# **PUBLIC DISCLOSURE COPY**

PLEASE FILE IN A SAFE PLACE

# **ARMANINO**<sup>LLP</sup>

6 Cityplace Drive, Suite 900 St. Louis, MO 63141 ph 314.983.1200 fx 314.983.1300

# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. N00020340

Form **990** 

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.



<u>A</u>	For th	e 2020 calendar year, or tax year beginning JUL 1, 2020 and	ending JT	JN 30, 2021		
В	Check if applicab	e: C Name of organization		D Employer ident	ification	number
	Addre	es ART SAINT LOUIS				
	Name chang	e Doing business as		43-115439	7	
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone num	ber	
	Final return	/ 1223 PINE STREET		314.241.48	10	
	termi ated	<b>J</b>		<b>G</b> Gross receipts \$		243,192.
	Amer	ST 10015, MO 05105-2527		H(a) Is this a group	return	
	Appli tion pendi	F Name and address of principal officer: ANDREW 0. WILLIAMS		for subordinat		
		SAME AS C ABOVE		H(b) Are all subordinate		
		empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) c	or 527			e instructions
_		te: WWW.ARTSTLOUIS.ORG		H(c) Group exemp		
		forganization: X Corporation Trust Association Other	<b>L</b> Year (	of formation: 1977	<b>M</b> State	of legal domicile: MO
Pa	art I	Summary				
ě	1	Briefly describe the organization's mission or most significant activities: CREATIN	NG AND PR	ESENTING ORIGIN		
anc		EXHIBITIONS, EDUCATIONAL PROGRAMMING AND SUPPORT SERVICES.				
Activities & Governance	2	Check this box <b>b</b> if the organization discontinued its operations or dispos			1	(
200	3				3 4	-
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			5	-
ties	6	Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary)			6	10
ži	79	Total unrelated business revenue from Part VIII, column (C), line 12			/a	0
Ă	h h	Net unrelated business taxable income from Form 990-T, Part I, line 11			'b	0
	<u> </u>			Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)		124,506		183,822
nue	9	Program service revenue (Part VIII, line 2g)		71,742	2.	59,370.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		C	).	0.
8	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		C	).	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		196,248	3.	243,192.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			).	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			).	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $		134,614		103,865.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	).	0.
ad x	. b	Total fundraising expenses (Part IX, column (D), line 25)				
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		88,658	_	148,002.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		223,272		251,867.
	19	Revenue less expenses. Subtract line 18 from line 12		-27,024		-8,675.
S OL			Be	ginning of Current Yea		End of Year
Assets	g 20	Total assets (Part X, line 16)		210,936	_	164,663
etA	-	Total liabilities (Part X, line 26)		74,490		36,892.
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		136,446	·•	127,771.
	анп					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		[	Date
Here	NATALIYA MAMRENKO, TREASURER			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	JENNIFER M. VACHA	JENNIFER M. VACHA	05/16/22	self-employed P01251998
Preparer	Firm's name ARMANINO LLP		F	Firm's EIN 🕨 94–6214841
Use Only	Firm's address 🕒 6 CITYPLACE DRIVE, SUITE	2 900		
	ST. LOUIS, MO 63141		F	Phone no.314-983-1200
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		Yes No
032001 12-2	23-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2020)

	990 (2020) ART SAINT LOUIS		43-11543	97 Page <b>2</b>
Par	t III Statement of Program Service Accomp	olishments		
	Check if Schedule O contains a response or note to	o any line in this Part III		
1	Briefly describe the organization's mission: ART SAINT LOUIS ENRICHES LIVES THROUGH THE	CREATIVE ACTIVITY OF OUR		
	REGION'S CONTEMPORARY VISUAL ARTISTS. THRO			
	AND EXCHANGE, WE CONNECT AND INSPIRE OUR C			
	ECONOMIC AND CULTURAL VITALITY OF OUR REGI			
2	Did the organization undertake any significant program se	ervices during the year which were not listed on t	he	
-	prior Form 990 or 990-EZ?		-	Yes X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant	nt changes in how it conducts, any program serv	ices?	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishing			
	Section 501(c)(3) and 501(c)(4) organizations are required	to report the amount of grants and allocations to	o others, the total exp	enses, and
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 170,872.		(Revenue \$	59,370.)
	ART SAINT LOUIS PRODUCES A WIDE VARIETY OF			
	OFF-SITE EXHIBITIONS TO FEATURE ART IN VAR			
	CITY, MAINTAINS AN IMAGE REGISTRY OF MEMBE			
	AND COUNSELING. THROUGH ALL OF OUR EFFORT ESTABLISHING A NATIONAL IDENTITY FOR ST. L	· ·		
		OUIS AS A CENTER FOR THE		
	CREATION AND APPRECIATION OF FINE ART.			
4b		including grants of \$ )	(Revenue \$	)
40	(Code: ) (Expenses \$	including grants of \$ )	(Revenue \$	)
4c	(Code:) (Expenses \$	including grants of \$ )	(Revenue \$	)
4d	Other program services (Describe on Schedule O.)			
τu	(Expenses \$ including grants of \$	) (Revenue \$		)
4e		170,872.		/
	,			Form <b>990</b> (2020)
032002	12-23-20			()
_		2		

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B. Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		x
1E	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15		45		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
10		10		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17		47		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
10		18		x
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		<u> </u>
19		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
zua b		20a 20b		<u> </u>
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		<u> </u>
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
032003			990	(2020)

Form **990** (2020)

# 13320516 701245 130306.300

3 2020.05094 ART SAINT LOUIS

Form 990 (2020)

ART	SAINT	LOUIS	

Form	990 (2020) ART SAINT LOUIS 43-1154	397	Р	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	·		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
C		28c		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			x
29 20		29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
24	contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		x
22	Schedule N, Part II	32		
33		00		x
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
05 -	Part V, line 1	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37				x
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
1 01	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטע וו סטוופטעוב ט טטווגמווז א ובשטטושב טו ווטנפ נט אווץ וווופ ווו נוווא דאול ע		Vee	
4-	Enter the number reported in Roy 3 of Form 1006. Enter 0, if not applicable	1	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a</b>	0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	х	
000000		1c		(2020)
032004	12-23-20	Form	330	(2020)

Form	990 (2020) ART SAINT LOUIS 43-115439	7	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	]		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
		-	. 000	(0000)

Form **990** (2020)

032005 12-23-20

Form		-1154397	Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	and for a "No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		•	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervisio	n		
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?			x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?		Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form? 11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?		х	
14	Did the organization have a written document retention and destruction policy?		х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	olicy, and finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	▶		
	THE ORGANIZATION - 314.241.4810			
	1223 PINE STREET, ST LOUIS, MO 63103-2527			
032006	) 12-23-20	Form	ז <b>990</b>	(2020)
	6		-	
205	16 701245 130306.300 2020.05094 ART SAINT LOUIS		13	030

Form 990 (2020)	ART SAINT LOUIS	43-1154397	Page 7
Part VII Compens	sation of Officers, Directors, Trustees, Key Employees	s, Highest Compensated	
Employee	es, and Independent Contractors		
Check if Sch	nedule O contains a response or note to any line in this Part VII		
Section A. Officers, Di	irectors, Trustees, Key Employees, and Highest Compensated Em	ployees	
1a Complete this table for	for all persons required to be listed. Report compensation for the calen	idar year ending with or within the organization's	s tax year.
	nization's <b>current</b> officers, directors, trustees (whether individuals or or (E), and (F) if no compensation was paid.	rganizations), regardless of amount of compensations	ation.
<ul> <li>List all of the organ</li> </ul>	nization's current key employees, if any. See instructions for definition	ı of "key employee."	
5	on's five <b>current</b> highest compensated employees (other than an officer 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,00		
	nization's <b>former</b> officers, key employees, and highest compensated e n from the organization and any related organizations.	mployees who received more than \$100,000 of	
		an a farment alteration and modern of the annualization	

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	sitior	ו than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is botl	n an	compensation	compensation	amount of
	week		cer ar	nd a d T	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	a			ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ruste			Densa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		oloye	lu og				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) THOMAS CHANDLER BRANCH	45.00		<u> </u>	0	×	<u> </u>	Ē			
EXECUTIVE DIRECTOR (RES. 12/2020)		1		x				39,644.	0.	0.
(2) ANDREW J. WILLIAMS	2.00									
PRESIDENT		х		х				0.	0.	0.
(3) ASHLEY DOWD	2.00									
VICE PRESIDENT		Х		х				0.	0.	0.
(4) KEVIN FARR	2.00									
VICE PRESIDENT		х		х				0.	0.	0.
(5) STEPHEN SCHOTT	2.00									
SECRETARY		х		X				0.	0.	0.
(6) NATALIYA MAMRENKO	2.00							0	0	0
TREASURER (7) JENNIFER BARTON	2.00	Х		X		-		0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(8) MIKE GIBBONS	2.00	^				-		0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(9) MICHAEL HSIUNG	2.00									•
DIRECTOR		x						0.	Ο.	0.
(10) NICOLE RAYNOR	2.00									
DIRECTOR		х						0.	0.	0.
						<u> </u>				
032007 12-23-20								1		Form <b>990</b> (2020)

032007 12-23-20

Form **990** (2020)

	990 (2020) ART SAINT LOU	IS								43-11	5439	7	Pa	age <b>8</b>
Pa	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	(do box	not c , unle:	(C Posi heck i ss per	<b>C)</b> ition more rson is		one 1 an	(D) Reportable compensation from	(E) Reportable compensatic from related	n		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	(W-2/1099-MISC)	organization (W-2/1099-MIS	s	fr org an	pensa om the anizati d relate	e ion ed
									20.644		0.			
с	Subtotal Total from continuation sheets to Part VII	, Section A							39,644. 0.		0.			0.
2	Total (add lines 1b and 1c)							o re	39,644. eceived more than \$100,	000 of reportable				0. (
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	ich individual								•		3		x
4	For any individual listed on line 1a, is the sur and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i>											5		х
Sec 1	tion B. Independent Contractors Complete this table for your five highest cor	npensated ind	ере	ndei	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	oensat	ion fro	om	
	the organization. Report compensation for t (A)		ear e	endir	ng w	ith c	or wi	thin	(B)			(0		
	Name and business a	address	NO	NE					Description of s	ervices	С	ompe	nsatio	<u>n</u>
2	Total number of independent contractors (in		ot lin	niteo	d to t			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				(	0					Form	990 (ź	2020)

				е						г
		Check if Schedule O	contair	ns a respo	onse c	or note to any line	<u>in this Part VIII</u> (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
s	1 a	Federated campaigns		1a						
and Other Similar Amounts						11,915.				
OL		Fundraising events		····		, -				
A		Related organizations								
B						41,851.				
		Government grants (contr				41,051.				
e	t	All other contributions, gifts,				120 050				
		similar amounts not included				130,056.				
	-	Noncash contributions included in					100.000			
a	h	Total. Add lines 1a-1f					183,822.			
					-	Business Code				
	2 a	CAFE				900099	45,190.	45,190.		
Ð	b	ART SHOW ENTRY FEES				711300	14,180.	14,180.		
nu	с									
eve	d									
Hevenue	е									
	f	All other program service	revenu	ie	— I					
		Total. Add lines 2a-2f					59,370.			
	3	Investment income (includ					-			
		other similar amounts)	•			·				
	4	Income from investment of								
	5	Royalties		•						
	J			(i) Real		(ii) Personal				
	6 a	Gross rents	6a	() 1.64		()				
			6b							
		Less: rental expenses								
		Rental income or (loss)	6c							
		Net rental income or (loss)	) <u></u>	(i) Caasuuit						
	7 a	Gross amount from sales of		(i) Securit	lies	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
	С	Gain or (loss)	7c							
	d	Net gain or (loss)			· · <u>· · · · · · · · · · · · · · · · · </u>	►				
	8 a	Gross income from fundraising								
		including \$		of						
		contributions reported on	line 10	c). See						
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from			nts	►				
		Gross income from gamin								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from				►				
		Gross sales of inventory, I			<del></del> آ	····· F				
	.5 u	and allowances			10a					
	h	Less: cost of goods sold								
+	C	Net income or (loss) from	oaies (	n invento	י <u>y</u>	Business Code				
	44 -				ŀ					
an	11 a									
evenue	b				—					
e/	С									
1		All other revenue								
	е	Total. Add lines 11a-11d				►				
	12	Total revenue. See instruction					243,192.	59,370.	0.	

# 13320516 701245 130306.300

	Check if Schedule O contains a respons			(0)	[ /D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	19,822.	19,822.		
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	72,197.	32,756.	32,187.	7,2
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,034.	2,490.	1,339.	2
10	Payroll taxes	7,812.	3,290.	3,750.	7
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	15,000.		15,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	52,058.	51,303.	5.	7
12	Advertising and promotion				
13	Office expenses	17,893.	10,714.	6,748.	4
4	Information technology	2,996.	2,996.		
15	Royalties				
16	Occupancy	22,106.	22,106.		
17	Travel	3,401.	3,401.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,676.	5,491.	6,185.	
23	Insurance	5,151.		5,151.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CAFE SUPPLIES	14,655.	14,655.		
b	MISCELLANEOUS	1,748.	530.	250.	9

1,318.

251,867

С d

е

25

26

### 13320516 701245 130306.300

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

PROGRAM SUPPLIES

All other expenses

Check here

1,318.

170,872.

70,615

Form 990 (2020)

130306.1

968.

10,380.

X

7,254.

205. 772.

750.

431.

Form 990 (2020)

ART SAINT LOUIS

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). ART SAINT LOUIS

43-1154397 Page **11** 

		Check if Schedule O contains a response or note	uny		(A)	Π	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			118,873.	1	74,210
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4					4	16,151
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
s.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Description of the second state of the second			10,000.	9	1,340
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	98,650.			
	b	Less: accumulated depreciation	10b	80,888.	26,863.	10c	17,762
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			55,200.	15	55,200
	16	Total assets. Add lines 1 through 15 (must equa			210,936.	16	164,663
	17	Accounts payable and accrued expenses			3,790.	17	11,182
	18	Grants payable				18	
	19	Deferred revenue			45,000.	19	
	20	<b>—</b>				20	
	21	Escrow or custodial account liability. Complete F		Г		21	
ω	22	Loans and other payables to any current or form	er office	r, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ntributor, or 35%			
lide		controlled entity or family member of any of thes	e perso	าร		22	
ן ב	23	Secured mortgages and notes payable to unrela	ted third			23	
	24	Unsecured notes and loans payable to unrelated			25,700.	24	25,710
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26				74,490.	26	36,892
		Organizations that follow FASB ASC 958, che	ck here				
Sec		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions				27	
Bal	28	Net assets with donor restrictions				28	
P		Organizations that do not follow FASB ASC 9					
Net Assets or Fund Balances		and complete lines 29 through 33.					
۶	29	Capital stock or trust principal, or current funds			0.	29	0
Sets	30	Paid-in or capital surplus, or land, building, or eq			0.	30	0
As	31	Retained earnings, endowment, accumulated inc			136,446.	31	127,771
ļĘ	32	Total net assets or fund balances			136,446.	32	127,771
-	33	Total liabilities and net assets/fund balances			210,936.	33	164,663
							Form <b>990</b> (202

032011 12-23-20

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI         1       Total revenue (must equal Part VIII, column (A), line 12)         2       Total expenses (must equal Part X, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       136, 445.         5       6         6       7         6       7         7       6         8       6         9       0.         10       Net assets or fund balances at degining of year (must equal Part X, line 32, column (A))         4       136, 446.         5       6         6       7         7       8         9       0.         10       Net assets or fund balances (explain on Schedule O)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))         10       Net asset or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))         11       Accounting method used to prepare the Form 900:       Cash X Accrual       Other         11       Accounting method used to prepare the Form 900:       Cash X Accrual       Other	Form	990 (2020) ART SAINT LOUIS		7	Page		
1       Total revenue (must equal Part VIII, column (A), line 12)       1       243, 192.         2       Total expenses (must equal Part IX, column (A), line 25)       2       251, 867.         3       -8, 675.       3       -8, 675.         4       Havenue less expenses. Subtract line 2 from line 1       3       -8, 675.         5       Hevenue less expenses. Subtract line 2 from line 1       5       4         6       0onated services and use of facilities       6       7         7       8       Prior period adjustments       6       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       10         1       Accounting method used to prepare the form 990:       Cash       X       Independent accountant?       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2       X       Independent accountant?       2a       X       X       Independent accountant?       2a       X       Independent accountant?       2a<	Pa	rt XI Reconciliation of Net Assets					
2       Total expenses (must equal Part IX, column (A), line 25)       2       251,867.         3       Revenue less expenses. Subtract line 2 from line 1       3       -8,675.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       136,446.         5       5       6       6       7         7       8       6       7       7         8       9       0.       9       0.         10       127,771.       7       7       10         9       0.       10       127,771.       10       127,771.         Part XIII       Financial Statements and Reporting       10       127,771.         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       ft the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       ft "Yes," check a box below to indicate whether the financial statements for the yea		Check if Schedule O contains a response or note to any line in this Part XI					
2       Total expenses (must equal Part IX, column (A), line 25)       2       251,867.         3       Revenue less expenses. Subtract line 2 from line 1       3       -8,675.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       136,446.         5       5       6       6       7         7       8       6       7       7         8       9       0.       9       0.         10       127,771.       7       7       10         9       0.       10       127,771.       10       127,771.         Part XIII       Financial Statements and Reporting       10       127,771.         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       ft the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       ft "Yes," check a box below to indicate whether the financial statements for the yea							
2       Total expenses (must equal Part IX, column (A), line 25)       2       251, 867.         3       Revenue less expenses. Subtract line 2 from line 1       3       -8, 675.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       136, 446.         5       Net unrealized gains (losses) on investments       6       -         6       7       -       8         7       -       8       -         8       -       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       127, 771.         Part XII       Financial Statements and Reporting       -       127, 771.         Part XII       Financial Statements and Reporting       -       127, 771.         Part XII       Financial statements compiled or reviewed by an independent accountant?       2a       X         11       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         11       ft "res," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a	1	Total revenue (must equal Part VIII, column (A), line 12)	1		243,	192.	
3       Revenue less expenses. Subtract line 2 from line 1       3       -8, 675.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       136, 446.         5       5       5       5         6       7       6       7         7       8       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       127, 771.         Part XII       Financial Statements and Reporting       127, 771.         7       10       127, 771.         9       Check if Schedule O contains a response or note to any line in this Part XII       127, 771.         9       Check if Schedule O contains a response or note to any line in this Part XII       127, 771.         9       Were the organization's financial statements compiled or reviewed by an independent accountar?       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b	2		2		251,	867.	
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       136, 446.         5       5         6       0onated services and use of facilities       6         7       6       6         7       7       7         8       7       7         9       0ther changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       127, 771.         Part XII       Financial Statements and Reporting       10       127, 771.         Part XII       Financial Statements and Reporting       1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       1       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis       Both consolidated and separate basis, consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audite	3		3		-8,	675.	
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       127, 771.         Part XII       Financial Statements and Reporting       10       127, 771.         Part XII       Financial Statements and Reporting       10       127, 771.         Part XII       Financial Statements and Reporting       10       127, 771.         Part XII       Financial Statements and Reporting       10       127, 771.         Part XII       Financial Statements and Reporting       128       127, 771.         Part XII       Financial Statements and Reporting       128       127, 771.         Yes       No       No       1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       128       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis. or both:       Separate basis. Consolidated whether the financial statements for the year were audited on a separat	4		4		136,	446.	
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       127,771.         Part XII       Financial Statements and Reporting       10       127,771.         Part XII       Financial Statements and Reporting       14       127,771.         Check if Schedule O contains a response or note to any line in this Part XII       14       127,771.         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Dever the organization's financial statements and independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and sepa	5	Net unrealized gains (losses) on investments	5				
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       127,771.         Part XII       Financial Statements and Reporting       10       127,771.         Part XII       Financial Statements and Reporting       14       127,771.         Check if Schedule O contains a response or note to any line in this Part XII       14       127,771.         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Dever the organization's financial statements and independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and sepa	6	Donated services and use of facilities	6				
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       127, 771.         Part XIII       Financial Statements and Reporting       10       127, 771.         Check if Schedule O contains a response or note to any line in this Part XII       10       127, 771.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated	7		7				
9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       127, 771.         Part XII       Financial Statements and Reporting       10       127, 771.         Part XII       Financial Statements and Reporting       10       127, 771.         Part XII       Financial Statements and Reporting       10       127, 771.         Part XII       Financial Statements and Reporting       10       127, 771.         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       10       127.         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       2a       X         1       ft "ves," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, onsolidated basis, or both:       2a       X         1       ft "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         16       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis	8		8				
column (B)       10       127,771.         Part XII       Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to kine 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If "Yes" to line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
Check if Schedule O contains a response or note to any line in this Part XII   1   Accounting method used to prepare the Form 990:   Cash   X   Accrual   Other      If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   D   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   b   Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   consolidated basis   Both consolidated and separate basis   consolidated basis   Both consolidated and separate basis   c   If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent			10		127,	771.	
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting					
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either it		Check if Schedule O contains a response or note to any line in this Part XII					
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a   Were the organization's financial statements compiled or reviewed by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   D Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis   D Were the organization's financial statements audited by an independent accountant?   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   D Separate basis   Consolidated basis   B Oth consolidated and separate basis   C If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					Yes	No	
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c <td>1</td> <td>Accounting method used to prepare the Form 990: Cash X Accrual Other</td> <td></td> <td></td> <td></td> <td></td>	1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       If "Yes," check a box below to indicate whether the financial statements audited by an independent accountant?       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       If "Yes" to line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit       If "Xes" to line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit       If "Xes" to line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit       If "Xes" to line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit       If "Xes" to line 2a or 2b, does the organization required to und		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
<ul> <li>separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated ba</li></ul>	2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:         <ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> </ul> </li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>C</li></ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       1       1         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       1         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         Act and OMB Circular A-133?       3a       X		separate basis, consolidated basis, or both:					
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       If "Yes," check a box below to indicate whether the financial statements and separate basis         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       If the organization changed either its organization required to undergo an audit or audits as set forth in the Single Audit       If a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       If a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       If a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       If a federal		Separate basis Consolidated basis Both consolidated and separate basis					
consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	b			2b		X	
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X		consolidated basis, or both:					
review, or compilation of its financial statements and selection of an independent accountant?          If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a         Act and OMB Circular A-133?       3a       X							
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X	С						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         Act and OMB Circular A-133?       3a       X		review, or compilation of its financial statements and selection of an independent accountant?		2c			
Act and OMB Circular A-133?		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit				
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				3a		X	
	b						
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2020)

032012 12-23-20

SCH	IED	ULE	Α
-----	-----	-----	---

(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.

OMB No. 1545-0047
2020
Open to Public

Department of the Treasury Internal Revenue Service				<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>						Open to Public Inspection		
Nan	ne of t	the organizati	on	Ŭ					Employe	r identification number		
		-	ART SA	INT LOUIS						43-1154397		
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructior	IS.			
The	organ	ization is not a	private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)					
1		A church, co	nvention of chi	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).				
2		A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3					anization described in se			ii).				
4					njunction with a hospital				)(iii). Enter	the hospital's name,		
		city, and stat	e:									
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in		
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)								
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from tl	ne general	public described in		
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)								
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or		
		university:										
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, an	d gross receipts from		
		activities rela	ted to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment		
		income and ι	Inrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	after June 30, 1975.		
		See section	<b>509(a)(2).</b> (Cor	mplete Part III.)								
11		An organizati	on organized a	and operated exclusion	ively to test for public sa	fety. See	section 50	09(a)(4).				
12		An organizati	on organized a	and operated exclusion	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly	supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). (	Check the box in		
		_lines 12a thro	ough 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.			
а				-	upervised, or controlled	• • •	-					
					gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting		
		organizatio	n. You must c	complete Part IV, Se	ections A and B.							
b				-	l or controlled in connect			-		-		
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the sup	ported		
		¬ -		t complete Part IV,								
С			-		g organization operated				lly integrate	ed with,		
	_	7			). You must complete I							
d			-		porting organization oper				-			
				• •	zation generally must sat			•	an attentiv	veness		
		- ·	,	,	nplete Part IV, Sections							
е			•		written determination fro			Туре I, Туре	II, Type III			
_					nally integrated supportion							
		er the number	••	•								
<u> </u>		(i) Name of supp		about the supporte	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other		
	``	organization		(,	(described on lines 1-10	in your governi Yes	ing document?	support (see in	-	support (see instruction		
		-			above (see instructions))	103						
Tota	al											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

s)

### Schedule A (Form 990 or 990-EZ) 2020 ART SAINT LOUIS

43-1154397

Page **2** 

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	121,827.	195,452.	222,797.	124,506.	183,822.	848,404.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	121,827.	195,452.	222,797.	124,506.	183,822.	848,404.
5	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.						848,404.
Se	ction B. Total Support					<u>г</u>	
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	121,827.	195,452.	222,797.	124,506.	183,822.	848,404.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	239.					239.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	816.	3,460.	827.			5,103.
11	Total support. Add lines 7 through 10						853,746.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	565,902.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi						
	Public support percentage for 2020 (li		•	.,,		14	99.37 %
	Public support percentage from 2019					15	99.51 %
<b>16</b> a	a 33 1/3% support test - 2020. If the c	organization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X
k	o 33 1/3% support test - 2019. If the c	organization did not	check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali		• •				
17a	a 10% -facts-and-circumstances test	- 2020. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	r more,
	and if the organization meets the facts	s-and-circumstance	s test, check this	box and stop her	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	-	-	• • • •	-		
k	o 10% -facts-and-circumstances test	- 2019. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	imstances test. The	e organization qua	lifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	<u>, 16b, 17a, or 17b</u>	, check this box a	nd see instructions	
					Sche	edule A (Form 990	or 990-F7) 2020

032022 01-25-21

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

(Complete only if you checked the box on line 10 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.)

Section A. Public Support		-	-			
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	D (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
<b>5</b> 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 disgualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			-	-		
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	D (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
check this box and stop here		<u></u>	<u></u>	<u></u>	<u></u>	
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2020 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 2					17	%
<b>18</b> Investment income percentage from			on line 14 and line		18	lina 17 ia nat
<b>19a 33 1/3% support tests - 2020.</b> If the						
more than 33 1/3%, check this box a	-	•		•••		
b 33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
032023 01-25-21	A GIG HOL CHECK &	507 OF 1110 14, 18				m 990 or 990-EZ) 2020
002020 U1-20-21		15	5	301		11 000 01 000-EZJ 2020

2020.05094 ART SAINT LOUIS

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

5b <u>5c</u>

6

7

8

9a

9b

9c

10a

No Yes

130306.1

16

	rt IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			

	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated

**Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations	

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)* 

Section D	All Type III Supporting Organizations	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---------------------------------------------------	---------------------------------------------------------------------------------	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

032025 01-25-21

13320516 701245 130306.300

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

1

2

1

Yes No

17 2020.05094 ART SAINT LOUIS Yes No

Schedule A (Form 990 or 990-E	Z) 2020 ART SAINT LOUIS
-------------------------------	-------------------------

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Par	t V   Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
c	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

032028 01-25-21		20	Schedule A (Form	1 990 01 990-EZ) 202
032028 01-25-21			Schedule A (Form	990 or 990-EZ) 202
+				
2018 AMOUNT: \$	827.			
2017 AMOUNT: \$	3,460.			
2016 AMOUNT: \$	816.			

# **Schedule B**

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
-----	--------	------------	------	-----

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2	0	2	0

Employer identification number

43-1154397

ART SAINT	LOUIS
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

	B (Form 990, 990-EZ, or 990-PF) (2020)	1-	Page <b>2</b>	
Name of o	rganization	Empl	oyer identification number	
ART SAIN	IT LOUIS		43-1154397	
Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$\$	PersonXPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$16,151.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$10,423.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4		\$9,750.	PersonXPayrollImage: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$5,000.	PersonXPayroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

22

13320516 701245 130306.300

	B (Form 990, 990-EZ, or 990-PF) (2020) rganization		Page Employer identification number
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	43-1154397	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	e) (d)
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
023453 11-25			B (Form 990, 990-EZ, or 990-PF)

13320516 701245 130306.300

2020.05094 ART SAINT LOUIS

130306.1

lame of org	ganization		Employer identification number				
RT SAINT	r Louis		43-1154397				
Part III	Exclusively religious, charitable, etc., contribu from any one contributor. Complete columns (a	tions to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than $1,000$ for the year or an instance				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	sss for the year. (Enter this info. once.) <b>\$</b>				
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, a		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, a	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				
-							
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee				
3454 11-25-2	20	24	Schedule B (Form 990, 990-EZ, or 990-PF) (20				

# 13320516 701245 130306.300

2020.05094 ART SAINT LOUIS

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047 2020 Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information	ion.

Nam	e of the organization					Employer identification number
Par	ART SAINT LOUIS	unde or Othe	r Ci	milor Fund	or Ao	43-1154397
Fai			1 31		S UI AC	Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	(a) Donor ac	visor	funde	0	b) Funds and other accounts
4	Total number at and of year		1300	Turius	,,	
1	Total number at end of year					
2	Aggregate value of grants from (during year)					
3 4	Aggregate value of grants norm (during year)					
5	Did the organization inform all donors and donor advisors in writin	na that the accet	s hol	d in donor advi	l sed fund	°
U	are the organization's property, subject to the organization's excl	-				
6	Did the organization inform all grantees, donors, and donor advis					
•	for charitable purposes and not for the benefit of the donor or do					
	impermissible private benefit?		-			• — —
Par	t II Conservation Easements. Complete if the organized	zation answered	"Yes	" on Form 990	, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (c					
	Preservation of land for public use (for example, recreation	or education)		Preservation of	of a histo	rically important land area
	Protection of natural habitat			Preservation of	of a certif	ied historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified of	conservation cor	tribu	tion in the form	n of a con	servation easement on the last
	day of the tax year.					Held at the End of the Tax Year
а	Total number of conservation easements					2a
b					r	2b
С	Number of conservation easements on a certified historic structu	re included in (a)				2c
d	Number of conservation easements included in (c) acquired after				ture	
	listed in the National Register				l	2d
3	Number of conservation easements modified, transferred, release	ed, extinguished,	or te	rminated by th	e organiz	ation during the tax
	year					
4	Number of states where property subject to conservation easeme				_	
5	Does the organization have a written policy regarding the periodic		pectio	on, handling of		
•	violations, and enforcement of the conservation easements it hole					
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	aling of violation	s, and	a enforcing cor	iservation	a easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations an	d onf	orcina consony	ation oas	omonts during the year
'		or violations, and		bicing conserv	alion eas	ements during the year
8	Does each conservation easement reported on line 2(d) above sa	tisty the requirer	nonte	of section 17(	)/b)(4)(B)(i	i)
Ŭ	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation e					
-	balance sheet, and include, if applicable, the text of the footnote			-		
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of Ar	t, Historical <sup>·</sup>	Гrea	sures, or O	ther Si	milar Assets.
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958, no	ot to report in its	reve	nue statement	and bala	nce sheet works
	of art, historical treasures, or other similar assets held for public e	xhibition, educa	tion,	or research in t	furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 958, to	report in its rev	enue	statement and	balance	sheet works of
	art, historical treasures, or other similar assets held for public exh	ibition, educatio	n, or	research in fur	therance	of public service,
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					▶ \$
	(ii) Assets included in Form 990, Part X					► \$
2	If the organization received or held works of art, historical treasur	es, or other simi	ar as	sets for financi	al gain, p	rovide
	the following amounts required to be reported under FASB ASC s	-				
	Revenue included on Form 990, Part VIII, line 1					► \$
	Assets included in Form 990, Part X				<u></u>	► \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.				Schedule D (Form 990) 2020

032051 12-01-20

25			
2020.05094	ART	SAINT	LOUIS

Sche	dule D (Form 990) 2020 ART SAINT I	LOUIS						43-115	4397	P	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, oi	<sup>r</sup> Other	Similar	Assets	contir	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition d Loan or exchange program										
b	e Other										
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how th	ney further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	or receive donations	of art, hi	storical trea	sures, or othe	er similar a	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		lete if the	e organizatio	on answered "	Yes" on I	orm 990-	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi								_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amoun	t	
с	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						_ 1f _		7		7
	Did the organization include an amount on F						y?	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V Endowment Funds.</b> Complete i						<u></u>	<u></u>	<u></u>		
I U								aara baali	(-) [		haali
4.		(a) Current year	(d)	Prior year	(c) Two year	s dack (	<b>d)</b> Three y	ears dack	(e) Four	ryears	раск
1a ⊾	Beginning of year balance										
u o	Contributions										
C A	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
9 2	End of year balance Provide the estimated percentage of the curr			a column (a	)) hold as:						
~ ~	Board designated or quasi-endowment		را عارا) عد %	y, column (a	jj nelu as.						
a h	Permanent endowment		70								
c		<u> </u>									
v	The percentages on lines 2a, 2b, and 2c sho	• -									
3a	Are there endowment funds not in the posse	· · · · ·	ration tha	at are held ar	nd administer	ed for the	organiza	tion			
ou	by:						organiza		1	Yes	No
	(i) Unrelated organizations								3a(i)	100	
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 990	, Part X, li	ine 10.				
	Description of property	(a) Cost or			t or other		cumulate	d	(d) Boo	k valu	e
	,	basis (invest		. ,	(other)		reciation		.,		
1a	Land										
b	Buildings										
с	Leasehold improvements										
	Equipment										
	Other				98,650.		80,8	388.		17,	762.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	t X. colur	mn (B), line 1	0c.)					17,	762.
							:	Schedule	D (Forn	n 990)	2020

13320516 701245 130306.300

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Other Assets. Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)	INVESTMENT IN ARTLOUPE, INC.	200.
(2)	MOBILE APP - CWIP	55,000.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	55,200.
Par	t X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col (B) line 25)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 ART SAINT LOUIS		43-1154397	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Exper	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)		
Pa	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

032054 12-01-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# 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. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 43-1154397

ART SAINT LOUIS

FORM 990, PART VI, SECTION B, LINE 11B:

THE TREASURER AND PRESIDENT REVIEW A COPY OF THE FORM 990 BEFORE THE RETURN

IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION PROVIDES A COPY OF THE CONFLICT OF INTEREST POLICY TO NEW

BOARD MEMBERS WHEN THEY JOIN THE BOARD. THE ORGANIZATION ALSO REQUIRES

BOARD MEMBERS TO ANNUALLY DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR INCLUDES A REVIEW

OF COMPARABILITY DATA BY THE HIRING COMMITTEE AND APPROVAL BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

ARTISTS & JURORS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

PAYROLL SERVICES: PROGRAM SERVICE EXPENSES 376. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

13320516 701245 130306.300

29 2020.05094 ART SAINT LOUIS

9,662.

Ο.

750.

10,412.

Schedule O (Form 990 or 990-EZ) 2020		Page <b>2</b>
Name of the organization ART SAINT LOUIS		Employer identification number 43-1154397
MANAGEMENT AND GENERAL EXPENSES	5.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	381.	
SUBCONTRACTORS :		
PROGRAM SERVICE EXPENSES	41,265.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	41,265.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	52,058.	
032212 11-20-20	30	chedule O (Form 990 or 990-EZ) 2020