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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047
2012

Open to Public Inspection

A	For the	e 2012 ca	lendar year, or tax y	rear beginning			, and e	naing				
В	Check if	applicable	C Name of organization	on St Lou	ıs Art Museum F	oundation		ľ	Employer	identification n	ımber	
	Address	change	Doing Business As			· · _ ·		4	3-1374479			
	Name ch	ange	Number and street	(or PO box if ma	I is not delivered to st	reet address) Room	√suite		Telephone			
\sqcap	nitial reti	urn	1 Fine Arts Drive					r.	314) 721-0	172		
=	erminat		City, town or post of	ffice, state, and ZI	P code				717/121-0	372		
=	Amended		St Louis			MO 6	3110-1	1380	Gross rece	pts \$	46,718,572	
=		on pending	F Name and address	of procupal officer			01.0			n for affiliates?	Yes X No	
٦	тррпсат	on pending	Carolyn Schmidt			∩ 63110 ₋ 1380		1	ill affiliates inc		Yes No	
		_						1		(see instruction		
<u> </u>	ax-exem	npt status	X 501(c)(3)	501(c) () ◀ (insert no)	4947(a)(1) or	527	" "	o, allaci a iisi	(see insudction	15)	
<u>J V</u>	Vebsite	e: ► ww	w.slam org				·	H(c) Grou	p exemption n	umber 🟲		
KF	om of o	rganization	X Corporation	Trust A	ssociation Othe	er 🕨	L Yea	ar of formation	on 1985	M State of leg	jal domicile MO	
P	art I	Su	mmary							· · · · · · · · · · · · · · · · · · ·		
	1		lescribe the organi	ization's missi	on or most signif	icant activities:	The	Foundati	on is organ	ized for the	sole	
	'	-	of, and to carry out		_					2222.01.1112	2.3	
9	ŀ		g encouraging phil						V1			
กลก			leading comprehe				Latina					
Activities & Governance	2		his box ▶ if th			e operations or d	iennea	d of more	 e than 25%	of its net as	eete	
ဖိ	3		of voting member							3	3	
ళర్ ల్ల	4		of independent vo	_	• • •	•				4	2	
/ŧ	5		mber of individual	*	•				Р-	5	0	
ŧ	6		imber of volunteers			•	•			6	0	
•	7a		related business r			(C) line 12			· · · ·	7a	0	
	b		elated business tax						· · · ·	7b	0	
	5	Net unit	ciated business tax	ABJE IIICOITIC	nom nom sport	7	30	· · · · · ·	rior Year		urrent Year	
	8	Contribi	utions and grants (Part VIII line	1b)		\$-0SC	•	7,287,		18,149,014	
ä	9		n service revenue		20) Al	jg 3 0 2013	10		864,		941,016	
Revenue	10		ent income (Part V		lines 3 4 and	7d)	OZ		2,966,		2,650,347	
8	11		evenue (Part VIII, c							007	84,722	
	12		enue—add lines 8 th						11,179,		21,825,099	
	13		and similar amount						,170,	0	0	
	14		paid to or for men			-	•			0	0	
	15		other compensation							0	· · · · · · · · · · · · · · · · · · ·	
Expenses	16a		ional fundraising fe		•					0	0	
ben	b		ndraising expenses							, i		
Ä	17		xpenses (Part IX, c						47,819,	463	35,111,572	
	18		penses Add lines			•			47,819,		35,111,572	
	19		e less expenses. S						-36,639,		-13,286,473	
- S	1.0	TTCVCHG	e lead expellacs. e	Jaburaot iiiie 1	o nomine 12.	<u> </u>	•••	Beginning	g of Current Y		nd of Year	
ets	20	Total as	sets (Part X, line 1	6)					153,372,		150,756,058	
Ass 1 Ba	21		bilities (Part X, line						46,343,		46,459,106	
Net Assets or Fund Balances	22		ets or fund balance		ne 21 from line 2	0			107,028,		104,296,952	
Pa			nature Block	30. 000t.aut.	10 2.1 110111 11110 2		<u> </u>		,,			
			y, (i declare that I have	kamined this retur	n, including accompa	nying schedules and s	tatemen	ts, and to th	e best of my k	ngwledge ,		
and t	elief, it i	s true, corre	ect, and complete Decl	ration of preparer	(other than officer) is	based on all information	on of wh	ich preparei	r has any knov	yedge		
ei~	.		pun	/					6/	(213	
Sig			Signature of officer		•		•		Date			
Her	е	k '	Brent Benjamin, F	resident								
		7	Type or print name and									
	110 20 11	Print	/Type preparer's name		Preparer's signa	ature		Date			TIN	
Pai	đ				05: 5 5555	ADED DETICO:			Che	,		
Pre	parer	·			JSELF-PREP	ARED RETURN		 _	sei	-employed		
	Only		's name 🕨					Fı	rm's EIN 🕨			
			's address 🕨					PI	none no			
May	the IF	RS discus	s this return with t	he preparer sl	hown above? (se	e instructions).				. <u>X</u>	Yes No	

Form 9	990 (2012)	St. Louis Art Museum Foundation		43-1374479	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question	ın this Part III		. 🔲
1	Briefly d	escribe the organization's mission	· -,		
		purpose of the Foundation is to support the Saint Louis Art Muse			
		ed to fund raising and other activities and assisting in financing ex	pansion and		
	renovati	on of its facilites.			
2		organization undertake any significant program services during the			
		Form 990 or 990-EZ?		Yes	X No
•		describe these new services on Schedule O.			
3		organization cease conducting, or make significant changes in how	• • -	. Tyes	X No
		describe these changes on Schedule O.			[2] 140
4	-	the organization's program service accomplishments for each of	its three largest program servi	ces, as measured	by
		s. Section 501(c)(3) and 501(c)(4) organizations are required to re		allocations to other	ers,
	the total	expenses, and revenue, if any, for each program service reported			į
4a) (Expenses \$ including grants of			
		ouis Art Museum Foundation supported the Museum in the amount of the foundation supported the Museum in the amount of the foundation supported the Museum in the foundation supported supported the foundation supported the foundation supported the			
	and out	r Museum activities in 2012.			
4b	(Code:) (Expenses \$ including grants of	\$) (Revenu	e \$)
	The St. I	ouis Art Museum Foundation supported the Museum for art purch	e in the contract of		
	the amo	unt of \$573,193 in 2012.			
4c	(Code:) (Expenses \$ including grants of	\$) (Revenu	e \$)
		ouis Art Museum Foundation supported the Museum for costs rel			
	facilities	in the amount of \$31,643,843 in 2012.			
4d	-	ogram services. (Describe in Schedule O.)		_	
4 -	(Expense		0) (Revenue \$	0)	
4e	lotal pre	ogram service expenses > 34,797,379			

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).......

 Х

Х

17

18

19

20a

20b

43-1374479

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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		×
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	x	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 ^``	X
	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		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24u		├^
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	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 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 of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	:		
	Part IV 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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	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? <i>If "Yes," complete Schedule M</i>	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	1	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		Х
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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	37		~
		"		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority 4a over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a 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. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . b 5c C 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 7h h 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 Sponsoring organizations maintaining donor advised funds. 9 Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: N/A Initiation fees and capital contributions included on Part VIII, line 12..... а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 11 Section 501(c)(12) organizations. Enter: N/A а Gross income from other sources (Do not net amounts due or paid to other sources N/A Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 12a 12a 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. 13a N/A Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which N/A 13b N/A 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	aso (2012) St. Louis Art Museum Foundation 43-13			Page
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			$\overline{}$
	Check if Schedule O contains a response to any question in this Part VI			<u> </u>
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	3		
	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 O.			
b	Enter the number of voting members included in line 1a, above, who are independent Lib 2	<u>?</u>		į
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	<u> </u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	├^
6 7a	Did the organization have members or stockholders?	10	├^	\vdash
<i>i</i> a	one or more members of the governing body?	7a	х	L
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		١
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			:1 !:
а	the year by the following: The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	ļ	X
D	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		1
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	+	\vdash
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	<u>↓</u>
14	Did the organization have a written document retention and destruction policy?	14	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? The organization's CEO, Executive Director, or top management official	150	Х	
a b	Other officers or key employees of the organization	15a 15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	Ĥ	
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		Х
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		<u>L</u>
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(or swelchle for public reposition, Indicate however, made those swelchle for public reposition.	:)(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.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	:		
	organization ► Carolyn Schmidt 314 721 007			
	1 Fine Arts Drive, St Louis, MO 63110-1380			

		_
Form 990 (2012) St. Louis Art Museum Foundation	43-1374479	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	ensated	
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 endir organization's tax year.	ng with or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	regardless of amount	
 List all of the organization's current key employees, if any See instructions for definition of "key employees". List the organization's five current highest compensated employees (other than an officer, director, to who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than organization and any related organizations. 	ustee, or key employee)
• List all of the organization's former officers, key employees, and highest compensated employees wh \$100,000 of reportable compensation from the organization and any related organizations.	o received more than	
• List all of the organization's former directors or trustees that received, in the capacity as a former directors or trustees that received, in the capacity as a former directors or trustees that received, in the capacity as a former directors or trustees that received, in the capacity as a former directors or trustees that received, in the capacity as a former directors or trustees that received, in the capacity as a former directors or trustees that received, in the capacity as a former directors or trustees that received, in the capacity as a former directors or trustees that received, in the capacity as a former directors or trustees that received, in the capacity as a former directors or trustees that received, in the capacity as a former directors or trustees that received, in the capacity as a former directors or trustees that received, in the capacity as a former directors or trustees that received, in the capacity as a former directors or trustees that received is a former director or trustees that the capacity as a former director or trustees that received is a former director o		
List persons in the following order individual trustees or directors; institutional trustees; officers; key employe compensated employees; and former such persons.	ees; highest	

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

(C)
Position
(do not check more than one)
(D)
(E)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	loyee loyee			an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) W. Randolph Baker	0.00									
Treasurer	5.00	-	<u> </u>	X	<u> </u>			0	0	0
(2) J Patrick Mulcahy	0.00							_		_
Vice President	5.00		_	Х				0	0	0
(3) Brent Benjamin	0.00			\ ,						
President and Director of Museum	45.00		L	Х				0	434,110	236,218
(4) Carolyn Schmidt	0.00									
Controller and Deputy Director of Administration	45.00		_	X				0	247,896	54,999
(5) David Linenbroker	0.00 5.00			х						•
Secretary (6) Carl Hamm	0.00		-	-	\vdash			0	0	0
Deputy Director for External Affairs	40.00			1	x				400 202	0.500
(7) Linda Thomas	0 00		H	_	-			0	190,203	9,502
Asst. Director for Exhibitions	40.00					х	ı	0	143,996	39,834
(O) LAPIN' A L L	0.00								143,990	35,034
(8) William Appleton Asst. Director for Education	40.00					х		o	122,112	19,419
(O) Decileral labores	0.00				-		\dashv		122,112	10,410
Director for Accounting	40.00					\times		o	110,389	90,457
(10) Jason Stockmann	0.00						\dashv		110,000	00,407
Director for Information Systems	40 00					\times	1	o	105,172	17,950
(11) Paul Haner	0.00						一	Y	100,112	17,000
Director for Conservation	40.00					х		o	109,760	37,859
(12) James Burke	0.00			\neg			\neg			
Former Museum Director	0 00					1	x	o	96,348	0
(13)										
(14)										

Form **990** (2012)

	Section A. Officers, Directors, 1	rustees, Key Er	npio	<u>yee</u>	<u>s,</u> a	ına	нıgn	est	Compensated	Employee	s (cor	ninuea)
	(A) Name and title	(B) Average hours per	box, office	unles er an	Pos eck s pe	erson	than is both	an ee)	(D) Reportable compensation	(E) Reportable compensation from related		(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizatio (W-2/1099-N	ons	other compensation from the organization and related organizations
(15)					-							
(16)						-						
(17)												
(18)												· · · · · · · · · · · · · · · · · · ·
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)			-									
1b	Sub-total								0			506,236
c d	Total from continuation sheets to Part VII, Total (add lines 1b and 1c).								0		0 ,986	506,236
2	Total number of individuals (including but not reportable compensation from the organizatio	limited to those		ab					red more than \$	100,000 of		
3	Did the organization list any former officer, die employee on line 1a? If "Yes," complete Sche									e d		Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations greindividual											4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "	•			•				_			5 X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest comp compensation from the organization. Report c year.											's tax
	(A) Name and business add	ress							(B) Description of services	vices	Co	(C) ompensation
									<u> </u>			
												C
	Total number of independent and an arrange of independent and an arrange of independent and arrange of independent arrange o	udina historia lim	utod 1	10.12	100	ماره	104 -	ha:	(a) who receives	,		C
2	Total number of independent contractors (inclimore than \$100,000 of compensation from the	_	eu ≀			311 ت	ted a	DOA	e) who received			

Total revenue. See instructions .

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII. (B) (C) (D) Total revenue Related or Unrelated Revenue exempt excluded from business function revenue tax under sections revenue 512, 513, or 514 Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1b 1,376,865 Membership dues . Fundraising events 1c 843,295 1d d Related organizations. Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above . . . 15,928,854 Noncash contributions included in lines 1a-1f 5,118,927 h Total, Add lines 1a-1f 18,149,014 **Business Code** Program Service Revenue 2a Membership Equal Value 900099 937,533 937,533 900099 3,483 3,483 Membership program - events All other program service revenue Total. Add lines 2a-2f 941,016 3 Investment income (including dividends, interest, and 2,607,683 2,607,683 Income from investment of tax-exempt bond proceeds . . . 255 5 Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental expenses . . Rental income or (loss) . . . d Net rental income or (loss) . . (ii) Other (ı) Securities 7a Gross amount from sales of assets other than inventory. 0 24,935,882 Less: cost or other basis and sales expenses . . . 24,893,473 Gain or (loss) 42,409 O 42,409 42,409 Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ 843,295 of contributions reported on line 1c). See Part IV, line 18 a 68,700 b Less: direct expenses b 68,700 c Net income or (loss) from fundraising events. 68,700 9a Gross income from gaming activities. See Part IV, line 19. a **b** Less: direct expenses b c Net income or (loss) from gaming activities . . . 0 10a Gross sales of inventory, less returns and allowances . Less: cost of goods sold. Net income or (loss) from sales of inventory . **Business Code** Miscellaneous Revenue 13,802 13,802 11a Litigation Settlements from Brokerage Hous 541100 2,220 2,220 All other revenue . Total. Add lines 11a-11d. 16,022

21,825,099

943,236

ol

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete a	ll columns All other	r organizations mu	ist complete column	(A).
	Check if Schedule O contains a response to any	question in this Pa	rt IX		
	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	0			·
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22	o			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	o			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			l	
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):	<u>_</u>			
a	Management	ol			
b	Legal	26,410		26,410	
C	Accounting	20,410		20,410	
d	Lobbying	118,500		118,500	·····
e	Professional fundraising services. See Part IV, line 17	0		110,300	····
f	Investment management fees	65,101	<u> </u>	65,101	
g	Other. (If line 11g amount exceeds 10% of line 25, column	05,101	<u> </u>	03,101	· · · · · · · · · · · · · · · · · · ·
9	(A) amount, list line 11g expenses on Schedule O.)	o			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0		· · · · · ·	
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses		 		
10	for any federal, state, or local public officials	ام			
40	Conferences, conventions, and meetings	0			
19 20	· · · · ·	0			
21	Payments to affiliates	0		-	
22			0	0	
22 23	Depreciation, depletion, and amortization	12 205			0
	Insurance	12,285		12,285	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	i'			
	line 24e amount exceeds 10% of line 25, column	<u> </u>	i	!	
	(A) amount, list line 24e expenses on Schedule O.)	04.707.070	04.707.070		
_	Program Expenses to the Saint Louis Art Museum	34,797,379	34,797,379	50.017	
þ	Write off uncollectable pledges for Expansion	56,617		56,617	
C	bond issuance costs	35,280		35,280	
ď					·· -·
	All other expenses	05.11.55		244.455	
25	Total functional expenses. Add lines 1 through 24e	35,111,572	34,797,379	314,193	0
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			İ	
	following SOP 98-2 (ASC 958-720)	1			

43-1374479

P	art X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	10.700.00	1	10.007.100
	2	Savings and temporary cash investments	46,726,381		19,834,103
	3	Pledges and grants receivable, net	15,479,219	 	12,303,353
	4	Accounts receivable, net	0	4	25,500
	5	Loans and other receivables from current and former officers, directors,		1	
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	ľ	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	}	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets	ł	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b		.0		0
	11	Investments—publicly traded securities	90,359,620		117,820,461
	12	Investments—other securities. See Part IV, line 11	35,042	12	28,409
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	771,844		744,232
	16	Total assets. Add lines 1 through 15 (must equal line 34)	153,372,106		150,756,058
	17	Accounts payable and accrued expenses	149,481		184,941
	18	Grants payable		18	
	19	Deferred revenue	40.040.050	19	40.040.004
	20	Tax-exempt bond liabilities	46,010,656		46,018,324
"	21	Escrow or custodial account liability. Complete Part IV of Schedule D	ter a tribation of the term of the	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		!	
Ħ	ļ	disqualified persons. Complete Part II of Schedule L	<u> </u>	22	
<u>a</u>	23	Secured mortgages and notes payable to unrelated third parties .	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third	<u>_</u>		
	-	parties, and other liabilities not included on lines 17-24). Complete			
	İ	Part X of Schedule D	183,725	25	255,841
	26	Total liabilities. Add lines 17 through 25	46,343,862		46,459,106
		Organizations that follow SFAS 117 (ASC 958), check here▶ ☐ and	· · · · · · · · · · · · · · · · · · ·		
es	ĺ	complete lines 27 through 29, and lines 33 and 34.		:	
5	27	Unrestricted net assets		27	
<u>a</u>	28	Temporarily restricted net assets		28	
В	29	Permanently restricted net assets		29	
Ä	23				
느		Organizations that do not follow SFAS 117 (ASC958), check here			
S]	complete lines 30 through 34.	•		
set	30	Capital stock or trust principal, or current funds	(0.550.055	30	·····
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund	18,800,228		104 200 053
let	32	Retained earnings, endowment, accumulated income, or other funds	88,228,016		104,296,952
~	33	Total net assets or fund balances	107,028,244		104,296,952
	34	Total liabilities and net assets/fund balances	153,372,106	ა4	150,756,058

Form 990 (2012)

Par	Reconciliation of Net Assets		
	Check if Schedule O contains a response to any question in this Part XI		🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,825,09
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,111,57
3	Revenue less expenses. Subtract line 2 from line 1	3	-13,286,47
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	107,028,24
5	Net unrealized gains (losses) on investments	5	10,555,18
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	10	104,296,95
Part	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 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 basis, consolidated basis, or both:		
	Separate basis Consolidated basis X Both consolidated and separate basis		
		4 a.f	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh		2c X
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		20 ^
	If the organization changed either its oversight process or selection process during the tax year, explain i	11	
2-	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
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		34 ^
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b
	required addit of addits, explain why in schedule O and describe any steps taken to dideigo such addits	· · · · · ·	· 3D

Form 990 (2012) St. Louis Art Museum Foundation

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

20**12**

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Employer identification number Name of the organization St. Louis Art Museum Foundation 43-1374479 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 state. ______ An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III—Functionally integrated d Type III—Non-functionally integrated Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization?............. 11g(i) A family member of a person described in (i) above? (ii) 11g(ii)

(III) A 35%	o controlled entit	ly of a person describe	su iii (i) vi	(II) above	?				119(111)
h Provide the	following inform	ation about the suppo	rted organ	nization(s)).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in cot. (i) la	organization sted in your document?	the orga	you notify nization in of your port?	(vi) Is the organization in col. (i) organized in the U.S?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)							_		
(B)			 						
(C)									
(D)									
(E)									
Total									0

Sched		luseum Founda				43-137447	
Pa	t II Support Schedule for Organizat	ions Describ	ed in Section	ns 170(b)(1)(A)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you checked the	box on line 5,	7, or 8 of Pa	rt I or if the or	ganization fai	iled to qualify	under
	Part III. If the organization fails to	qualify under t	he tests listed	l below, pleas	se complete F	Part III.)	
	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and		i			İ	
	membership fees received. (Do not		1				
	include any "unusual grants.")	11,428,427	7,560,544	17,305,324	7,287,569	18,149,014	61,730,878
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf		0	0	0	0	
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0		0		
4	Total. Add lines 1 through 3	11,428,427	7,560,544	17,305,324	7,287,569	18,149,014	61,730,878
5	The portion of total contributions by each						
	person (other than a governmental unit				1		
	or publicly supported organization)			:	r.		
	included on line 1 that exceeds 2%				1		
	of the amount shown on line 11,	4		1			
_	column (f)		angene u et erange erange		·; \$\		35,384,539
6	Public support. Subtract line 5 from line 4.				<u> </u>		26,346,339
	tion 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	11,428,427	7,560,544	17,305,324	7,287,569	18,149,014	61,730,878
8	Gross income from interest, dividends,	1		İ			
	payments received on securities loans,	1					
	rents, royalties and income from similar						
	sources	3,287,725	2,013,013	1,871,695	2,346,488	2,607,938	12,126,859
9	Net income from unrelated business		ŀ		į		
	activities, whether or not the business is		_	_]	_	_	_
	regularly carried on	0	0	0	0	0	
10	Other income. Do not include gain or	j					
	loss from the sale of capital assets	4=0=00	252 222	44.007	04.007	40.000	roo 447
4.4	(Explain in Part IV.)	178,728	259,003	14,687	61,007	16,022	529,447
11	Total support. Add lines 7 through 10.		<u> </u>			42	74,387,184
12 13	Gross receipts from related activities, etc. (s						4,226,025
13	First five years. If the Form 990 is for the or organization, check this box and stop here						
C/	······································					<u> </u>	
<u> </u>	tion C. Computation of Public Support		d by line 11 a	alumn (O)	 	14	25 420/
	Public support percentage for 2012 (line 6, or Public support percentage from 2011 Sched					15	35.42% 34.47%
15 16a	33 1/3% support test—2012. If the organization						
ıva	and stop here. The organization qualifies as						► X
b	33 1/3% support test—2011. If the organization						
D	box and stop here. The organization qualified						
17a	10%-facts-and-circumstances test—2012.						
	is 10% or more, and if the organization meet						
	Part IV how the organization meets the "fact			_	•	publicly suppor	теа
L	_	If the ergenized					▶
b	10%-facts-and-circumstances test—2011. 15 is 10% or more, and if the organization m	_					

Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Sec	tion A. Public Support						
Cale	endar 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")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished					1	
	in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's				_		
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						_
_	organization without charge .						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						0
	received from disqualified persons						0
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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from			Ü		· · · · · · · · · · · · · · · · · · ·	
•	line 6.)			!			0
Sec	tion B. Total Support			-			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	• • •						
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources	ĺ					0
ь	Unrelated business taxable income (less						
-	section 511 taxes) from businesses	ŀ					
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether	l					
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets	· .	i				
	(Explain in Part IV.) .						0
13	Total support. (Add lines 9, 10c, 11, and 12).	o	o	0	0	o	0
14	First five years. If the Form 990 is for the organization	tion's first, secon	d, third, fourth, o	or fifth tax year a	s a section 501(c)(3)	_
	organization, check this box and stop here	· · · · ·		· · · · · ·	· · · ·		▶
Sec	tion C. Computation of Public Support I	Percentage				······	
15	Public support percentage for 2012 (line 8, column					15	0.00%
16	Public support percentage from 2011 Schedule A, I			<u> </u>	· · · · ·	_16	0 00%
Sec	tion D. Computation of Investment Inco					·-···	<u> </u>
17	Investment income percentage for 2012 (line 10c, o	column (f) divided	l by line 13, colu	mn (f))		17	0 00%
18	Investment income percentage from 2011 Schedule					18	0.00%
19a	33 1/3% support tests—2012. If the organization of						 1
	not more than 33 1/3%, check this box and stop he						. ▶∐
b	33 1/3% support tests—2011. If the organization of	did not check a be	ox on line 14 or l	ine 19a, and line	16 is more than	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this box an Private foundation. If the organization did not che-	· ·	-		-		▶∐

Schedule A (Form 990 or 990-EZ) 2012 St. Louis Art Museum Foundation	43-1374479	P	age 4
Part IV Supplemental Information. Complete this part to provide the explanations required Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional instructions).	by Part II, lin	e 10;	
	,== =		
Part II Line 10 Other income is due to litigation settlement receipts from brokerage			
houses involved in investment transactions (\$13,802) and non program related revenue			
(\$2,220).			
			
•			
••			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	3		• •			•	
Nam	Section 501(c)(4), (5), or (6) one of organization	rganizations Complete Part III		· · · · · · · · · · · · · · · · · · ·	mployer ide	entification n	umbor
	Louis Art Museum Found	ation		-	• •	13-1374479	ulliber
31. Da	rt I-A Complete if t	the organization is exempt und	er section 501	c) or is a section			
1	Provide a description of	the organization's direct and indirect	nolitical campaid	n activities in Part I	V	iiiZutioiii	
2							
3	•						
		he organization is exempt und					
1		excise tax incurred by the organizat					
2		excise tax incurred by organization					
3		ed a section 4955 tax, did it file Forn					∐ No
	Was a correction made?					Yes	No
	If "Yes," describe in Part	IV.					
		he organization is exempt und			n 501(c)(3	3).	
1		y expended by the filing organization					
_					. ▶ \$		
2		filing organization's funds contribute unction activities			~ 6		
2	· ·	penditures Add lines 1 and 2. Enter			· 🏲 Þ		
3		penditures Add lines I and 2. Enter			•		0
4		n file Form 1120-POL for this year?				Yes	∏ No
5		sses and employer identification num					
,		nents. For each organization listed, e					
		ontributions received that were prom					
	as a separate segregate	d fund or a political action committee	e (PAC). If additio	nal space is neede	d, provide i	nformation ir	Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr	om	(e) Amount of	political
	(-,	,,	`,	filing organization	ı's d	contributions rec	eived and
				funds. If none, enter	· -0	promptly and delivered to a s	•
		ĺ			İ	political organiz	zation If
						none, enter	r -0-
(1)							
·· <i>,</i>							
(2)					ŀ		
(3)							
(4)							
/E\							
(5)							
(6)							
·-/		i		l	1		

P	art II-A Complete if the organizat under section 501(h)).	ion is exempt	under section 5	01(c)(3) and filed	Form 5768 (elec	tion
A	Check ▶☐ if the filing organization name, address, EIN, ex	penses, and sh	are of excess lob	bying expenditure	es).	p member's
В	Check ▶ if the filing organization	checked box A	and "limited cont	rol" provisions ap	ply.	
	Limits on Lo	bbying Expendi	tures		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts	paid or incurred	.)	organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinion (g	rass roots lobbying	ı)		0
b	Total lobbying expenditures to influence	a legislative body	(direct lobbying)			0
С	Total lobbying expenditures (add lines 1	a and 1b)			0	0
d	Other exempt purpose expenditures					0
е	Total exempt purpose expenditures (add	l lines 1c and 1d)			0	0
f	Lobbying nontaxable amount. Enter the	amount from the	following table in b	oth		
	columns.				0	0
	If the amount on line 1e, column (a) or (b) is	s: The lobbyin	g nontaxable amou	nt is:		
	Not over \$500,000		mount on line 1e.		į,	
	Over \$500,000 but not over \$1,000,000		s 15% of the excess			
ı	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			
- }	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess of	over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25	•			0	0
h	Subtract line 1g from line 1a. If zero or le				0	0
ı	Subtract line 1f from line 1c. If zero or le	ss enter-()-			Ol	
•						
j	If there is an amount other than zero on	either line 1h or li	ne 1i, did the orga		720 reporting	Yes No
j	If there is an amount other than zero on section 4911 tax for this year?	either line 1h or li	ne 1i, did the orga Period Under Se 501(h) election de	nization file Form 4	720 reporting	Yes No
j	If there is an amount other than zero on section 4911 tax for this year?	either line 1h or li	ne 1i, did the orga Period Under Se 501(h) election de	nization file Form 4	720 reporting	Yes No
j	If there is an amount other than zero on section 4911 tax for this year?	either line 1h or li	ne 1i, did the orga Period Under Se 501(h) election de uctions for lines 2	nization file Form 4	720 reporting	Yes No
ј	If there is an amount other than zero on section 4911 tax for this year?	either line 1h or liYear Averaging made a section w. See the instru ing Expenditure	ne 1i, did the orga Period Under Se 501(h) election de actions for lines 2 S During 4-Year A	nization file Form 4	720 reporting [plete all of the five age 4.)	Yes No
j 2a b	If there is an amount other than zero on section 4911 tax for this year? 4 (Some organizations that columns below Lobby) Calendar year (or fiscal year beginning in)	either line 1h or li	ne 1i, did the orga Period Under Se 501(h) election de actions for lines 2 S During 4-Year A	nization file Form 4	720 reporting [plete all of the five age 4.)	Yes No
	If there is an amount other than zero on section 4911 tax for this year?	either line 1h or li	ne 1i, did the orga Period Under Se 501(h) election de actions for lines 2 S During 4-Year A	nization file Form 4	720 reporting [plete all of the five age 4.)	Yes No (e) Total
b	If there is an amount other than zero on section 4911 tax for this year?	either line 1h or li	ne 1i, did the orga Period Under Se 501(h) election do uctions for lines 2 s During 4-Year A (b) 2010	nization file Form 4	720 reporting	Yes No (e) Total 0
b c	If there is an amount other than zero on section 4911 tax for this year?	either line 1h or li	ne 1i, did the orga Period Under Se 501(h) election do actions for lines 2 s During 4-Year A (b) 2010 0	nization file Form 4	720 reporting	Yes No (e) Total 0 0
b d	If there is an amount other than zero on section 4911 tax for this year?	either line 1h or li	ne 1i, did the orga Period Under Se 501(h) election do actions for lines 2 s During 4-Year A (b) 2010 0	nization file Form 4	720 reporting [plete all of the five age 4.) (d) 2012 0 0 0	Yes No (e) Total 0 0 0

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	l For	n 576	3	
For 6	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	e lobbying activity.	Yes	No	^	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local				-	
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
C	Media advertisements?	ļ	X	 		
d	Mailings to members, legislators, or the public?		X			
_	Publications, or published or broadcast statements?		x			
f	, , , ,	X			11	8,500
g	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	 ^	X			0,000
h ;	Other activities?	-	X			
i	Total. Add lines 1c through 1i				11	8,500
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
	If "Yes," enter the amount of any tax incurred under section 4912	*****				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or se	ection		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .	<u></u>		3	<u> </u>	<u> </u>
	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (b) Par			3, is
1	Dues, assessments and similar amounts from members	•	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
_			2a			
a	•		2b			
D	Carryover from last year		2c			0
3	Total		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	• •				
~	excess does the organization agree to carryover to the reasonable estimate of nondeductible			ł		
	lobbying and political expenditure next year?		4	ļ.		
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Part						
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5,	Part II	-A (af	filiated	group	
	Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.		•		•	
	U.D.L. 4(1) In a short a least of assess to a significant contracts are hold with two					
firms	to summarize and report on legislative matters that relate to or may impact the Foundation.					
Whe	n directed representatives may engage in discussions about these matters with lawmakers. In					·
addıtı	on to the above, the oganization established an agreement with a consutant to work with					
Fede	ral Legislators on granting oppurtunities for the Saint Louis Art Musurm as the recipient					
					-	

	orm 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information (continued)	
	•••••••••••••••••••••••••••••••••••••••	

	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	
		·
	•	

St. Louis Art Museum Foundation

43-1374479

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

Employer identification number Name of the organization St Louis Art Museum Foundation 43-1374479

Par			r Similar Funds	or Accounts. Complete if
	the organization answered "Yes" to			
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			lanar advisad
5	Did the organization inform all donors and d	onor advisors in writing that th	e assets neto in o	Yes No
_	funds are the organization's property, subject			
6	Did the organization inform all grantees, dor used only for charitable purposes and not fo			
	purpose conferring impermissible private be			
Par				onn 990, Part IV, inte 7.
1	Purpose(s) of conservation easements held			
	Preservation of land for public use (e.g., recre	eation or education)	Preservation of ar	n historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	ition held a qualified conserva	tion contribution in	n the form of a conservation
	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 eas	sements		2b
С	Number of conservation easements on a cer	rtified historic structure include	ed in (a)	2c
d	Number of conservation easements included			
	historic structure listed in the National Regis	ter		2d
3	Number of conservation easements modified	d, transferred, released, exting	guished, or termina	ated by the organization
	during the tax year			
4	Number of states where property subject to			
5	Does the organization have a written policy			
_	violations, and enforcement of the conservat Staff and volunteer hours devoted to monitor			
6	Starr and volunteer nours devoted to monitor	ring, inspecting, and emorcing	Conservation eas	sements during the year
7	Amount of expenses incurred in monitoring,	inspecting and enforcing con	servation easeme	ints during the year
•	► \$	inspecting, and emoreing con	SCI VALION CASCING	into during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the	requirements of s	ection
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			1 1
9	In Part XIII, describe how the organization re			
•	balance sheet, and include, if applicable, the			
	the organization's accounting for conservation			
Par	Organizations Maintaining Collection	ons of Art, Historical Treasu	res, or Other Sim	ilar Assets.
	Complete if the organization answered	d "Yes" to Form 990, Part IV, I	ine 8.	
1a	If the organization elected, as permitted und	er SFAS 116 (ASC 958), not t	o report in its reve	enue statement and balance sheet
	works of art, historical treasures, or other sin	,	•	
	of public service, provide, in Part XIII, the tex			
b	If the organization elected, as permitted und			
	works of art, historical treasures, or other sin			
	of public service, provide the following amou	ints relating to these items		
	(i) Revenues included in Form 990, Part VIII			▶.\$
	(ii) Assets included in Form 990, Part X .			▶ \$
2	If the organization received or held works of			
	following amounts required to be reported un	nder SFAS 116 (ASC 958) rela	ating to these item	ns
а	Revenues included in Form 990, Part VIII, lir	ne 1 .		► \$
b	Assets included in Form 990, Part X.		•	▶ \$

Part IV Comparizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sched	ule D (Form 990) 2012 St. Louis Art Museun	n Foundation					43-13744	79		Page 2
sue of its collection tems (check all that apphy): Description Desc	Pari	Organizations Maintaining Co	llections of Ar	t, Historica	l Trea	sures, or Ot	her S	Similar Assets (d	continu	ıed)	
a Public exhibition d	3			er records, ch	eck ar	ny of the follow	ving t	hat are a significar	nt		
Preservation for future generations	а			d 🔲	Loan c	or exchange p	rogra	ms			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part X IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization on agent, irustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X/III and complete the following table: If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance.	b	Scholarly research		е 🗍	Other						
Privide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part XIII. Suring the year, did the organization solicit or receive donations of art, historical treasures, or other simular assets to be sold to raise funds rather than to be maintained as part of the organization collection?		= '	e	- 🗀							
Part XIII Source Part XI				d ovalaia bov	u thou	further the ord	aniz.	ation's event nur	nosa ir		
Secretary Secr	4	Part XIII.		•					, , , , , , , , , , , , , , , , , , ,		
V, line 9, or reported an amount on Form 990, Part X, line 21. Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount It It It It It It It		assets to be sold to raise funds rather th	an to be maintai	ned as part o	of the c	organization's	collec	ction?			No
Included on Form 990, Part X?	Pari		_			zation answe	ered '	"Yes" to Form 99	0, Paı 	t 	
If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, cus	stodian or other i	intermediary	for cor	ntributions or o	other	assets not			i
Beginning balance C Amount C Amount C Amount C Additions during the year C Id Id									Ye	s 🔲	No
C Beginning balance 1c 0 0	b	If "Yes," explain the arrangement in Part	XIII and comple	te the followi	ng tab	le:					
Additions during the year 16							-		nount		
e Distributions during the year. f Ending balance. 1											
Finding balance Color C											
Did the organization include an amount on Form 990, Part X, line 21?	_						_				
B	ī	•							7,,		
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	2a	-							Ye	°닏	NO
1	b								<u>· · · · · </u>		<u> </u>
1a Beginning of year balance	Part	V Endowment Funds. Complete	e if the organiza	tion answei	red "Y						
Describe the earnings gains and losses 11,290,052 2,648,819 865,480 595,527 1,916,450			· · · · · · · · · · · · · · · · · · ·	<u>``</u>	 +				(e) Fo		
C Net investment earnings, gains, and losses 13,141,911 -2,249,548 11,635,328 18,018,862 -24,189,258 Grants or scholarships 0 0 0 0 0 0 Other expenditures for facilities and programs 424,266 639,190 1,885,994 45,850 45,078 Administrative expenses 65,101 62,574 66,799 58,561 430,930 End of year balance 102,254,422 78,311,826 78,614,319 68,066,304 49,556,326 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment 42% C Temporarily restricted endowment 42% Temporarily restricted endowment 42% Temporarily restricted endowment 22% The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) X If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) X Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Describings 0 0 0 0 0 Describings 0 0 0 0 Describings 0 0 0 0 Describings 0 0 0 0 Describings 0 0 0 0 Describing 0 0 0 0 Describing 0 0 0 0 Describing 0 0 0 0 Describing 0 0 0 0 Describing 0 0 0 0 Describing 0 0 0 0 Describing 0 0 0 0 Describing 0 0 0 0 Describing 0 0 0 0 Describing 0 0 0 0 Describing 0 0 0 0 Describing 0 0 0 Describing 0 0 0 0 Describing 0 0 0 0 Describing 0 0 0 0 Describing 0 0 0 Describing 0 0 0 0 Describing 0 0 0 0 Describing 0 0 0 Describing 0 0 0 Describing 0 0 0 Describing 0 0 0 Describing 0 0	1a			···-							
and losses	b		11,290,052	2,64	8,819	865	,480	595,527		1,91	<u>6,450</u>
Composition Composition	С			0.04		44.005		40.040.000		04.40	0.050
e Other expenditures for facilities and programs				-2,24		11,635				<u> 24, 18</u>	
Administrative expenses		·			4	····	- 4				
f Administrative expenses 65,101 62,574 66,799 58,561 430,930 g End of year balance 102,254,422 78,311,826 78,614,319 68,066,304 49,556,326 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 36% Permanent endowment 42% c Temporarily restricted endowment 22% The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) X (ii) related organizations 3a(i) X	е	· .	424 266	63	0 100	1 885	١٨٥٥	<i>4</i> 5 850		4	5 078
g End of year balance . 102,254,422 78,311,826 78,614,319 68,066,304 49,556,326 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment	f										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
Board designated or quasi-endowment 42% C Temporarily restricted endowment 22% The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations. (iii) related organizations. (iii) related organizations. (iii) related organizations. (iv) unrelated or	_						· · · · · ·				
b Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations. b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value depreciation 1a Land Describe in Part XIII the intended uses of the organization's endowment funds. Description of property (a) Cost or other basis (other) Description of property (a) Cost or other basis (other) Description of property (a) Cost or other basis (other) Description of property (b) Cost or other basis (other) Description of property (c) Accumulated depreciation (d) Book value Description of property (d) Book value O O O O O O O O O O O O O O O O O O O	a	•	•			(//					
The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations. b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b	- · · · · · · · · · · · · · · · · · · ·	42%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations .	С	Temporarily restricted endowment	22%								
Organization by: Yes No											
(i) unrelated organizations. 3a(i) X (ii) related organizations. 3a(ii) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 e Other 0 0 0 0	3a	Are there endowment funds not in the po	ossession of the	organization	that a	re held and ac	<i>i</i> mınis	stered for the	r		
(ii) related organizations								1		Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?											
Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 0 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 e Other 0 0 0 0								ł			
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 0 b Buildings 0 0 0 0 0 c Leasehold improvements 0 0 0 0 0 d Equipment 0 0 0 0 0 e Other 0 0 0 0 0	b						•		3D		
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 0 b Buildings 0 0 0 0 0 c Leasehold improvements 0 0 0 0 0 d Equipment 0 0 0 0 0 e Other 0 0 0 0 0	4										
(investment) basis (other) depreciation 1a Land 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 e Other 0 0 0 0	Part	······································							44) D		
1a Land 0 0 0 b Buildings 0 0 0 c Leasehold improvements 0 0 0 d Equipment 0 0 0 e Other 0 0 0		Description of property		E .					(a) BC	ok valu	2
b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 e Other 0 0 0 0	10	Land	(
c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 e Other 0 0 0 0	_							0			
d Equipment 0 0 0 e Other 0 0 0		5									
e Other 0 0 0 0	_				_						
	-							0			
			ust equal Form 9	990, Part X, c	olumn	(B), line 10(c)).	•			0

Page 3

Part VII	Investments—Other Securiti	es. 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) Financia	derivatives	0		
	neld equity interests	0		
(3) Other				
(<u>A</u>)				
(<u>B</u>)				
(ō)				
(E)				
(F)				
(G)				
(H)				_
(l)				
Total. (Column (b.	must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Relat	ed. See Form 990, Part X	(, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)			<u></u>	
<u>(4)</u> (5)				
(6)				
(7)				
(8)				_
(9)				
(10)				
	must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets. See Form 990,	Part X, line 15.	······································	
	()	a) Description	(b) Book value	
(1)				
(2)				_
(4)		· · · · · · · · · · · · · · · · · · ·		
(5)				
(6)				
(8)				_
(9)	·····			
(10)				
	mn (b) must equal Form 990, Part X, o		<u>></u>	0
Part X	Other Liabilities. See Form 99		<u> </u>	
1.	(a) Description of liability	(b) Book value		
	income taxes ons under split interest agreements	0 255,841		
(3) (gift ani		255,041		
(4)	iditios			
(5)				
(6)_				
(7)				
(8)				
(9)				
(10)				
(11)		<u></u>		
	must equal Form 990, Part X, col (B) line 25)	255,841		
2. FIN 48 (ASC	740) Footnote In Part XIII, provide the text of	the footnote to the organization's fil	inancial 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.

Pari	XI Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements .			1	32,380,280
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	10,555,181		
b	Donated services and use of facilities	2b	C		
С	Recoveries of prior year grants	2c	C		
d	Other (Describe in Part XIII.)	2d	C		
е	Add lines 2a through 2d			2e	10,555,181
3	Subtract line 2e from line 1			3	21,825,099
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	0		
b	Other (Describe in Part XIII.)	4b	0		
C	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	٠	<u>.</u>	5	21,825,099
Part	XII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses p	er Return	
1	Total expenses and losses per audited financial statements			1	35,111,572
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
С	Other losses	2c	0		
ď	Other (Describe in Part XIII.)		0		
е	Add lines 2a through 2d			2e	0
3	•			3	35,111,572
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	0		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>.) . </u>		5	35,111,572
	XIII Supplemental Information				
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, and 9; Part I	art III, I	ines 1a and 4; Par	rt IV, lines 1	b and 2b;
Part V	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. A	lso con	nplete this part to	provide any	
additio	onal information.				
Part \	Line 4 Income from endowment funds is used to support the Saint Louis Art M	lucoum	n'e		
	tane i moonie nom endewment unter is used to support the can't Louis At M	useuii			
opera	tions, art purchases and other programs and purposes designated by the dono	rs. The			
Invest	ment Committee recommends the harvest rate each year. The Finance Commi	ttee			
recom	mends the budget each year. These recommendations are approved by the go	vernin	g		
poard	In 2012, the Board approved the use of endowment harvest for art purchases	only.			
Part X	Line 2 Stand alone financial statements of the Foundation are not prepared. To	he			
Found	ation is presented as a blended component unit of The Saint Louis Art Museum	n. The			
Eouna	ation and The Saint Louis Art Museum prepare and present statements in acco	rde	_		
ound	ation and the Saint Louis Art wuseum prepare and present statements in acco	лаапсе	3	Cabadula D	/F 000\ 0010
				ocueanie D	(Form 990) 2012

Scheanie D (Forn	1 990) 2012 St. Louis Art Museum Foundation	43-13/44/9	Page 5
Part XIII	Supplemental Information (continued)		
with goverme	ntal accounting standards as required by the Museum, therfore, no FIN 48		
footnote is re	quired for the Foundation		
	tanos io, ale i candation		
			· - • • • • • • • • • • • • • • • • • •
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			• • • • • • • • • • • • • • • • • • • •

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

St.	Louis Art Museum Foundation					43-13	
Pa	Fundraising Activities. C Form 990-EZ filers are not	=	-		ered "Yes" to Forn	n 990, Part IV, lin	e 17.
1	Indicate whether the organization				ving activities. Chec	ck all that apply.	<u> </u>
а	—				of non-government		
b	=		=		of government gran	-	
c	H.,		=		raising events		
d	In-person solicitations		у 🗀 о	pcciai iana	raioning events		
				arria dirridor	al (in alcelina afficace		
2a	key employees listed in Form 990,	•		•	•		Yes No
L		-	-		•	-	
b	If "Yes," list the ten highest paid in to be compensated at least \$5,000		-	aisers) pur	suant to agreemen	is under which the	iundraiser is
	to be compensated at least 45,000	by the organiz	auon.				
		T	T			(v) Amount paid to	
	(i) Name and address of individual	(ii) Activity	4 ' '	draiser have r control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(, /		utions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No		ω. (i)	
1							_
2		-	<u> </u>		0	0	0
2					o	. 0	0
3							
4			 		0	0	0
5					0	0	0
<u> </u>					o	0	0
6					0	0	0
7					0	0	0
8					0	0	
9			 		o o	U	0
40			-		0	0	0
10					0	0	0
Tota	1				0	0	0
3	List all states in which the organiza				t contributions or h	as heen notified it i	
·	registration or licensing.	mon io regiotor	,a or 1100110	ca to conc.		ao been nouned a i	o exempt nom
	g or noonling.						
			• • • • • • • • • • • • • • • • • • • •				
· -							
·							
				• • • • • • • • • • • • • • • • • • • •			

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events fundraiser NONE (add col (a) through col (c)) (event type) (event type) (total number) Revenue Gross receipts 911,995 911,995 Less Contributions . . 2 843,295 843,295 Gross income (line 1 minus line 2) 68,700 68,700 4 Cash prizes 0 Noncash prizes 0 0 Direct Expenses Rent/facility costs 0 0 Food and beverages . . . 0 Entertainment . . . 0 0 Other direct expenses . . 0 0) Net income summary. Combine line 3, column (d), and line 10. 68,700 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue. 0 Direct Expenses Cash prizes 0 Noncash prizes 0 Rent/facility costs Other direct expenses . Yes % Yes Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) 0) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . b If "Yes," explain:

Schede	ule G (Form 990 or 990-EZ) 2012 St. Louis Art Museum Foundation	<u>43</u> -	1374479	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:	-		
а	•	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	;		
	Name ▶			
	Address >	·		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. [Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the	•		_
	amount of gaming revenue retained by the third party ▶ \$0 .			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►	. 		
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	-	_	
b	retain the state gaming license?	. [Yes	No
	or spent in the organization's own exempt activities during the tax year 🕨 💲			0
Part	Supplemental Information. Complete this part to provide the explanations required by Pa (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complet provide any additional information (see instructions).			
	provide any additional information (see instructions).			
	•			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. See separate instructions. OMB No 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

Department of the Treasury

Internal Revenue Service

St. Louis Art Museum Foundation 43-1374479 **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . Indicate which, if any, of the following the filing organization used to establish the compensation of the 3 organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: 5a 5b Х If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization?................. 6a 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 7 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 Х 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?.

43-1374479

St Louis Art Museum Foundation

Partil Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

NOTE: THE SUIT OF COUNTY SOUTH SECTION OF EACH INSECTION OF THE SUIT OF FORM SECTION A, INC. 12, ADDICABLE COLUMN (D) and (E) amounts for that individual (B) Breakdown of W-2 and/or 1099-MISC compensation	200	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	tion A, line 1a, applica	able column (U) and	(E) amounts for that	ndividual.
of the owe N(A)				IIII Other	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
אמוום מווס ווויפ		(l) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	penens	(a)-(ı)(a)	reported as deferred in prior Form 990
Brent Benjamin	ε						0	
1 President and Director of Museum	(ii)	406,694	0	27,416	219,930	16,288	670,328	0
Carolyn Schmidt	(3)						0	
2 Controller and Deputy Director of Ad	Ξ	245,218	0	2,678	44,825	10,174	302,895	0
Carl Hamm	(:)							
3 Deputy Director for External Affairs	(II)	188,441	0	1,762	0	9,502	199,705	0
Linda Thomas	(1)							
4 Asst. Director for Exhibitions	(E)	142,440	0	1,556	29,979	9,855	183,830	0
Bradley Haberer	(1)							
5 Director for Accounting	€	109,883	0	506	83,449	7,008	200,846	0
James Burke	€						0	
6 Former Museum Director	(II)	96,348	0	0	O	0	96.348	97.732
	(1)							
7	€					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
	(3)							
8	E							
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4	€ €							
9								

Schedule J (Form 990) 2012

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service St. Louis Art Museum Foundation

Name of the organization

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► See separate instructions. Attach to Form 990.

Open to Public OMB No 1545-0047

Employer Identification number

43-1374479

Schedule K (Form 990) 2012 (i) Pooled financing Yes No ŝ ş No Yes No (h) On behalf of Yes Yes (g) Defeased Yes ŝ ŝ O 45,994,963 Museum Expansion or addition (f) Description of purpose Yes Yes ŝ ဥ മ 0 Yes Yes 110,630 (e) Issue puce 2,825,535 538,732 46,001,108 717,724 41,808,487 ŝ ဍ × × × 2013 4 Yes Yes (d) Date Issued × 12/14/2009 × Are there any lease arrangements that may result in private business use Was the organization a partner in a partnership, or a member of an LLC, Does the organization maintain adequate books and records to support (c) CUSIP # 852310 Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? 43-7163465 (b) Issuer EIN which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds A The Industrial Development Authority of the C Capital expenditures from proceeds Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds the final allocation of proceeds? . Private Business Use Gross proceeds in reserve funds Year of substantial completion. Proceeds in refunding escrows Issuance costs from proceeds of bond-financed property?. (a) Issuer name Other unspent proceeds Amount of bonds retired Total proceeds of issue **Bond Issues** Other spent proceeds Proceeds Part III 4 S 9 တ 9 13 4 5 9 ω 7 $\mathbf{\omega}$

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

Schedule K (Form 990) 2012 St. Louis Art Museum Foundation

Part III Private Business Use (Continued)

Page 2

43-1374479

Part III Private Business Use (Continued)								
		A		В		ပ		<u> </u>
3a Are there any management or service contracts that may result in private	Yes	S N	Yes	N	Yes	2	Yes	No
	×							,
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×							
c Are there any research agreements that may result in private business use of bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
ess use as a								2
result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		×						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-22	×							
Part IV Arbitrage								
	,	A		В		ပ		۵
	Yes	No	Yes	No	Yes	No	Yes	No
		×						
1	,							
A Repate not due yet?	×	1						
1								
If you checked "No rebate due" in line 2c, provide in Part VI the date the								
l								
3 Is the bond issue a variable rate issue?	×							
4a Has the organization or the governmental issuer entered into a qualified		>						
b Name of provider		<						
1								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
							Schedule K (Form 990) 2012	orm 990) 2012

Schedule K (Form 990) 2012

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

►Attach to Form 990.

Employer identification number St. Louis Art Museum Foundation 43-1374479 Types of Property Part I (c) (a) (b) (d) Noncash contribution Check If Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art 1 Art—Historical treasures . . . 2 Art—Fractional interests . . . 3 Books and publications . . . 5 Clothing and household goods 6 Cars and other vehicles . . . Boats and planes 7 8 Intellectual property X 47 9 Securities—Publicly traded . . 5,118,927 market value day of gift 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . 13 Qualified conservation contribution-Historic structures 14 Qualified conservation contribution-Other Real estate—Residential . . . 15 16 Real estate—Commercial . . . Real estate-Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . 23 Scientific specimens 24 Archeological artifacts . . . 25 Other ► (26 Other ► (____) 27 Other ► (_____) 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is

checked, describe in Part II

SCHEDULE O

(Form 990 or 990-EZ)

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.

2012
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

St. Louis Art Museum Foundation 43-1374479

Form 990 Part VI Section A Line 6 & 7(a) The Saint Louis Art Museum is the sole member of the

Form 990 Part VI Section A Line 6 & 7(a) The Saint Louis Art Museum is the sole member of the
St. Louis Art Museum Foundation. The Board of Commissioners of the Art Museum appoints the
officers of the Foundation. The Director, President and Treasurer of the Board of
Commissioners of the Art Museum are officers of the Foundation's Board. They serve the
Foundation as President, Vice President and Treasuer, respectively. The Controller of the
Museum also serves as the Controller of the Foundation The Secretary of the Foundation is an
attorney in residence at the firm of the Museum's legal counsel.
Form 990 Part VI Section B Line 11(a) The Form 990 is reviewed by the Audit Committee of the
Museum. The Foundation's President and Controller attend the Audit Committee meetings. The
Foundation Board has delegated the review of the 990 to this committee. The Board of Directors
of the Foundation receive the report of the Audit Committee's review and acknowledge it's
receipt.
Form 990 Part VI Section B Line 12(c) Each Member of the Art Museum Board of Commissioners,
Board of Trustees, Friends Board, key managemnt staff and Foundation Trustees is required to
disclose annually conflicts of interest or potential conflicts of interest he or she may have
with the Art Museum or the Foundation. Each filing is reviewed by the Museum's legal counsel,
Director and Governance Committee. The filing is reported to the Board of Commissioners of the
Museum for approval. The Foundation's governing board has delegated this responsibility to
this body and is apprised of the results of this review and any actions taken
Form 990 Part VI Section B Line 15(b) The Foundation does not have employees. The President
and Controller of the Foundation serve as Director and Controller of the Museum, respectivley,
and are compensated by the Museum. See Part VII-Section A. The Director's compensation is set
by the Board of Commissioners of the Museum. The Commission appoints an Executive Compensation
Committee annually to review and recommend compensation of the Director The Committee engages
an independent compensation consultant to assist in developing its recommendation to the Board
of Commissioners The Commission votes on the compensation of the Director annually. The

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization St Louis Art Museum Foundation	Employer identification number 43-1374479
Committee also reviews the salaries of the senior manageent. Salary surveys and period	
studies are performed to set compensation for employees	
Form 990 Part VI Section C Line 19 The IRS Form 990 is available on the Museum's We	bsite
(www slam.org) and upon request in the Controller's office at the Saint Louis Art Museum)
	-
•••••••••••••••••••••••••••••••••••••••	
	••••••

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

(2)

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(5)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Related Organizations and Unrelated Partnerships

► See separate instructions.

▶ Attach to Form 990.

OMB No 1545-0047

Employer identification number

(f) Direct controlling 43-1374479 (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity St Louis Art Museum Foundation

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

(9)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled /?
						Yes No	٩
(1) Saint Louis Art Museum 43-1056957 1 Fine Arts Drive St Louis, MO 63110	Art Museum	MO	501(c)(3)	2	A/N		×
[2]							
(3)							
[4]							
(5)							
(9)							
(1)							

Schedule R (Form 990) 2012

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

Schedule R (Form 990) 2012

(k) Percentage - ownership (I) Section 512(b)(13) controlled ŝ Yes Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Part (j) General or å managing partner? (h) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Yes 43-1374479 amount in box 20 of Schedule K-1 (Form 1065) (I) Code V—UBI (g) Share of end-of-year assets (h)
Disproportionate
allocations? å (f) Share of total income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (g) Share of end-ofyear assets (e)
Type of entity
(C corp. S corp. or trust) because it had one or more related organizations treated as a partnership during the tax year.) (f) Share of total income (d)
Direct controlling entity (e)
Predominant
income (related, excluded from unrelated, tax under (c)
Legal domicile
(state or foreign country) (d)
Direct controlling | entity (b) Primary activity (c)
Legal
domicile
(state or
foreign Primary activity (a) Name, address, and EIN of related organization (1) (7) (a) Name, address, and EIN of related organization Part IV Part III 2 (3) €. (2) E (2) 3 ₹. \mathbf{C} 9 (2) 9

Schedule R (Form 990) 2012

Schedule R (Form 990) 20

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Part V

Page 3

43-1374479

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
from a controlled entity.
Lease of facilities, equipment, or other assets to related organization(s).........................
organization(s)
Performance of services or membership or fundraising solicitations for related organization(s)
Performance of services or membership or fundraising solicitations by related organization(s)
s with related organization(s)
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,
(1) Saint Louis Art Museum (see 990 Part III Statement of Program Services)

43-1374479

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

(a)	(q)	(၁)		(e)		(1	Ē	(E)		(5)	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant	Are all partners		Share of	Share of	Disproportionate	ate Code V—UBI		General or	Percentage
			unrelated, excluded	section 501(c)(3)		otal income			of Schedule K-1		managing partner?	ownersnip
			section 512-514)	Olgariizatio				L.	(Form 1063)		4	
(1)					2			<u> </u>		ខ្ល		
(2)												
(3)												
[4]											_	
(5)					-					<u> </u>		
(9)			,								-	
(7)											_	
(8)										-		
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(10)												
(11)											ļ	
(12)												
(13)												
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(16)												
									Š	chedule	R (Form	Schedule R (Form 990) 2012

Schedule R (Fo	orm 990) 2012 St. Louis Art Museum Foundation	43-1374479	Page 5
Part VII	Supplemental Information		
,	Complete this part to provide additional information for responses instructions).	to questions on Schedule R (see	
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