE	869

TY 2014 Other Expenses Schedule

Name: ALEX TOWNSEND MEMORIAL FOUNDATION

EIN: 46-0551575

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
A-TOWN GET DOWN EVENT	72,199	0	18,537	53,662
ADVERTISING	800	0	0	800
INSURANCE	682	0	0	0
CELL PHONE	1,557	0	0	0
OFFICE EXPENSES	1,560	0	0	0
OTHER EVENTS	3,080	0	3,080	0
PAYROLL EXPENSES	1,403	0	0	1,403
SUPPLIES	3,231	0	0	0
MISCELLANEOUS	2,690	0	0	0
SHIPPING	797	0	0	0
SUBCONTRACTORS	26,857	0	0	26,857
TAXES & LICENSES	25	0	0	0
UTILITIES	2,053	0	0	2,053

TY 2014 Other Income Schedule

Name: ALEX TOWNSEND MEMORIAL FOUNDATION

EIN: 46-0551575

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	25,713		25,713

TY 2014 Other Liabilities Schedule

Name: ALEX TOWNSEND MEMORIAL FOUNDATION

EIN: 46-0551575

Description	Beginning of Year - Book Value	End of Year - Book Value
PAYROLL LIABILITIES	2,208	3,579

TY 2014 Other Professional Fees Schedule

Name: ALEX TOWNSEND MEMORIAL FOUNDATION

EIN: 46-0551575

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL & PROFESSIONAL	767	0	0	0

TY 2014 Substantial Contributors Schedule

Name: ALEX TOWNSEND MEMORIAL FOUNDATION

EIN: 46-0551575

Name	Address
THOMAS AND JEANNE TOWNSEND	6331 ALEXANDER ST LOUIS,MO 63105
BARBARA LEA	6306 MCPHERSON AVENUE ST LOUIS,MO 63130
EMERSON ELECTRIC	800 WEST FLORISSANT AVE PO BOX 4100 ST LOUIS,MO 63136
MONSANTO	800 N LINDBERGH BLVD ST LOUIS,MO 63167
THE SITEMAN FAMILY FOUNDATION	7751 CARONDELET AVE STE 202 ST LOUIS,MO 63105

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

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**

2014

Name of the organization
ALEX TOWNSEND MEMORIAL FOUNDATION

Employer identification number
46-0551575

Organization type (check one)

- Filers of:** 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, contributions totaling \$5,000 or more (in money or other 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 33¹/₃% 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, II, and III.
- 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. Do not 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 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 its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
ALEX TOWNSEND MEMORIAL FOUNDATION

Employer identification number
46-0551575

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
—	See Additional Data Table _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization
ALEX TOWNSEND MEMORIAL FOUNDATION

Employer identification number
46-0551575

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1,360 SHARES OF VANGUARD GROWTH INDEX FD SIGNAL (VIGSX)	\$ 60,884	2014-02-21
2	250 SHARES OF MASTERCARD INC (MA)	\$ 19,416	2014-02-27
3	105 50 SHARES OF GILEAD SCIENCES INC (GILD)	\$ 6,765	2014-04-03
4	1300 SHARES OF ORACLE CORPORATION (ORCL)	\$ 51,692	2014-11-06
5	286 SHARES OF MASTERCARD INC (MA)	\$ 25,200	2014-12-02
		\$	

Name of organization
ALEX TOWNSEND MEMORIAL FOUNDATION

Employer identification number
46-0551575

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of 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
_____ _____ _____	_____ _____ _____

Additional Data

Software ID:
Software Version:
EIN: 46-0551575
Name: ALEX TOWNSEND MEMORIAL FOUNDATION

Form 990 Schedule B, 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	THOMAS AND JEANNE TOWNSEND 6331 ALEXANDER _____ ST LOUIS, MO 63105 _____	\$ 61,040	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
2	THOMAS AND JEANNE TOWNSEND 6331 ALEXANDER _____ ST LOUIS, MO 63105 _____	\$ 19,340	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
3	THOMAS AND JEANNE TOWNSEND 6331 ALEXANDER _____ ST LOUIS, MO 63105 _____	\$ 7,749	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
4	THOMAS AND JEANNE TOWNSEND 6331 ALEXANDER _____ ST LOUIS, MO 63105 _____	\$ 51,753	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
5	THOMAS AND JEANNE TOWNSEND 6331 ALEXANDER _____ ST LOUIS, MO 63105 _____	\$ 24,945	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
6	BARBARA R LEA 6306 MCPHERSON AVENUE _____ ST LOUIS, MO 63130 _____	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Form 990 Schedule B, 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
7	EMERSON ELECTRIC 800 WEST FLORISSANT AVE PO BOX 4100 ST LOUIS, MO 63136	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
8	FRED M KEMP FOUNDATION 16955 CHESTERFIELD AIRPORT RD CHESTERFIELD, MO 63005	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
9	ADOBE 345 PARK AVENUE SAN JOSE, CA 95110	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)