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 black lung

benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

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

Inspection

A I	For the 2	012 calendar year, or tax year beginning $$ JUL $1,$ 2012 and ending	JUN 30, 201	3
B (Check if	C Name of organization	D Employer ident	ification number
	applicable:			
X	Address change	ART ST. LOUIS		
	Name change	Doing Business As	43-	1154397
F	Initial return		uite E Telephone num	
F	Termin-	1223 PINE STREET		-241-4810
F	⊒ated ⊒Amended ⊒return		G Gross receipts \$	258,301.
F	Applica-	ST. LOUIS , MO 63103	H(a) Is this a group	
	pending	F Name and address of principal officer:ROY KRAMER	for affiliates?	Yes X No
		SAME AS C ABOVE		included? Yes No
_	Fay ayam	·	─ ─	a list. (see instructions)
		▶ WWW.ARTSTLOUIS.ORG	— " ''' " " " " " " " " " " " " " " " "	
			H(c) Group exemp	M State of legal domicile: MO
		Summary	tai oi ioiiiialioii. ± J 1 1	M State of legal domicile.
1 6		iefly describe the organization's mission or most significant activities: SUPPORT	OF VICITAL AR	שכ החשטווטה
Se	1 Br	UBLICATION OF NEWSLETTERS, ORGANIZING EXHIB	TULONG VIDOM	TATNITATNITAC A
Activities & Governance	_			
/eri		neck this box if the organization discontinued its operations or disposed of r		
é		imber of voting members of the governing body (Part VI, line 1a)		
જ		umber of independent voting members of the governing body (Part VI, line 1b)		•
ies		tal number of individuals employed in calendar year 2012 (Part V, line 2a)		-
Ĭ	6 To	tal number of volunteers (estimate if necessary)		275
Act	7 a To	tal unrelated business revenue from Part VIII, column (C), line 12		0.
	b Ne	et unrelated business taxable income from Form 990-T, line 34	·	b 0.
			Prior Year	Current Year
ē	8 Co	ontributions and grants (Part VIII, line 1h)	114,442	
en	9 Pr	ogram service revenue (Part VIII, line 2g)	21,068	
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	0	l .
_	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	,
		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	135,510	
	13 Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)	0	- ,
		enefits paid to or for members (Part IX, column (A), line 4)	0	
es		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	97,429	
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)	0	. 0.
ă	b To	tal fundraising expenses (Part IX, column (D), line 25) 22,373.		
ш	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	76,737	
	18 To	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	174,166	
	19 Re	evenue less expenses. Subtract line 18 from line 12	-38,656	50,178.
s or			Beginning of Current Yea	
sets	20 To	tal assets (Part X, line 16)	31,396	
t As	21 To	tal liabilities (Part X, line 26)	2,561	
Net Assets or Fund Balances	22 Ne	et assets or fund balances. Subtract line 21 from line 20	28,835	. 79,013.
Pa	art II	Signature Block		
Und	er penaltie	s of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of	my knowledge and belief, it is
true	, correct, a	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	n 🏴	Signature of officer	Date	
Her	e l	ROY KRAMER, PRESIDENT		
		Type or print name and title		
	I .	rint/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		EREK A. BARNARD, CPA	self-emp	
		rm's name ANDERS MINKLER HUBER & HELM LLP	Firm's EIN	43-0831507
Use	Only F	rm's address 800 MARKET STREET, SUITE 500		
		ST. LOUIS, MO 63101-2501	Phone no.	(314)655-5500
May	y the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			► X		
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).				
Electroni	omplete Part II unless you have already been granted a circ filing (e-file). You can electronically file Form 8868 if you file Form 990-T), or an additional (not automatic) 3-mo	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for a corp			
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for	Transfers A	Associated With C	ertain		
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	ctronic filing of this	form,		
visit www	rirs.gov/efile and click on e-file for Charities & Nonprofits	S.						
Part I	Automatic 3-Month Extension of Time	• Only s	submit original (no copies nee	eded).				
A corpora	ation required to file Form 990-T and requesting an autor							
Part I only	y					▶ □		
	corporations (including 1120-C filers), partnerships, REM ome tax returns.							
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification num	nber (EIN) or		
print File by the	ART ST. LOUIS		4		43-11543			
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1223 PINE STREET	ee instruc	tions.	Social se	curity number (SS	N)		
instructions.	City, town or post office, state, and ZIP code. For a for ST. LOUIS , MO 63103	oreign add	ress, see instructions.					
Code v dle e	· · · · · · · · · · · · · · · · · · ·					01		
	Return code for the return that this application is for (file	e a separa				[♥]±]		
Applicati	on	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990	-BL	02	Form 1041-A			08		
Form 472	0 (individual)	03	Form 4720			09		
Form 990	-PF	04	Form 5227			10		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	-T (trust other than above)	06	Form 8870			12		
	THE ORGANIZATION							
	poks are in the care of 1223 PINE STREI	ET – S						
•	none No. ► 314-241-4810		FAX No.					
	organization does not have an office or place of business					-		
If this i	is for a Group Return, enter the organization's four digit							
box 🕨 l	. If it is for part of the group, check this box				ers the extension i	s for.		
1 I re	quest an automatic 3-month (6 months for a corporation							
	FEBRUARY 15, 2014, to file the exemp	t organiza	tion return for the organization name	ed above.	The extension			
is fo	or the organization's return for:							
▶ L	calendar year or							
▶l	X tax year beginning JUL 1, 2012	, an	d ending JUN 30, 2013		<u> </u>			
2 If th	ne tax year entered in line 1 is for less than 12 months, c	neck reas	on: Initial return	Final retur	n			
	☐ Change in accounting period							
0- 1111	de constitución de la constituci	0000	and a state of the	- 1	Ι			
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$								
	b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$								
	ance due. Subtract line 3b from line 3a. Include your pa	•	•	0-		0.		
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$			
	If you are going to make an electronic fund withdrawal vor Privacy Act and Paperwork Reduction Act Notice			orm 88/9-	EO for payment ins			

223841 01-21-13

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	ART SAINT LOUIS IS DEDICATED TO ENRICHING LIVES THROUGH THE CREATIVE
	ACTIVITY OF OUR REGION'S CONTEMPORARY VISUAL ARTISTS. THROUGH
	EXHIBITION, EDUCATION, AND EXCHANGE, WE CONNECT AND INSPIRE OUR
	COMMUNITY, AND MULTIPLY THE ECONOMIC AND CULTURAL VITALITY OF OUR
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$140,506 • including grants of \$9,100 •) (Revenue \$ 71,625 •)
	ART SAINT LOUIS PRODUCES A WIDE VARIETY OF EDUCATIONAL EVENTS, CURATES
	OFF-SITE EXHIBITIONS TO FEATURE ART IN VARIOUS LOCATIONS AROUND THE
	CITY, MAINTAINS AN IMAGE REGISTRY OF MEMBER ARTISTS' WORKS, MANAGES ART
	LEASING AND PURCHASING PROGRAMS, AND OFFERS ARTIST PORTFOLIO REVIEWS
	AND COUNSELING. THROUGH ALL OUR EFFORTS WE ARE PROUD TO JOIN IN
	ESTABLISHING A NATIONAL IDENTITY FOR ST. LOUIS AS A CENTER FOR THE
	CREATION AND APPRECIATION OF FINE ART.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	7(1)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 140,506.

232002 12-10-12

Part 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		Х
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		-21
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		Х	
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	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 Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		72
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
-	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
00	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
<u>a</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued)

			Yes	No	
21					
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II				
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х	
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 25	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			
25a	Section 501(c)(3) and 501(c)(4) 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		Х	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			v	
~=	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		х	
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		21	
20	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,				
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?				
	If "Yes," complete Schedule N, Part I	31		Х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		Х	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	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		. v	
~-	If "Yes," complete Schedule R, Part V, line 2	36		X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		Х	
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3/			
38	Note. All Form 990 filers are required to complete Schedule O	38	Х		
	1101017 WIT STATE OF THE TOTAL TO COMPLETE CONTINUES OF	3			

43-1154397 Page

	Form 990 (-	-TIJ4JJ/ Page:
1	Part V	Statements Regarding Other IRS Filings and	Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c						
2a	a 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 3							
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)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b						
4a	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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
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		Х				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		Х				
	any contributions that were not tax deductible as charitable contributions?	6a						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD						
a	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		Х				
	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		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
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 and section 509(a)(3) supporting organizations. Did the supporting							
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the organization make any taxable distributions under section 4966?	9a		-				
	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b						
10 a	Initiation fees and capital contributions included on Part VIII, line 12							
b	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							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a		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	-						
	Enter the amount of reserves on hand	44-		Х				
	Did the organization receive any payments for indoor tanning services during the tax year? If "Vee " here it filed a Form 700 to report these payments? If "No " provide an explanation in Schedule O.	14a 14b		<u> </u>				
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_	000	(2012)				

	t VI Covernos a Monogement and Disclosure 5 and 1974 1995 1996 1997 199		43-113			age o
Pa	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 the to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Co			a "No" i	espon	se
						X
800	Check if Schedule O contains a response to any question in this Part VI					Δ
Sec	tion A. Governing Body and Management				V	NI -
		۔ ما	I	5	Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year	1a		긕		
	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 in Schedule 0.	١		5		
a	Enter the number of voting members included in line 1a, above, who are independent	_		긕		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					Х
•	officer, director, trustee, or key employee?			. 2		
3	Did the organization delegate control over management duties customarily performed by or under the					Х
	of officers, directors, or trustees, or key employees to a management company or other person?					X
4	Did the organization make any significant changes to its governing documents since the prior Form			· 		X
5	Did the organization become aware during the year of a significant diversion of the organization's as					X
6	Did the organization have members or stockholders?			. 6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					х
	more members of the governing body?			. 7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,					Х
_	persons other than the governing body?		o followings	. 7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			0-	v	
a	The governing body?				X	
b	Each committee with authority to act on behalf of the governing body?			. 8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be required to the provide	>				Х
800			- O- d- \	. 9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)		V	NI.
40				40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			. 10a		Λ
р	If "Yes," did the organization have written policies and procedures governing the activities of such of			401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?				х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	зу ретс	re filing the form?	11a	Α.	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40	v	
12a			Hi-t-O		X	
р	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risk			. 12b	Α_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Vin Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13		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 approv					
	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				Х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			.02		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
- 4	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati					
	evernet status with respect to such arrangements?		5	16b		
Sec	tion C. Disclosure			. 100		
17	List the states with which a copy of this Form 990 is required to be filed NONE					
	200 Maria Cara Cara Cara Cara Cara Cara Cara	T (O :	. =0.4(.)(0) .	`		

17	List the states with which a copy of this Form 990 is required to be filed F
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply
	X Own website Another's website X Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

THE ORGANIZATION - 314-241-4810 1223 PINE STREET, ST LOUIS, MO 63103

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title Average hours per week (list any hours for related organizations below line) Average hours per week (1) CHANDLER BRANCH Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for more than one compensation from the organization line) Average hours per week (list any hours per week (Check this box if neither the organization r (A)	(B)	J. 90						(D)	(E)	(F)
hours per week (list any hours for related organizations below line) (1) CHANDLER BRANCH EXECUTIVE DIRECTOR (2) ROY KRAMER PRESIDENT (3) MICHAEL-JOHN VOSS VICE PRESIDENT (4) CLAUDE LYLES SECRETARY (5) EARLINE BELL DIRECTOR (6) DAVID P. STOEBERL Amount officer and a director/rustee) Low, unless person is both an officer and a director/rustee) the organization from related organizations (W-2/1099-MISC) (W-2/1099-MISC) Compensation from related organizations (W-2/1099-MISC) (W-2/1099-MISC) A 5 , 000 .			١		Pos	itior	١				Estimated
week (list any hours for related organizations below line) (1) CHANDLER BRANCH EXECUTIVE DIRECTOR (2) ROY KRAMER PRESIDENT (3) MICHAEL-JOHN VOSS VICE PRESIDENT (4) CLAUDE LYLES SECRETARY (5) EARLINE BELL DIRECTOR (6) DAVID P. STOEBERL VINITARY HOPPING (IST and a director/trustee) from the organization (W-2/1099-MISC) from the organization (W-2/1099-MISC) (W-2/1099-MISC) from the organization (W-2/1099-MISC) (W-2/1099-MISC) from related organization (W-2/1099-MISC) (W-2/1099-MISC) FROM THE ORGANIZATION			box	, unle	ss pe	rson	is bot	h an	1 · · · · · · · · · · · · · · · · · · ·		amount of
Telated organizations Delow Delo		week		cer ar	d a d	irecto	or/trus	tee)		from related	other
Telated organizations Delow Delo			rector								compensation
Telated organizations Delow Delo			ordi	e e			ated			(W-2/1099-MISC)	from the
(1) CHANDLER BRANCH 45.00 EXECUTIVE DIRECTOR X 45,000. 0. 4,8 (2) ROY KRAMER 2.00 PRESIDENT X X X 0. 0. (3) MICHAEL-JOHN VOSS 2.00 VICE PRESIDENT X X X 0. 0. (4) CLAUDE LYLES 2.00 SECRETARY X X 0. 0. (5) EARLINE BELL 2.00 DIRECTOR X 0. 0. (6) DAVID P. STOEBERL 2.00		1	ustee	trust		<u>ස</u>	suadı		(W-2/1099-MISC)		organization
(1) CHANDLER BRANCH 45.00 EXECUTIVE DIRECTOR X 45,000. 0. 4,8 (2) ROY KRAMER 2.00 PRESIDENT X X X 0. 0. (3) MICHAEL-JOHN VOSS 2.00 VICE PRESIDENT X X X 0. 0. (4) CLAUDE LYLES 2.00 SECRETARY X X 0. 0. (5) EARLINE BELL 2.00 DIRECTOR X 0. 0. (6) DAVID P. STOEBERL 2.00			ual tr	tional		yoldı	t con				
(1) CHANDLER BRANCH 45.00 EXECUTIVE DIRECTOR X 45,000. 0. 4,8 (2) ROY KRAMER 2.00 PRESIDENT X X X 0. 0. (3) MICHAEL-JOHN VOSS 2.00 VICE PRESIDENT X X X 0. 0. (4) CLAUDE LYLES 2.00 SECRETARY X X 0. 0. (5) EARLINE BELL 2.00 DIRECTOR X 0. 0. (6) DAVID P. STOEBERL 2.00			ndivic	nstitu	Officer	(ey en	Highes Smplo	orme			organizations
(2) ROY KRAMER 2.00 PRESIDENT X X (3) MICHAEL-JOHN VOSS 2.00 X VICE PRESIDENT X X (4) CLAUDE LYLES 2.00 X SECRETARY X X (5) EARLINE BELL 2.00 X DIRECTOR X 0. (6) DAVID P. STOEBERL 2.00	(1) CHANDLER BRANCH	45.00	Ī	 				Ī			
RESIDENT X X X 0.	EXECUTIVE DIRECTOR		X						45,000.	0.	4,800
(3) MICHAEL-JOHN VOSS VICE PRESIDENT (4) CLAUDE LYLES SECRETARY (5) EARLINE BELL DIRECTOR (6) DAVID P. STOEBERL 2.00 X X X 0. 0. 0. 0.	(2) ROY KRAMER	2.00									
VICE PRESIDENT X X X 0. 0. (4) CLAUDE LYLES 2.00 X X 0. 0. SECRETARY X X X 0. 0. (5) EARLINE BELL 2.00 X 0. 0. DIRECTOR X 0. 0. 0. (6) DAVID P. STOEBERL 2.00 0. 0. 0.	PRESIDENT		Х		X				0.	0.	0
(4) CLAUDE LYLES 2.00 SECRETARY X (5) EARLINE BELL 2.00 DIRECTOR X (6) DAVID P. STOEBERL 2.00	(3) MICHAEL-JOHN VOSS	2.00									
X X 0. 0. (5) EARLINE BELL 2.00			X		X				0.	0.	0
(5) EARLINE BELL DIRECTOR (6) DAVID P. STOEBERL 2.00 0. 0.		2.00	1							_	_
DIRECTOR (6) DAVID P. STOEBERL 2.00			X		X		_		0.	0.	0
(6) DAVID P. STOEBERL 2.00		2.00									
			X						0.	0.	0
DIRECTOR X U. U.		2.00									
	DIRECTOR		X.						0.	0.	0
			_								

ART ST. LOUIS 43-1154397 Page 8 Form 990 (2012)

Part VII Section A. Officers, Directors, T		ipioy	ees			igne	ST C					(F)	
(A)	(B) Average			(C Pos		1		(D)	(E)		_	(F)	ما
Name and title	.	hours per (do not check more th				than		Reportable compensation	Reportable compensation			timate nount	
	week	officer and a director/trustee)							from relate		"	other	<i>3</i> 1
	(list any							organization		com	pensa	tion	
	hours for	or director				ted		organization	(W-2/1099-MI	SC)	fr	om the	Э
	related	stee o	rustee			ensal		(W-2/1099-MISC)				anizati	
	organizations below	al tru	onal tı		loyee	comb						d relate	
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer				orga	anizatio	ons
		١	=	Of	-S	= 등	윤						
		┨											
		1											
		4											
		┨											
		+											
					4								
				igsquare			L	45,000.		^		4,8	<u> </u>
1b Sub-total		,						45,000.		0.		4,0	00.
c Total from continuation sheets to Par								45,000.		0.		4,8	_
d Total (add lines 1b and 1c) 2 Total number of individuals (including b							20 r		000 of roportab	_		- ,0	00.
compensation from the organization		1030	iiste	ou ai	JOV	e) wi	10 11	eceived more man proc	,,000 of reportat)IC			(
												Yes	No
3 Did the organization list any former offi	cer, director, or tr	uste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J f	or such individual										3		X
4 For any individual listed on line 1a, is th									the organization		_		v
and related organizations greater than \$											4		Х
5 Did any person listed on line 1a receive	•				-			-		6	_		Х
rendered to the organization? If "Yes," of Section B. Independent Contractors	complete Scriedul	ie J i	or si	ucn _l	pers	son					5		
Complete this table for your five highes	t compensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	sation 1	rom	
the organization. Report compensation													
(A)			~	_				(B)		,	(0		
Name and busin	ess address	N	INC	<u> </u>			_	Description of s	services		Compe	nsatioi	า ——
							\dashv						
2 Total number of independent contracto	re (including but r	not li	mito	d to	tho	ا می	stee	d ahove) who received a	nore than				
\$100,000 of compensation from the org	,			u 10		0			iore triair				
	-										Form	222	

43-1154397 Page **9**

	rt VI	II Statement of Revenue					. e p : , ago :
		Check if Schedule O contains a response	to any question i	in this Part VIII			
		·	, .	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	k c c f	Noncash contributions included in lines 1a-1f: \$	20,185.	184,220.			
Program Service C Revenue	2 a k	DES PERES GALLARY ARTIST MOBILE APPLICAT ARTSHOW ENTRY FEES OFF-SITE ART EXHIBITIO All other program service revenue	Business Code 900099 900099 900099 900099	34,650. 20,000. 11,055. 5,920.	34,650. 20,000. 11,055. 5,920.		
	3 4 5	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p Royalties	est, and	71,025.			
	c	Less: rental expenses	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
Other Revenue	C	Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$					
	9 a	Gross income from gaming activities. See Part IV, line 19a	>				
	10 a	b Less: direct expenses b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a Less: cost of goods sold b					
	11 a	MISCELLANEOUS INCOME	Business Code 900099	2,456.	2,456.		
	•	All other revenue					

2,456.

74,081.

258,301.

232009 12-10-12 Total revenue. See instructions.

e Total. Add lines 11a-11d

Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must com		er organizations must co	mplete column (A).	
23011	Check if Schedule O contains a respon			p. oco colarini (r y.	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				·
	organizations in the United States. See Part IV, line 21	9,100.	9,100.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	45 000	07.000	11 050	6 850
	trustees, and key employees	45,000.	27,000.	11,250.	6,750.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	41 205	24 702	10 226	6 106
7	Other salaries and wages	41,305.	24,783.	10,326.	6,196.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	7,916.	4,750.	1,979.	1,187.
9	Other employee benefits	6,449.	3,869.	1,612.	968.
10	Payroll taxes	0,449.	3,003.	1,012.	300.
11	Fees for services (non-employees):				
a	Management				
	Legal				
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
ı a	Other. (If line 11g amount exceeds 10% of line 25,	1			
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	193.	193.		
13	Office expenses	2,661.	1,730.	665.	266.
14	Information technology	473.	473.		
15	Royalties				
16	Occupancy	38,467.	25,004.	9,617.	3,846.
17	Travel	404.	404.		
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	10,520.	6,838.	2,630.	1,052.
23	Insurance	4,069.	2,441.	1,017.	611.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ARTIST'S ALLOCATION	8,838.	8,838.		
b	PRINTING AND REPRODUCTI	7,272.	4,727.	1,818.	727.
С	ARTIST'S HONORARIUM	6,745.	6,745.		
d	SUBCONTRACTED SERVICES	4,291.	4,291.		
е	All other expenses	14,420.	9,320.	4,330.	770.
25	Total functional expenses. Add lines 1 through 24e	208,123.	140,506.	45,244.	22,373.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
00004	0 12-10-12				Form 990 (2012

Form 990 (2012)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response to ar	ny questi	on in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			13,273.	1	9,259.
	2	Savings and temporary cash investments			4,426.	2	
	3	Pledges and grants receivable, net			1,551.	3	18,126.
	4	Accounts receivable, net			•	4	21,800.
	5	Loans and other receivables from current and				,	
	`	trustees, key employees, and highest compens		, , , , , , , , , , , , , , , , , , ,			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqua					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instr				6	
ţ	,		F		7		
Assets	7	Notes and loans receivable, net				8	
⋖	8	Inventories for sale or use					
	9		1 1			9	
	10a	Land, buildings, and equipment: cost or other		58 065			
	Ι.	basis. Complete Part VI of Schedule D		58,065.	12,146.	40	35 016
					12,140.	10c	35,916.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			21 206	15	05 101
	16	Total assets. Add lines 1 through 15 (must eq			31,396.	16	85,101.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			F 0 0	18	
	19	Deferred revenue			598.	19	
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and forme					
iab		key employees, highest compensated employe	es, and	disqualified persons.			
_		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate	ed third _l	oarties		24	
	25	Other liabilities (including federal income tax, p	ayables '	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X of			
		Schedule D			1,963.	25	6,088. 6,088.
	26	Total liabilities. Add lines 17 through 25			2,561.	26	6,088.
		Organizations that follow SFAS 117 (ASC 95	8), chec	k here and			
es		complete lines 27 through 29, and lines 33 a	nd 34.				
Š	27	Unrestricted net assets				27	
Sala	28	Temporarily restricted net assets				28	
Ā	29			<u></u>		29	
ΨĒ		Organizations that do not follow SFAS 117 (ASC 958	B), check here ▶ 🗓			
٥		and complete lines 30 through 34.					
şte	30	Capital stock or trust principal, or current fund	S		0.	30	50,178.
SS	31	Paid-in or capital surplus, or land, building, or e			0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated i			28,835.	32	28,835.
Ž	33	Total net assets or fund balances			28,835.	33	79,013.
	34	Total liabilities and net assets/fund balances		_	31,396.	34	85,101.
	1 07	Total habilition and not appets/fully balances			==,==	<u> </u>	Farra 990 (0010)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
			0.50		0.1
1	Total revenue (must equal Part VIII, column (A), line 12)	1	258		
2	Total expenses (must equal Part IX, column (A), line 25)	2	208	3,1	23.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>78.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28	3,8	<u>35.</u>
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	79	0,6	13.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
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?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	_	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ART ST. LOUIS

Employer identification number

43-1154397

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this parl	:.) See inst	tructions.					
The organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
з 🗌	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
	city, and stat	e:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6 🖳	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7 X	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
	section 170(b)(1)(A)(vi). (Comple	te Part II.)			A							
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)	4							
9 📖	An organizati	ion that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, a	nd gross	receip	ots fr	rom
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	1/3% of its	support	from gro	ss inv	estn	nent
	income and u	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınization	after Jun	e 30,	1975	5.
	See section	509(a)(2). (Complete	Part III.)										
10	An organizati	ion organized and op	perated exclusively to te	st for publ	ic safety.	See sectio	n 509(a)(4	4).					
11	An organizati	ion organized and op	perated exclusively for th	ne benefit	of, to perfo	rm the fur	nctions of,	, or to carr	y out the	purpose	s of o	ne o	r
	more publicly	supported organiza	ations described in secti	on 509(a)(⁻	1) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Ch	eck the b	ox tha	at	
	describes the	e type of sup <u>porti</u> ng	organization and comple	ete lines 1	1e through	ո 11h.							
	a L Type I	ı b	/pe II c T	ype III - Fu	nctionally	integrated	c	ј Ш Тур	e III - No	n-functio	าally ir	ntegr	ated
e 📖	By checking	this box, I certify tha	t the organization is not	controlled	I directly o	r indirectly	by one o	r more dis	qualified	persons	other '	than	l
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 5	509(a)((2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					_
	supporting of	rganization, check th	nis box		. ,								
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	n from any	of the foll	owing pers	sons?		_		
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and (iii) below	',	Y	es	No
	the gove	erning body of the su	upported organization?							11g	(i)	\perp	
	(ii) A family	member of a persor	described in (i) above?							11g	(ii)	\perp	
	(iii) A 35% (controlled entity of a	person described in (i) of	or (ii) above	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).								
(i) Name	of supported	(ii) EIN	(iii) Type of organization	r ,	rganization			(vi) Is organizațio	the	(vii) Amo	unt of	mone	etary
orga	anization		(sted in your document?			l (i) organiz	ed in the		support	t	
			above or IRC section (see instructions))	<u> </u>		(, ,		U.S					
			, ,	Yes	No	Yes	No	Yes	No				
Total													

232021

Schedule A (Form 990 or 990-EZ) 2012

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	, ,
	membership fees received. (Do not						
	include any "unusual grants.")	129,569.	124,798.	113,382.	114,442.	184,220.	666,411.
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	129,569.	124,798.	113,382.	114,442.	184,220.	666,411.
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)						3,344.
6	Public support. Subtract line 5 from line 4.						663,067.
Sed	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	129,569.	124,798.	113,382.	114,442.	184,220.	666,411.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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 IV.)						
11	Total support. Add lines 7 through 10						666,411.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	74,081.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (ine 6, column (f) di	ivided by line 11, o	column (f))		14	99.50 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2012. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶ X
b	33 1/3% support test - 2011. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or ¹	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s ▶□
							000 EZ\ 0040

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	-			•		
Section C. Computation of Publ						· ·
15 Public support percentage for 2012 (I	ine 8, column (f) d	ivided by line 13, c	column (f))		15	%
16 Public support percentage from 2011	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20	12 (line 10c, colur	nn (f) divided by lin	ne 13, column (f))		17	%
18 Investment income percentage from 2	2011 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2012. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box at						
b 33 1/3% support tests - 2011. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	<u></u> ▶□

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ART ST. LOUIS

Employer identification number 43-1154397

Par	tΙ	Organizations Maintaining Donor Advised	l Funds or Other Similar Fund	s or Ac	counts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.		
			(a) Donor advised funds	(b)	Funds and other accounts
1	Total	number at end of year			
2		gate contributions to (during year)			
3		gate grants from (during year)			
4		gate value at end of year			
5		e organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed fund	 S
	are th	e organization's property, subject to the organization's e	xclusive legal control?		Yes No
6		e organization inform all grantees, donors, and donor ad			
		aritable purposes and not for the benefit of the donor or			
	imper	missible private benefit?			Yes No
Par	t II	Conservation Easements. Complete if the orga	unization answered "Yes" to Form 990,	Part IV, lir	ne 7.
1	Purpo	se(s) of conservation easements held by the organization	n (check all that apply).		
		Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of an hi	storically	important land area
		Protection of natural habitat	Preservation of a cer	tified hist	oric structure
		Preservation of open space			
2	Comp	lete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	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	Total	acreage restricted by conservation easements		L	2b
С	Numb	er of conservation easements on a certified historic struc	cture included in (a)	L	2c
d	Numb	er of conservation easements included in (c) acquired at	ter 8/17/06, and not on a historic struc	ture	
	listed	in the National Register		L	2d
3	Numb	er of conservation easements modified, transferred, rele	ased, extinguished, or terminated by th	ne organiz	ation during the tax
	year 🕽	<u> </u>			
4	Numb	er of states where property subject to conservation ease	ement is located >		
5		the organization have a written policy regarding the period			
	violati	ons, and enforcement of the conservation easements it I	holds?		Yes No
6	Staff a	and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements	during the	e year 🕨
7		nt of expenses incurred in monitoring, inspecting, and er			
8		each conservation easement reported on line 2(d) above			
		ection 170(h)(4)(B)(ii)?			
9		t XIII, describe how the organization reports conservation			
	includ	e, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the orga	nization's accounting for
D		rvation easements.	Ast Historia d Tonganous and	NI 0	
Par	t III	Organizations Maintaining Collections of	•	otner S	imilar Assets.
		Complete if the organization answered "Yes" to Form 9			
1a		organization elected, as permitted under SFAS 116 (ASC	•		· ·
		cal treasures, or other similar assets held for public exhil		ance of p	ublic service, provide, in Part XIII,
		xt of the footnote to its financial statements that describ			
b		organization elected, as permitted under SFAS 116 (ASC			
		res, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of p	ublic serv	ice, provide the following amounts
		g to these items:			
		evenues included in Form 990, Part VIII, line 1			
	` '				\$
2		organization received or held works of art, historical treas		al gain, p	rovide
		llowing amounts required to be reported under SFAS 11	· ·		•
		nues included in Form 990, Part VIII, line 1			\$
b	Asset	s included in Form 990, Part X			> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, d	or Oth	er Sim	ilar Asse	ts (conti	nued)	ago –
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following tha	t are a s	ignifican	nt use of its	collectio	n item	IS
	(check all that apply):										
а	Public exhibition	c	ı 🏻 ı	oan or exc	hange progra	ams					
b	Scholarly research	e	, [(Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ey further t	he organizati	on's exe	mpt pur	pose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or oth	er simila	r assets				
	to be sold to raise funds rather than to be m	aintained as part of	the orgar	nization's co	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	"Yes" to	Form 99	00, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								7		7
	on Form 990, Part X?							∟	⊻ Yes		J No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:							
									Amoun	t	
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance										
	Did the organization include an amount on F							L	∐ Yes		. No
	If "Yes," explain the arrangement in Part XIII										
Pai	t V Endowment Funds. Complete										
		(a) Current year	(b) P	rior year	(c) Two year	's back	(d) Three	e years back	(e) ⊦ou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	<u>%</u>									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administe	red for t	he orgar	nization			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	ule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipn	nent. See Form 990), Part X,	line 10.							
	Description of property	(a) Cost or o basis (investr			or other (other)		ccumula preciatio		(d) Boo	k valu	e
1a	Land										
b	Buildings										
С	Leasehold improvements				4,290.					4,2	
d	Equipment			2	3,775.		22,	149.		1,6	26.
e	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	nn (B), line 1	0(c).)			▶	3	5,9	16.

Part VII Investments - Other Securities. Sec	e Form 990. Part X. lir	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value		/aluation: Cost or end	d-of-year market value
(1) Financial derivatives				·
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(1)</u>				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Se				
(a) Description of investment type	(b) Book value	(c) Method of v	valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15			
	Description			(b) Book value
(1)				, ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X Other Liabilities. See Form 990, Part X,	line 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) CITY EARNINGS TAX PAYABLE		195.		
(3) FEDERAL PAYROLL WITHHOLDI		360.		
(4) SOCIAL SECURITY WITHHOLDI	NG	794.		
(5) MEDICARE WITHHOLDING		186.		
(6) MISSOURI WITHHOLDING		553.		
(7) DUE TO GMB		4,000.		
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ▶	6,088.		

2. FIN 48 (ASC 740) Footnote. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

ART ST. LOUIS 43-1154397 Page 4 Schedule D (Form 990) 2012 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII. line 12: a Net unrealized gains on investments Donated services and use of facilities 2b c Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4c Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Complete this part to 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 4	; and Part XII, lines 2d and 4b. Also comp	plete this part to provide any addition	al information.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organiza	ART ST. LOUIS	Employer identification number 43–1154397
FORM 990, E	PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
GALLERY AND	ARTIST REGISTRY.	
FORM 990, F	PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
REGION.		
FORM 990, F	PART VI, SECTION B, LINE 11: THE EXECUTIVE DIREC	CTOR AND
PRESIDENT F	EVIEW A COPY OF FORM 990 BEFORE THE RETURN IS F	FILED.
FORM 990, F	PART VI, SECTION B, LINE 12C: DIRECTORS, OFFICER	RS, AND KEY
EMPLOYEES A	RE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST A	ANNUALLY.
FORM 990, F	PART VI, SECTION B, LINE 15: THE BOARD OF DIRECT	ORS REVIEWS AND
MAKES RECOM	MENDATIONS REGARDING COMPENSATION PACKAGES.	
FORM 990, E	PART VI, SECTION C, LINE 19: UPON REQUEST.	