Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form. at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2010

Open to Public

Inspection

Α	For the	2010 calend	ar year, or tax year beginning $07/01/10$, and ending $06/30/1$.1		
В	Check if	applicable:	C Name of organization		D Employer	identification number
Щ	Address	change			40.4	1-100-
Щ	Name ch	hange	Art St. Louis			154397
\square	Initial ret		Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone	
Щ	Termina			150		727-3700
	Amende		City or town, state or country, and ZIP + 4		F Group Ex	emption
ĻL		ion pending	St. Louis MO 63101-1239		Number	<u> </u>
G		ing Method:	Cash X Accrual Other (specify) ► W.ARTSTLOUIS.ORG	H Check ▶		anization is not
١.	Website			-	attach Schedul	
<u>J</u>				1), 990-EZ, or 990)-PF).
K	Check		rganization is not a section 509(a)(3) supporting organization and its gross receipts are normally			
			90 return is not required though Form 990-N (e-postcard) may be required (see instructions). But i o file a complete return.	i the organization o	nooses	
L			to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Pa	art II		
-			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		> \$	179,752
F	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (s			
-	Check if the organization used Schedule O to respond to any question in this Part I					, X
-	1		gifts, grants, and similar amounts received		1	113,382
	2		vice revenue including government fees and contracts		2	•
	3		dues and assessments See Stat	ement	3	17,455
	4		ncome		. 4	
	5a	Gross amou	nt from sale of assets other than inventory 5a			
	b	Less: cost or	other basis and sales expenses 5b			
	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and				
ne	а	Gross incom	e from gaming (attach Schedule G if greater than	_		
Revenue		\$15,000)				
Re	b	Gross incom				
		from fundrais				
			gross income and contributions exceeds \$15,000)	48,93	15	
	С		expenses from gaming and fundraising events	18,43	34	
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			20 401
		line 6c)			. 6d	30,481
	7a		of inventory, less returns and allowances 7a			
	b	Less: cost of	•		_	
			or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		ue (describe in Schedule O)		9	161,318
	10		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			101,310
	11		similar amounts paid (list in Schedule O) I to or for members			
	12	•	or tor members er compensation, and employee benefits			77,643
ses	13	Professional	fees and other payments to independent contractors		13	8,692
Expenses	14		rent, utilities, and maintenance			51,104
Ξ	15		lications, postage, and shipping		45	1,607
	16		ses (describe in Schedule O)		40	20,546
	17		ses. Add lines 10 through 16		17	159,592
	18		eficit) for the year (Subtract line 17 from line 9)			1,726
ets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with	-	-	
Ass			igure reported on prior year's return)		19	80,674
Net Assets	20	Other chang	es in net assets or fund balances (explain in Schedule O)			
Z	21		r fund balances at end of year. Combine lines 18 through 20		21	82,400

Part II	Balance Sheets. (see the Check if the organization up	ne instructions for Part II.) used Schedule O to respond to ar	nv guestion in this	Part II			X
			., -	(A) Beginning of year			End of year
22 Cash, sa	avings, and investments			42,92	8 22		56,741
23 Land and					0 23		
24 Other as	sets (describe in Schedule O)			40,80			27,536
25 Total as	sets			83,73			84,277
26 Total lia	bilities (describe in Schedule O)			3,05			1,877
27 Net asse	ets or fund balances (line 27 of c	olumn (B) must agree with line 21) .		80,67	4 27		82,400
Part III		Service Accomplishments	•	· -	1		penses
		sed Schedule O to respond to an	ny question in this l	Part IIIL			for section
	organization's primary exempt purp						and 501(c)(4)
		VISUAL ARTS IN THE ST. LOUI				_	ns and section
		e organization's exempt purposes. In a penefited, or other relevant information					trusts; optional
				ue.	TOI	r others.)	
EXHII	BITIONS AND MAINTAINING A	H PUBLICATION OF NEWSLETTER GALLERY AND ARTIST REGISTS	RY.				
(Grants		this amount includes foreign grants, c			28a		115,132
29							
		this amount includes foreign grouts a	haak bara		 29a		
(Grants :		this amount includes foreign grants, c		-	29a		
30							
(Grants	\$) If t	this amount includes foreign grants, c	heck here		∐_30a		
	ogram services (describe in Scher				7 2 2 3 3		
(Grants	`	this amount includes foreign grants, c	heck here)	31a		
32 Total pr	ogram service expenses (add lin			 ▶	32		115,132
Part IV	List of Officers, Directors, T	rustees, and Key Employees. List 6	each one even if n	ot compensated. (se	e the in	structior	ns for Part IV.)
	Check if the organization u	sed Schedule O to respond to ar			(d) Contrib	utions to	<u></u>
	(a) Name and a	address	(a) Title and average hours per week devoted to position	(If not paid, em	ployee ben eferred com	efit plans &	(e) Expense account and other allowances
J P CARTM	[ILL	ST LOUIS	PRESIDENT				
555 WASHI	NGTON AVE, STE 150	MO 63101	2.00	0		0	0
MARK TRAV	ERS	ST LOUIS	VICE PRES				
555 WASHI	NGTON AVE, STE 150	MO 63101	2.00	0		0	0
ROBERT BE	RRA	ST LOUIS	DIRECTOR				
	NGTON AVE, STE 150	MO 63101	2.00	0		0	0
GARY WERN	ER	ST LOUIS	DIRECTOR				
555 WASHI	NGTON AVE, STE 150	MO 63101	2.00	0		0	0
							-
			··· <u> </u>				
							
					_	Ţ	

during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b Section 501(c)(7) organizations. Enter: 39 Section 501(c)(7) organizations. Enter: 39 Indiation fees and capital contributions included on line 9 39 Gross receipts, included on line 9, for public use of cluth facilities 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of the organization and soft (c)(4) organizations. Enter amount of fax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of fax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of fax imposed on organization and sections 501(c)(3) and 501(c)(4) organizations. Enter amount of fax imposed on organizations and forganizations are in care of ▶ GARY WERNER Telephone no. ▶ 314-727-3700 21P+4 ▶ 63105 b At any time during the tax year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶ See t	Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)			
33		Check if the organization used Schedule O to respond to any question in this Part V			
description of each activity in Schedule O 33 X X Were any significant changes made to the organizating or governing documents? If I'ves, * attached a conformed copy of the amended documents if they reflect a change to the organizations name. Otherwise, explain the change on Schedule O (see instructions) 34 X X X X X X X X X				Yes	No
34 We any significant changes made to the organizing or governing documents? If Yes, statched a conformed copy of the amended documents of they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35 If the organization have unrelated business orbibles, such as hose record on line 2.6 a. and 3 (errorg others), but not repord on Farm 9901, septim in Schedule O (see instructions) 36 If the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(s). 37 If the organization numbers of subject to section 503(c) include, responsible, and the change of the organization of the organization subject to section 503(c) include, responsible, and the organization of the organization undergo at liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'complete application, permination, or significant disposition of net assets during the year? If Yes, 'complete application, permination, or significant disposition of net assets during the year? If Yes, 'complete application, permination, or significant disposition of net assets during the year? If Yes, 'complete application, permination, or significant disposition of net assets during the year of the organization torrow from or, make any tone, to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 37 If Yes, 'complete Schodule I, Part I and enter the total amount involved 38 If Yes, 'complete Schodule I, Part I and enter the total amount involved 39 Sciento 501(c)(7) organizations. Enter 30 If Yes, 'complete Schodule I, Part I and enter the total amount involved 39 Sciento 501(c)(3) and 501(c)(4) organizations. Enter any of the prior Forms 900 organization engage in any section 4556 excess benefit transaction during the year. 40 Sciento 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section	33				v
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Sheddule O (see instructions) 35 the organization had income from business activities, such as those organization in miss a cause of 15 (money of the organization had income from the such as those organization of miss 2, 6a and 7a (money others), but not reported on form 990.T is offered to explain in Schedule O with the organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35 Visco Visc	24		33		
change on Schedule O (see instructions) If the crigarization had income from trainesses activities, such as those reported on lines 2, 6s and 7s (among chers), but not reported on Farm 90-1, explain in Schedule O sky the organization did not report be income on Farm 90-1 a Did the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), a Did (c)(5), or \$01(c)(6) organization subject to section- \$60(30(e)) notion, responding, and proxy tax requirements? 35a	34				
Section 501(c)(3) and 501(c)(4) organizations. Enter amount of the total amount involved Section 501(c)(3) and 501(c)(4) organizations. Enter amount of the total amount involved on the regardation 401 organization and enter the total amount involved Section 501(c)(3) and 501(c)(4) organizations in subject used to the organization during the year, or did it engage in an access benefit transaction during the year, or did it engage in an access benefit transaction of unity (3) and year transaction 501(c)(4) organizations. Enter amount of pollitical and enter the total amount involved Section 501(c)(3) and 501(c)(4) organizations. Enter amount in a prove year. This hap not been reported on any of its prior forms 800 organization appear in an avector appear in a prove year. The prior amount involved year. If Yes, in the prior amount involved year. If Yes, in the prior amount in the year in the year in the year in the year. If Yes, in the prior amount in the year in the year. If Yes, in the introduction in a prior year. If Yes, in the		about an Cabadida O (see instructions)	3/		x
on Form 99.7 ception in Schedule O why the organization did not report the income on Form 99.0 T. a Did the organization have unrelated business gross income of \$1.00 or more or was it a section \$01(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a	35	* * * * * * * * * * * * * * * * * * * *	34		21
a bit the organization have unrelated business gross income of \$1,000 or more or was it a section \$01(c)(4), \$35 a. \$\$ bit \text{ New } \text{ has it filed a fax return on Form 990-T for this year (see instructions)?} 35 bit of control of the organization subject to section \$03(a) on longer reporting, and proxy tax requirements?} 35 bit of wears it filed a fax return on Form 990-T for this year (see instructions)?} 36 bit of congruization undergo a fiquidation, dissolution, termination, or significant deposition of net assers during the year? If Yes, complete specification parties of Schedule in the instructions \(\begin{align*} \begin{align*} \limits \frac{37}{37} \\ \limits \end{align*} \] 37 bit of the organization for form 1120-POL for this year? 38 bit of the organization form or the policy or arrand still outside in the instructions \(\begin{align*} \begin{align*} \limits \frac{37}{37} \\ \end{align*} \] 38 bit of the organization form, or make any loans to, any officer, director, tustee, or key employee or were any such loans made in a prior year and still outsidening at the end of the tax year covered by this return? 39 bit of the congruization form. Enter any organization control of the tax year covered by this return? 39 bit of the second control of the policy organizations. Enter any organization control of the tax year was the organization during the year unders. 39 certificially organizations. Enter any organization organization organization during the year unders. 39 certification of the policy organizations. Enter any organization organization organization organization any of its prior formations. Enter any organization organization and organization and you file prior formations. 40 bit organization and you file prior formation organization and you file prior formation the section of \$12, 495, and \$480 bit organizations. All any time during the calendar year, did the organization have an interest in or a signature or other authority organization and you are a file organization betwee	33				
so 10(c)(s), or 501(c)(s) (organization subject to section 6033(s) notice, reporting, and proxy tax requirements? 35 b 11 "wes*, it is filled a tax return or Form 990-17 tits year (see instructions)? 36 b 11 "wes*, it is filled a tax return or Form 990-17 tits year (see instructions)? 37 b 12 the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets uniting the year? If "Yes*, complete spellication parts of Schedule N 37 b 12 the organization for Port 1120-POI. for this year? 38 b 12 the organization file Form 1120-POI. for this year? 39 b 11 the organization file Form 1120-POI. for this year? 30 b 11 the organization because of the total amount involved any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 39 b 11 "Yes*, complete Schedule I. Part II and enter the total amount involved 39 s 12 the parts 12	а				
b If "Yes," has it flied a tax return on Form 990-Tr for this year (see instructions)? 35b Did the organization undergo a fluidation, discolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36	_		35a		х
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 378 Enter amount of political expenditures, direct or indirect, as described in the instructions 379	b	If IIV/a II has it filed a torration on Form 000 T for this way (as instructions)	251-		
during the year? If "Yes," complete applicable parts of Schedule N 36 Enter amount of political expenditures, direct or indirect, as described in the instructions 5 Did the organization file Form 1120-PCL for this year? 5 Did the organization file Form 1120-PCL for this year? 5 Did the organization file Form 1120-PCL for this year? 5 Did the organization file Form 1120-PCL for this year? 5 Did the organization file Form 1120-PCL for this year? 5 Did the organization borrow from, or make any locans to, any officer, director, fusice, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 5 Did The Schedule L, Part II and enter the total amount involved 5 Section 501(c)(3) organizations. Enter: 5 Initiation fees and capital contributions included on line 9 6 Gross receipts, included on line 9, for public use of club facilities 5 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 5 section 901(c)(3) and 501(c)(4) organizations included on line 9 organization engage in any section 4958 section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified the source of the organization in a prior year, that has not been reported on any of its prior Films 900 organization engage in any section 4912, 4955, and 4958 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified the tax year, was the organization aparty to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1 List the states with which a copy of this return is filed. NOTH 1 List the states with which a copy of this return is filed. NOTH 1 The organizations. At any time during the cleandar year, did the organization have an interest in or a signature or other surfority vore a file and an organization have an interest in or a signature or other surfority vore a file and the organization which	36				
37a Inter amount of political expenditures, direct or indirect, as described in the instructions 37a 37b X 38a Did the organization file Form 1120-PDL for this year? 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X If Yes, "complete Schedule L, Part II and enter the total amount involved 38b 38a 38		during the users of "Vee " complete applicable parts of Cabadule N	36		X
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 P Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction or any of its prior Forms 990 or 990-E27 in Year," complete Schedule L, Part I 40b X c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of fax imposed on organization managers or disqualified pirsons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of fax imposed on organization managers or disqualified pirsons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of fax imposed on organization in the during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8986-T 1 List the states with which a copy of this return is filled. NONE 1222 S CENTRAL AYE Located at V \$71,0018 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country. No See the instructions for exceptions and filling requirements for Form 10F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the c	37a	* * * * * * * * * * * * * * * * * * * *			
38a	b	Did the erganization file Form 1120 BOL for this year?	37b		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 38c 38b 38b 38c	38a				
39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 5 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year; or did it engage in an excess benefit transaction any of its prior forms 990 on 895±27 its vas. complete Schedule. Lent 1 40b X 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of lax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of lax on line 40¢ reimbursed by the organization. All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Located at ▶ ST LOUTS NO ZIP + 4 ▶ 63.10.5 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country; located at the organization and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. All primarial Accounts. C At any time during the calendar year, did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. b) Did the		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9 5 (pro b) lic use of club facilities 8 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 9 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 ▶ 1 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4986 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 998-E27 h Yes, comfelled Schedule 1, Part 2 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of fax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 3 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of fax on line 406 reimbursed by the organization in the axis of the organization aparty to a prohibited tax sheller transaction? If Yes, "complete Form 8868-T 4 List the states with which a copy of this return is filed. ► NOTIE 1 The organization's books are in care of ► GARY WERNER Telephone no. ► 314-727-3700 222 S CENTRAL AYE Mo ZIP+4 ► 63105 5 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account) 1 I "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 2 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c	b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year undersection 4975 ▶ b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did I engage in an excess benefit gransaction in a prior, year, that has not been reported on any of its prior from 590 or 980 FEZ? In Yrse, complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 406 reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T 40e X 11 List the states with which a copy of this return is filed. ► NODE 1222 S CENTRAL AVE 1222 CENTRAL AVE 1223 CENTRAL AVE 1234 Located at ► ST LOUIS 134 The organization's books are in care of ► GARY WERNER 145 Telephone no. ► 314-727-3700 154 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 1 Yes, enter the name of the foreign country: ► Section 497(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 1 Yes, Form 990 must be completed instead of Form 990-EZ 2 Did the organization operate one or more hospital	39	Section 501(c)(7) organizations. Enter:			
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of the foreign 501(c)(3) and 501(c)(4) organizations. Enter amount of fax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of fax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of fax imposed on organization and 501(c)(4) organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If *Yes,* complete Form 8886-T 40e	а				
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and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 46 Did the organization receive any payments for indoor tanning services during the year? 47 The Mo 48 The Mo 49 The Mo 49 The Mo 40 The Mo 40 The Mo 41 The Mo 42 The Mo 41 The Mo 42 The Mo 42 The Mo 42 The Mo 44 The Mo 45 The Mo 46 The Mo 47 The Mo 48 The Mo 48 The Mo 49 The Mo 40 The Mo 41 The Mo 42 The Mo 42 The Mo 42 The Mo 44 The Mo 45 The Mo 46 The Mo 46 The Mo 47 The Mo 48 The Mo 49 The Mo 40 The Mo 41 The Mo 42 The Mo 42 The Mo 44 The Mo 44 The Mo 44 The Mo 45 The Mo 46 The Mo 47 The Mo 48 The Mo 49 The Mo 40 The Mo 4					
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If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Jid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an					
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 144 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 144a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		· · · · · · · · · · · · · · · · · · ·	_		
Yes No Yes No Yes No The No Yes No Yes No Ata Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	43				▶ _
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Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an					
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b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44a				v
completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	,	'	44a		Λ
c Did the organization receive any payments for indoor tanning services during the year? d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	b		,,,		v
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	_	·			
	ن ن		44C		42
	u		444		

Form	n 990-E	Z (2010)	Art	St.	Louis	3		4	3-1154397				P	Page 4
													Yes	No
45	Is any	related o	rganizatio	n a contr	olled entity	of the organiz	zation within the mear	ning of section 512	(b)(13)?			45		X
а	Did th	e organiza	ation recei	ve any p	ayment fror	m or engage	n any transaction with	a controlled entity	within the					
	meani	ing of sect	tion 512(b)(13)? If	"Yes," Form	n 990 and Sc	hedule R may need to	be completed inst	ead of					
	Form	990-EZ (s	ee instruc	tions)								45a		X
46	Did th	e organiza	ation enga	ge, direc	tly or indire	ctly, in politic	al campaign activities	on behalf of or in o	pposition					
						lete Schedule						46		X
Pa	rt VI						section 4947(a)					ction		
							a)(1) nonexempt ch	aritable trusts mu	ust answer quest	ions 47	-49b			
				•		es for lines 5								
		Ched	ck if the c	organiza	tion used	Schedule C	to respond to any	question in this F	Part VI	<u></u>				Ш
			_										Yes	No
47		-	-	-			complete Schedule (47		X
48							(1)(A)(ii)? If "Yes," co					48		X
49a							charitable related org					49a		A
b				-		n 527 organiz						49b		
50				_		-	pensated employees				/			
	empio						npensation from the c	(b) Title and average			ontributions to	(e)	Expens	SE
		(a	a) Name an		of each emp 1 \$100.000	oloyee paid mor	е	hours per week	(c) compensation	employe	e benefit plans &	ac	count a	nd
					. \$100,000			devoted to position		deterre	d compensation	other	allowa	nces
Non	e													
										+				
								•						
								•						
														-
										47				
f	Total	number of	f other em	ployees	paid over \$	100,000				•				
51							pensated independen	contractors who e	ach received more	than				
				-			s none, enter "None."		_					
	(a)	Name an	d address o	f each ind	lependent co	ntractor paid m	ore than \$100,000	(b) Type of service		(c) C	ompen	sation	
No	one													
d				•			ring over \$100,000	>						
52		•					on 501(c)(3) organiza	tions and 4947(a)(1)		. =			
						mpleted Sche					_ > X			No
							ding accompanying sched ased on all information of			knowledg	ge and belief, it	t is		
	correct, c	I k	ic. Deciarati	on or prop	Darci (otrici ti	nan omoon, is b	asca on all illionnation o	Willon proparer rias e	I I					
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			e preparer's		-		Preparer's signature		Date			PTIN	1	
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Paid		GARY P		T.T.C 1			GARY P WERNER		03/		self-employed			
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use	Only	Firm's add	dress ▶				VE, SUITE				214	705	2 11	00
	0.155	<u> </u>	0.25			JIS, MC		09		Phone n				_
IVIav	tne IRS	ouscuss :	mıs return	with the	preparer si	nown above?	See instructions				▶	X Y	25	No

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Art St. Louis

Employer identification number 43-1154397

Pa	rt l	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ons.			
The o	orgar	nization is not a	a private foundation because	it is: (For lines 1 through 11, che	eck only or	ne box.)								,
1		A church, cor	nvention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(۹)(i).							
2	П	A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E.)										
3	П			e organization described in sect	ion 170(b)	(1)(A)(iii)								
4	П	A medical res	search organization operated	in conjunction with a hospital de	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospi	tal's nam	ne.		
	ш	city, and state		•						·		,		
5		An organizati		f a college or university owned or				al unit de	scribed	in				
6		A federal, sta	te, or local government or go	overnmental unit described in sec	ction 170(b)(1)(A)(v	').							
7	X	An organizati	on that normally receives a s	substantial part of its support from	n a govern	mental un	it or fron	n the gei	neral pu	blic				
		described in	section 170(b)(1)(A)(vi). (Co	omplete Part II.)	•			_						
8				70(b)(1)(A)(vi). (Complete Part I	l.)									
9	П	-) more than 33 1/3% of its suppo	,	ntributions	. membe	ership fe	es. and	aross				
		-	•	pt functions—subject to certain e						-				
		•		d unrelated business taxable inc										
			~), 1975. See section 509(a)(2). (•		,							
10	П	•	•	exclusively to test for public safety			a)(4).							
11	П	•	•	xclusively for the benefit of, to pe				carry ou	t the					
				ed organizations described in sec						tion				
		509(a)(3). Ch	eck the box that describes th	ne type of supporting organization	n and com	plete lines	11e thr	ough 11	h	_				
		a Type	I b Type II	c Type III–Function	ally integra	ited	d	Typ	e III - Otl	ner				
е				anization is not controlled directly			or more	— ···						
			,	r than one or more publicly suppo	_									
		or section 509												
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g					
			check this box											
g		Since August	17, 2006, has the organizati	on accepted any gift or contribut	ion from a	ny of the								ш
5		following per		. , , ,		•								
		• .		ntrols, either alone or together wi	ith persons	s describe	ed in (ii) a	and					Yes	No
			•	supported organization?	•							11g(i)		
			member of a person describ									11g(ii)		
			ontrolled entity of a person d	ibi : (:\ (:\ -b								11g(iii)		
h			ollowing information about th	*** ***										
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did v	ou notify	(vi)	s the	(v	ii) Amou	unt of	
``		anization	, ,	(described on lines 1–9		sted in your	the organ	nization in	organizat	ion in col.	,	suppo		
				above or IRC section	governing	document?	col. (i) supr	or your port?	(i) organi U.S					
				(see instructions))	Yes	No	Yes	No	Yes	No				
A)														
B)														
C)														
D)														
E)														
,														
Γota	<u> </u>													
or I	Dane	rwork Reduct	tion Act Notice, see the Ins	tructions for					Schedi	ıle Δ (F	orm 990	or 990)-F7)	2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 112,949 121,739 129,569 124,798 113,382 602,437 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 112,949 121,739 129,569 124,798 113,382 602,437 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 602,437 **Section B. Total Support** Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Amounts from line 4 112,949 121,739 129,569 124,798 113,382 602,437 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 1,650 6,514 4,764 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets 506 (Explain in Part IV.) 1,068 11 Total support. Add lines 7 through 10 610,019 Gross receipts from related activities, etc. (see instructions) 12 12 66,370 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 14 98.76% Public support percentage from 2009 Schedule A, Part II, line 14 15 15 98.31% 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a box and **stop here.** The organization qualifies as a publicly supported organization 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010)	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support (Subtract line 7c from				_			
200	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total
9	Amounts from line 6	(a) 2000	(b) 2001	(C) 2008	(d) 2003	(6) 2010		(i) i otai
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
3	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
4	First five years. If the Form 990 is for the or							▶ □
300	organization, check this box and stop here tion C. Computation of Public Sup	nnort Porcon			<u></u>			P <u></u>
5	Public support percentage for 2010 (line 8, c			F\\			15	%
6	Public support percentage for 2010 (line 8, c						16	<u> </u>
	tion D. Computation of Investmen							70
7	Investment income percentage for 2010 (line			olumn (f))			17	%
8	Investment income percentage from 2009 Se		II II: 47				18	//
9a	33 1/3% support tests—2010. If the organiz							,,,
	17 is not more than 33 1/3%, check this box							▶ □
b	33 1/3% support tests—2009. If the organiz		-					······ ′ ⊔
	line 18 is not more than 33 1/3%, check this			•		•		>
0	Private foundation If the organization did n		-					

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number

2010

43-1154397 Art St. Louis Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(3) (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-FF that received, during the year, \$5,000 or more (in money of property) from any one contributor. Complete Parts I and II **Special Rules** X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page 1 of 1 of Part I

Name of organization
Art St. Louis

Employer identification number 43-1154397

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.1	EMERSON 8000 W FLORISSANT AVE ST LOUIS MO 63136	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	MISSOURI ARTS COUNCIL 111 N WAINWRIGHT OFFICES SUITE 105 ST LOUIS MO 63101	\$ 17,306	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	REGIONAL ARTS COUNCIL 6128 DELMAR 3RD FLOOR ST LOUIS MO 63112	\$ 27,205	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Art St. Louis					43-11543	97
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to				red "Yes" to Form	990, Part IV, line	17.
Indicate whether the organization raised funds through any				eck all that apply.		
a Mail solicitations	e Solicitation	of nor	n-aove	ernment grants		
b Internet and email solicitations	Solicitation		-	-		
	Π	-		_		
· -	g 🔛 Special fun	uraisii	ig eve	11115		
d In-person solicitations						
2a Did the organization have a written or oral agreement with						Yes No
or key employees listed in Form 990, Part VII) or entity in a b If "Yes," list the ten highest paid individuals or entities (funcompensated at least \$5,000 by the organization.		to agi	eeme		draiser is to be	Tes _ NO
(i) Name and address of individual	(ii) Activity	(iii) Die	d fund- have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)		custo	dy or	from activity	(or retained by) fundraiser listed in	(or retained by) organization
			utions?		col. (i)	3
		Yes	No			
2						
					Y	
5						
5						
7						
3						
0						
Total			. •			
List all states in which the organization is registered or lice registration or licensing.	ensed to solicit con	tributio	ons or	has been notified it is e	exempt from	

Schedule G (Form 990 or 990-EZ) 2010 43-1154397 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through **GRAPE ARTS** None col. (c)) (total number) (event type) (event type) 1 Gross receipts 48,915 48,915 2 Less: Charitable contributions 3 Gross income (line 1 minus 48,915 48,915 4 Cash prizes Noncash prizes Rent/facility costs **Direct Expenses** 7 Food and beverages 8 Entertainment 18,434 18,434 9 Other direct expenses 18,434) 10 Direct expense summary. Add lines 4 through 9 in column (d) 30,481 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: **b** If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2010	Art St.	Louis	43-115	4397	7	Р	age 3
11	Does the organization operate gaming act	tivities with nonm	nembers?				Yes	No
12			ist or a member of a partnership or other entity				_	
	formed to administer charitable gaming? .						Yes	No
13	Indicate the percentage of gaming activity	operated in:						
а	The organization's facility				13a			%
b	An outside facility				13b			%
14	Enter the name and address of the person	n who prepares t	the organization's gaming/special events books and					
	records:							
	Name ▶							
	A.1.1							
	Address							
15a	Does the organization have a contract wit	h a third party fro	om whom the organization receives gaming					
ısa	-					П	Yes	No
b	If "Yes " enter the amount of gaming rever	nue received by	the organization ▶ \$ a	and the		ш	163	
	amount of gaming revenue retained by the							
С	If "Yes," enter name and address of the th		*					
	Name ▶							
	Address ▶							
16	Gaming manager information:							
	Name ▶							
	0							
	Gaming manager compensation ▶ \$							
	Description of services provided ▶							
	Description of services provided				• • •			
	Director/officer Emplo	ovee	Independent contractor					
17	Mandatory distributions:							
а	Is the organization required under state la	w to make charit	table distributions from the gaming proceeds to					
	retain the state gaming license?						Yes	No
b	Enter the amount of distributions required	under state law	to be distributed to other exempt organizations or					
	spent in the organization's own exempt ac							
Par			e this part to provide the explanations require					
			s 9, 9b, 10b, 15b, 15c, 16, and 17b, as applying (200)	licable. Also c	ompl	ete t	this	
	part to provide any additi	ionai informa	ition (see instructions).					
• • • • •								
			•••••					

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Art St. Louis

Employer identification number 43-1154397

escription		Amount	
kpenses			
ADVERTISING	\$	350	
OFFICE EXPENSES	\$	4,720	
IT EXPENSES	\$	2,707	
INSURANCE	\$	3,378	
SUPPLIES	\$	2,033	
MISCELLANEOUS	\$	243	
TELEPHONE	\$	1,798	
PARKING	\$	1,920	7
FEES	\$	20	
DUES	\$	535	
BANK/SERVICE FEES	\$	1,375	
REGISTRATION FEES	\$	120	
PHOTOGRAPHY	\$	435	
EQUIPMENT RENTAL	\$	912	
	Total \$	20,546	
orm 990-EZ, Part I, Line 20 escription		Amoun	t
		\$ -16	
ook / Tax Depreciation Diff	er ence	\$ 16	, 443

Schedule O (Form 990 or 990-EZ) (2010)						Page
Name of the organization Art St. Louis					er identific L15439	ation number 97
Description		Beg.	of	Year	End	of Year
FURNITURE & EQUIPMENT		\$	110	,847	\$	89,561
Less Accumulated Depreciation		\$	7.0	,889	\$	62,869
OTHER ASSETS		\$		844	\$	844
	Total	\$	40	,802	\$	27,536
Form 990-EZ, Part II, Line 26 - Other Lial	biliti	es				
Description		Beg.	of	Year	End	of Year
PAYROLL TAXES		\$	3	,056	\$	1,877
· · · · · · · · · · · · · · · · · · ·						
			 .			
				,		

Name(s) shown on return

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Identifying number

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No.

	Art S	t. Louis				43	TT2	4397
	ess or activity to which this form relates							
	LL BUSINESS PURP		antic Hadan Ca	otion 470				
Pa	-	ense Certain Properte any listed propert	-		complete F	ert I		
1	Maximum amount (see instruction						1	500,000
2	Total cost of section 179 propert		instructions)				2	300,000
3	Threshold cost of section 179 pr	operty before reduction	in limitation (see in	structions)			3	2,000,000
4	Reduction in limitation. Subtract						4	
5	Dollar limitation for tax year. Subtract						5	
6		otion of property		(b) Cost (business use) Elected cost	_	
7	Listed property. Enter the amoun	nt from line 29			7			
8	Total elected cost of section 179	property. Add amounts	in column (c), lines	s 6 and 7			8	
9	Tentative deduction. Enter the s						9	
10	Carryover of disallowed deduction	on from line 13 of your 20	009 Form 4562				10	
11	Business income limitation. Ente						11	
12	Section 179 expense deduction.	Add lines 9 and 10, but	do not enter more	than line 11	<u> </u>		12	
13	Carryover of disallowed deduction	on to 2011. Add lines 9 a	and 10, less line 12	<u></u>	13			
Note	: Do not use Part II or Part III belo							
Pa	rt II Special Depreci	ation Allowance a	nd Other Depr	eciation (Do no	t include lis	ted proper	ty.) (See instructions)
14	Special depreciation allowance f	or qualified property (oth	ner than listed propo	erty) placed in servic	e		7	
	during the tax year (see instructi						14	
15	Property subject to section 168(/	15	
16	Other depreciation (including AC				••••••••••••••••••••••••••••••••••••••		16	16,229
Pa	rt III MACRS Depreci	ation (Do not inclu			ictions.)			
			Secti					
17	MACRS deductions for assets p					·	17	
18	If you are electing to group any asset						4	
	Section	B—Assets Placed in Se (b) Month and year	(c) Basis for depre			eciation sys	tem	
	(a) Classification of property	placed in service	(business/investme only–see instruct	ent use	(e) Convention	n (f) Metho	od	(g) Depreciation deduction
<u>19a</u>	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
		-Assets Placed in Serv	/ice During 2010 T □	ax Year Using the	Alternative De _l	oreciation Sy	stem	
<u>20a</u>	Class life					S/L		
	12-year			12 yrs.		S/L		
	40-year	1 (')		40 yrs.	MM	S/L		
	rt IV Summary (See i					ı		
21	Listed property. Enter amount from						21	
22	Total. Add amounts from line 12 and on the appropriate lines of y			,	. Enter here		22	16,229
23	For assets shown above and pla							-
	portion of the basis attributable t				23			