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# 990

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Open to Public Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service and ending For the 2013 calendar year, or tax year beginning Check if applicable C Name of organization St Louis Art Museum Foundation D Employer identification number Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) 43-1374479 Name change One Fine Arts Drive E Telephone number Initial return City or town ZIP code (314) 721-0072 MO 63110-1380 St Louis Terminated Foreign postal code Foreign province/state/county Foreign country name 27,149,307 Amended return G Gross receipts \$ F Name and address of principal officer Yes X Application pending H(a) Is this a group return for subordinates? Carolyn Schmidt One Fine Arts Drive, St Louis, MO 63110-1380 H(b) Are all subordinates included? If "No," attach a list (see instructions) X 501(c)(3) Tax-exempt status ) < (insert no ) 4947(a)(1) or Website: ► www slam org H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation M State of legal domicile 1985 MO **Summary** Part I Briefly describe the organization's mission or most significant activities: The Foundation is organized for the sole benefit of, and to carry out in every manner the purposes of, The Saint Louis Art Museum, including encouraging philanthropic contributions to support the Museum Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 2 Total number of individuals employed in calendar year 2013 (Part V, line 2a). 5 0 Total number of volunteers (estimate if necessary). 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 18,149,014 5,871,693 941,016 9 Program service revenue (Part VIII, line 2g) . 605,185 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 2,650,347 6,724,208 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 84,722 28,513 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13,229,599 12 21,825,099 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e). Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 35,111,572 6,236,344 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 35,111,572 6,236,344 19 Revenue less expenses. Subtract line 18 from line 12 -13.286.473 6,993,255 **Beginning of Current Year** End of Year 174,582,146 20 Total assets (Part X, line 16) 150,756,058 21 Total liabilities (Part X, line 26) 46,459,106 46,491,814 22 Net assets or fund balances Subtract lines21 104,296,952 128,090,332 Signature Block Under penalties of perjury, I depare that I have examined this return including accompanying spherousles and statements, and to the best of my knowledge and belief, it is true, correct, and complete penalties of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Brent Benjamin, President Type or print name and title

Preparer's signature

SELF-PREPARED RETURN

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Check

Firm's EIN ▶

Phone no

self-employed

Form 990 (2013)

Yes

Print/Type preparer's name

Firm's name

Firm's address ▶

Paid

Preparer

Use Only

Form 990 (2013)

43-1374479 Form 990 (2013) St Louis Art Museum Foundation Page 3 Part IV **Checklist of Required Schedules** Yes Νo 1 'Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . 3 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Х 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . 7 Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Χ 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI. b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11b Х c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Form 990 (2013)
Part IV ` St Louis Art Museum Foundation
Checklist of Required Schedules (continued)

			Yes	No
21 '	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a	Х	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			.,
	disqualified persons? If so, 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	27		_
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	78	X
28	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		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	,		v
20	Part I	31		X
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		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_X_
33	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		Х
	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			
	VI	37		Х
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	Χ	<u> </u>
		Form	990	(2013)

Form 990 (2013)	St Louis Art Museum Foundation			43-	1374479	P.	age 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			•		[	
		_				Yes	No
1a Enter th	ne number reported in Box 3 of Form 1096 Enter -0- if not applicable	. 1	а		0		

				H
4-	Establish asserbas asserted in Pay 2 of Form 1006. Enter O. if not applicable		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	· .	<i>3</i>	
C	gaming (gambling) winnings to prize winners?	1c	n	/a
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ý ¥80g.	3.55	<del>-</del>
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	. ^		1.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	<u> </u>
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X &	Sant.	4 A
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	 	X
b	If "Yes," enter the name of the foreign country			1
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		\$ 30°	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	<u> </u>	<del>                                     </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
L	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	$\vdash$	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	'	1
7	Organizations that may receive deductible contributions under section 170(c).		1.00 m	32.0
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		7 W 4	38 <sup>7</sup>
а	and services provided to the payor?	7a	X	11961 6
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		- Parried - L. Sa	3.5
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	n/	<u>a</u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	n/	<u>a</u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	32.0	净净	ac.
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	-	1.2.10	- X-
•	organization, have excess business holdings at any time during the year?	8	n/	
9	Sponsoring organizations maintaining donor advised funds.	9a		1
a	Did the organization make any taxable distributions under section 4966?	9b		a
ь 10	Section 501(c)(7) organizations. Enter	*	n/	- 32,
a	Initiation fees and capital contributions included on Part VIII, line 12	\$		100 Y
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b n/a	* :		4
11	Section 501(c)(12) organizations. Enter	<b>**</b>	2 80 - 1/2	<b>*</b>
а	Gross income from members or shareholders . 11a n/a	1	•	* *
b	Gross income from other sources (Do not net amounts due or paid to other sources		~~ (A)	-%« -
	against amounts due or received from them )			2 5
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ş* -:	*	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	* * .	<del> </del>	<u>_</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	n/	a
_	Note. See the instructions for additional information the organization must report on Schedule O	× % /	_	١.
b	Enter the amount of reserves the organization is required to maintain by the states in which	P .		
_	the organization is licensed to issue qualified health plans  13b n/a			
C 140	Enter the amount of reserves on hand  Did the ergonization reserves any payments for indeer tanging convect during the tay year?	<del>  * `</del>	+-	X
14a h	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		_
<u> </u>	in res, has it lied a routh report these payments in two, provide an explanation in scriedule O	140	<del>''/</del>	<u> </u>

Part VI

St Louis Art Museum Foundation 43-1374479 Page 6

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion 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		ŀ	
	if the governing body delegated broad authority to an executive committee or similar	*	'	4
	committee, explain in Schedule O		*	` · ·
b	Enter the number of voting members included in line 1a, above, who are independent	2	~*	5, 4
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		. , .	- 9
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		_ X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	), 🦓,	، البر	45,200
	the year by the following.	7 3		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code )		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	97		10.4
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts'	12b	X	<u> </u>
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	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by		3.5	1 % 4
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	\$ 250	24.7	*>
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	4.49	. · · · ·	*1
16a		. ~ w	<u>. 4</u> 3	34
	with a taxable entity during the year?	16a	L	X.,
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		1	
	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> </u>
<u>Sect</u>	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ IL ▶ IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	1(c)(3)s	only)	)
	available for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain in Schedule			. '
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere	st polic	y, and	1
••	financial statements available to the public during the tax year	u		
20	State the name, physical address, and telephone number of the person who possesses the books and records of			
	organization Carolyn Schmidt (314) 721-	00/2		

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

<u> </u>	<u></u>							•		
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, i	unles er an	Pos eck s pe	rson	n of the Highest compensated to be completed employee	an ee)	(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) Barbara B Taylor	0 00									
Vice President	5.00			X				0	0	0
(2) W Randolph Baker	0 00	4								
Treasurer	5.00		<u> </u>	X				0	0	0
(3) Brent Benjamin	0 00									
President & Director of Museum	45.00			Х				0	427,216	240,359
(4) Carolyn Schmidt	0.00									
Deputy Director of Administration & Controller	45.00			Х				0	257,856	113,618
(5) David A Linenbroker	0 00									
Secretary	5 00		<u> </u>	Χ				0	0.	0
(6) Carl Hamm	0.00									
Deputy Director of External Affairs	40 00		L			Х		0	193,759	11,770
(7) Linda Thomas										
Asst Director for Exhibitions	40 00					Х		0	147,931	40,727
(8) Paul Haner	0 00									
Director for Conservation	40 00					Х		0	114,152	60,368
(9) Jason Stockmann	0 00									
Director for Information Systems	40 00					Х		0	109,628	20,085
(10) Bradley Haberer	0 00	]								
Director for Accounting	40 00		ļ			Х		. 0	115,906	79,768
(11) James Burke	0 00									
Former Museum Director	0 00						Х	0	116,128	0
(12)										
(13)										
(14)										
		L	Ц	ــــــا				l		

,	(A) Name and title	(B) Average hours per	(do n box, u	ot ch unles	Pos eck s pe d a d	c) ition more rson	e than	one n an tee)	(D) Reportable compensation	(E) Reportable compensation	(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)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)						_					
(16)											
<u>(17)</u>											
(18)											
<u>(19)</u>											
(20)											
(21)											
(22)							-				
(23)											
(24)		• • • • • • • • • • • • • • • • • • • •									
(25)											
1b c d	Sub-total  Total from continuation sheets to Part VII, S  Total (add lines 1b and 1c)	Section A		<b>.</b>			•	<b>&gt; &gt; &gt;</b>	0 0	(	0
2	Total number of individuals (including but not reportable compensation from the organization					) wl	no re	ceiv	<u> </u>		000,033
3	Did the organization list any former officer, die employee on line 1a? If "Yes," complete Sche	rector, or trustee	e, key	em	plo	yee	, or h	ngh	est compensate	ed	Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations greundividual										4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "	•							•	ndıvıdual	5 X
Sec	tion B. Independent Contractors										1 - 1 1
1	Complete this table for your five highest comp compensation from the organization Report c year	•									
	(A) Name and business add	ress							(B) Description of ser	vices	(C) Compensation
		· · · · ·									0
									<del></del>		0
								-			0 0
											0
2	Total number of independent contractors (inclimore than \$100,000 of compensation from the	-	nited ►	to th	os	e lis	ted a	bov	ve) who received	d 🧖	

Catalog of Devenue

Par	t VIII	Statement of Revenue Check if Schedule O contain	ns a response o	r note to any line	e in this Part VIII.			
			· /	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grasimilar amounts not included all	ants, and	2,257,397 111,020 0 0	, , , , , , , , , , , , , , , , , , ,		* * * * * * * * * * * * * * * * * * *	
Contri and O	g h	Noncash contributions included in lines 1a-1f \$		244,903				****
e Revenue	2a b	Membership equivalent value Membership program events		Business Code 900099 900099	604,435 750	750		* v. * * * * * * * * * * * * * * * * * *
Program Service Revenue	d e f	All other program service rever	ue		0			
	<u>g</u> 3	Total. Add lines 2a–2f Investment income (including d	ıvıdends, ıntere	st, and				
	4 5	other similar amounts) . Income from investment of tax-Royalties	exempt bond pr	oceeds .	2,813,180			2,813,180
	6a b c	Gross rents . Less: rental expenses . Rental income or (loss) .	(i) recar					
		Net rental income or (loss) Gross amount from sales of assets other than inventory. Less cost or other basis	(i) Securities 17,830,703				Av :	**************************************
	c d	and sales expenses Gain or (loss)  Net gain or (loss)	13,919,708 3,910,998		<b>-1</b> '	·[		3,910,99
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18.	111,020 e 1c) a	22,125				
the		Less direct expenses	b	0	12 3 A S - 17 - 18 - 18 - 18 - 18 - 18 - 18 - 18		1 2 2 2 3 3	~ * * * * ·
J		Net income or (loss) from fundr Gross income from gaming acti See Part IV, line 19	_	. •	22,125		* , - ; * ;	22,125
	С	Less direct expenses Net income or (loss) from gami Gross sales of inventory, less	b	0	<b>- </b> ® \$\\ \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	3 . 🛊 /		* * * * * * * * * * * * * * * * * * *
	b c	Net income or (loss) from sales	a b of inventory	0	-		. , ,	
	11a b	Miscellaneous Revenue  Litigation settlements from brok	erage house	Business Code 541100	4,428 0	1		4,428
	c d e	All other revenue Total. Add lines 11a–11d		<b>•</b>	1,960 6,388	1,960		
	12	Total revenue. See instruction:	S	<b>&gt;</b>	13,229,599		0	6,750,76

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column	(A)
---	-----

Check if Schedule O contains a response or note to any line in this Part 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	0		Ť.,			
2	Grants and other assistance to individuals in the			,				
	United States See Part IV, line 22	0	0					
3	Grants and other assistance to governments,							
	organizations, and individuals outside the	_		¥ & *·				
	United States See Part IV, lines 15 and 16	0		<u> </u>				
4	Benefits paid to or for members	0	0	2 \$ 6-2 6 7 4				
5	Compensation of current officers, directors,	0						
6	trustees, and key employees		0					
O	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B) .	0	o					
7	Other salaries and wages	0						
8	Pension plan accruals and contributions (include							
_	section 401(k) and 403(b) employer contributions)	0	. 0					
9	Other employee benefits	0	0		<del></del>			
10	Payroll taxes	0	0					
11	Fees for services (non-employees):			-	1 1 1			
а	Management	1,986		1,986				
b	Legal	1,057		1,057				
C	Accounting	3,900		3,900	<u> </u>			
d	Lobbying	120,000		120,000				
е	Professional fundraising services See Part IV, line 17							
f	Investment management fees	77,808		77,808				
g	Other (If line 11g amount exceeds 10% of line 25, column	_						
	(A) amount, list line 11g expenses on Schedule O)	0						
12	Advertising and promotion	0						
13	Office expenses	0						
14 15	Information technology	0						
16	Occupancy	0						
17	Travel	0	<del></del>		· · · · · · · · · · · · · · · · · · ·			
18	Payments of travel or entertainment expenses	- <u></u>						
	for any federal, state, or local public officials	0						
19	Conferences, conventions, and meetings	0	-					
20	Interest .	0						
21	Payments to affiliates	0						
22	Depreciation, depletion, and amortization	0	0	0	0			
23	Insurance	10,754		10,754	7 1000 1000 1000 100			
24	Other expenses Itemize expenses not covered			, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·			
	above (List miscellaneous expenses in line 24e If	4, 5 4 3 4 4	i s	, , ,	5 0 1 4 4 6 ° 1			
	line 24e amount exceeds 10% of line 25, column	1 3 3 4 6 6	×	٠ ١ ٨ ١ ١	2 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
_	(A) amount, list line 24e expenses on Schedule O ) Program expenses to Saint Louis Art Museum	5,861,512	5,861,512	>	8 A March 1-1 - 684			
a b	Write-off of uncollectible pledges	151,660		151,660				
C	Bond insurance costs	7,667		7,667				
d	252	0		7,007	<del>-</del>			
e	All other expenses	0						
25	Total functional expenses. Add lines 1 through 24e.	6,236,344	5,861,512	374,832	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							
	following SOP 98-2 (ASC 958-720)							

Form 990 (2013) St Louis A
Part X Balance Sheet

		Charles Cabadata Carataina	a make to any long on the De			
		Check if Schedule O contains a response of	or note to any line in this Pa			
				(A)		(B)
				Beginning of year	4	End of year
	1	Cash—non-interest-bearing .		10.024.102		20.052.024
	2	Savings and temporary cash investments .	•	19,834,103		29,052,924
	3	Pledges and grants receivable, net	12,303,353		10,480,429	
	4	Accounts receivable, net .	25,500	4	<u> </u>	
	5	Loans and other receivables from current and			۰, ۱	
		trustees, key employees, and highest compen Complete Part II of Schedule L	0	5		
	6	Loans and other receivables from other disqualified person	0		<u> </u>	
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), a	•	* * * * * * * * * * * * * * * * * * * *	* * * * *	
		sponsoring organizations of section 501(c)(9) voluntary e	- · · · ·		***** ****	
જ		organizations (see instructions). Complete Part II of Sche		0	6	<u>                                     </u>
Assets	7	Notes and loans receivable, net	33.0 2	0		0
As	8	Inventories for sale or use		0		0
	9	Prepaid expenses and deferred charges	·	0	9	0
	10a	Land, buildings, and equipment cost or			7-8-5	
		other basis. Complete Part VI of Schedule D	10a	o la		
	ь	Less: accumulated depreciation		0 0	10c	0
	11	Investments—publicly traded securities .		117,820,461		135,028,097
	12	Investments—other securities See Part IV, Im	e 11	28,409		20,696
	13	Investments—program-related. See Part IV, lir	0	13	0	
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11 .		744,232	15	0
	16	Total assets. Add lines 1 through 15 (must eq	ual line 34) .	150,756,058	16	174,582,146
	17	Accounts payable and accrued expenses .		184,941	17	0
	18	Grants payable		0	18	0
	19	Deferred revenue	0		0	
	20	Tax-exempt bond liabilities		46,018,324		45,925,992
	21	Escrow or custodial account liability. Complete		0		0
Liabilities	22	Loans and other payables to current and former			الدائرة الإيام المائرة الأيام	
ij		trustees, key employees, highest compensate		· · · x · · · · · · · · · · · · · · · ·		
iat		disqualified persons. Complete Part II of Sche		0		0
	23	Secured mortgages and notes payable to unre		0		0
	24 25	Unsecured notes and loans payable to unrelat Other liabilities (including federal income tax, p	-	<u> </u>	24	0
	25	parties, and other liabilities not included on line	= -			
		Part X of Schedule D	es 17-24) Complete	255,841	25	565,822
	26	Total liabilities. Add lines 17 through 25	•	46,459,106		46,491,814
		Organizations that follow SFAS 117 (ASC 9	58), check here▶ and	- Secondary	£ &	· · · · · · · · · · · · · · · · · · ·
es		complete lines 27 through 29, and lines 33			性・後	
Š	27		and 54.	0	27	· · · · · · · · · · · · · · · · · · ·
ala	27 28	Unrestricted net assets Temporarily restricted net assets	•	0		0 0
8	29	Permanently restricted net assets		0		0
or Fund Balances	23	·		\$ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	, <u>.</u>	\ <b></b>
F		Organizations that do not follow SFAS 117 (ASC958),	check here $\blacktriangleright$ X and	1 m 2 d 4 3 5		· · · · · · · · · · · · · · · · · · ·
	0.0	complete lines 30 through 34.			<u></u>	
se	30	Capital stock or trust principal, or current funds		0	_	0
Net Assets	31	Paid-in or capital surplus, or land, building, or		104,296,952		128 000 333
Net	32 33	Retained earnings, endowment, accumulated Total net assets or fund balances	104,296,952		128,090,332 128,090,332	
_	34	Total liabilities and net assets/fund balances		150,756,058		174,582,146
	<del>     </del>	i otal habilitios and not assots/faila balances		100,100,000	_ ~~	1 77,002,170

Pari	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1:	3,229	,599
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,236	,344
3	Revenue less expenses Subtract line 2 from line 1	3		5,993	,255
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10-	4,296	,952
5	Net unrealized gains (losses) on investments	5	1	7,544	,357
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8		-744	,232
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	i l			
	column (B))	10	128	3,090	<u>,332</u>
Part				_	_
	Check if Schedule O contains a response or note to any line in this Part XII.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u>.                                    </u>	
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		-	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis		2a	9	X *:
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  X Both consolidated and separate basis		2b	X	# * F * F * F * F * F * F * F * F * F *
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? . If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	X	
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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (i	2013)

## SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

2013

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number St Louis Art Museum Foundation 43-1374479 Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 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 4 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). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (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 9 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) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 Type III–Functionally integrated d | Type III–Non-functionally integrated Type I 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? 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? 11g(ii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (i) Name of supported (iii) Type of organization (iv) Is the organization (ii) EIN (v) Did you notify (vi) Is the (vii) Amount of monetary (described on lines 1-9) in col (i) listed in your organization in col organization the organization in support (i) organized in the above or IRC section governing document? col (i) of your (see instructions)) support? US2 Yes No Yes No Yes No (A) (B) (C) (D)

(E)

Sched	lule A (Form 990 or 990-EZ) 2013 St Louis Art Mu	iseum Foundati	on			43-1374479	9 Page <b>2</b>
_	t II Support Schedule for Organization			ns 170(b)(1)(	A)(iv) and 17		
	(Complete only if you checked the						
•	Part III. If the organization fails to				•		anacı
Seci	tion A. Public Support	quality dilucit	ing tests lister	a below, pica.	oc complete i	art III.	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	• • • • • • •	(a) 2003	(6) 2010	(6) 2011	(u) 2012	(6) 2013	(i) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	7.500.544	47.005.004	7.007.500			
_	include any "unusual grants.")	7,560,544	17,305,324	7,287,569	18,149,014	5,871,693	56,174,144
2	Tax revenues levied for the organization's	[					
	benefit and either paid to or expended on						_
_	its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						_
_	organization without charge						0
4	Total. Add lines 1 through 3	7,560,544	17,305,324	7,287,569	18,149,014	5,871,693	56,174,144
5	The portion of total contributions by each	4.44.4	* ~ i & i i	14.20	* * 9 / ~	, ,	
	person (other than a governmental unit	****	307734	* 5		*	
	or publicly supported organization)	18 75 75 75 75 1	* * * * * * * * * * * * * * * * * * *	~ <b>\$</b> .∳ ◆ * ×	<u> </u>		
	included on line 1 that exceeds 2%		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	pomějí v 🎉 es 17 12	Francisco e	*	
	of the amount shown on line 11,	1 × 4 / 7 / 1	***	(会) (1000)	* + * A KAR WAY SO	* · · · · · · · · · · · · · · · · · · ·	
	column (f)		A. A. A. M. 1 4		e • ` * * • ^ ^!	~ ~ ~ ~	25,123,785
6	Public support. Subtract line 5 from line 4		***	A CONTRACTOR	\$ -1 en .\$ . >.		31,050,359
	tion B. Total Support	,					
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	7,560,544	17,305,324	7,287,569	18,149,014	5,871,693	56,174,144
8	Gross income from interest, dividends,						
	payments received on securities loans,	j					
	rents, royalties and income from similar						
	sources	2,013,013	1,871,695	2,346,488	2,607,938	2,813,213	11,652,347
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carned on						0
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	259,003	14,687	61,007	16,022	6,388	357,107
11	Total support. Add lines 7 through 10.			( Albert So. )	12 m of 20m	47 14 W 190 B	68,183,598
12	Gross receipts from related activities, etc. (s	see instructions				12	
13	First five years. If the Form 990 is for the o			rd, fourth, or fif	th tax year as a		(3)
	organization, check this box and stop here				•		. ▶ 🗌
Sect	tion C. Computation of Public Support	Percentage					
14	Public support percentage for 2013 (line 6,		ed by line 11,	column (f))		14	45 54%
15	Public support percentage from 2012 Scheo		-	.,,		15	35 42%
16a	33 1/3% support test—2013. If the organiz			n line 13, and li	ne 14 is 33 1/3	·	
	and stop here. The organization qualifies a					-	. <b>▶</b> X
h	33 1/3% support test-2012 If the organiz						

box and **stop** here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see
	instructions

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

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

Sec	tion A. Public Support				· · ·		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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 in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						0
	unrelated trade or business under section 513  Tax revenues levied for the organization's						0
4	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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	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	o	0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	ol	0	o	o	o	0
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c 11	Add lines 10a and 10b Net income from unrelated business	0	0	0	0	0	0
12	activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0:	0	. 0
14	First five years. If the Form 990 is for the organization, check this box and stop here	ition's first, secon	nd, third, fourth,	or fifth tax year a	s a section 501(	c)(3)	▶ 🗌
Sec	tion C. Computation of Public Support						
15	Public support percentage for 2013 (line 8, column	•	e 13, column (f))			15	0 00%
16	Public support percentage from 2012 Schedule A,					16	0 00%
	tion D. Computation of Investment Inco			(6)	<del></del>	47	0.00%
17 18 19a	Investment income percentage for 2013 (line 10c, or Investment income percentage from 2012 Schedul 33 1/3% support tests—2013. If the organization of	e A, Part III, line	17		ore than 23 1/20/	17 18	0 00% 0 00%
b	not more than 33 1/3%, check this box and stop he 33 1/3% support tests—2012 If the organization of	<b>ere.</b> The organiza did not check a b	ation qualifies as oox on line 14 or	a publicly suppo line 19a, and line	orted organization a 16 is more than	n n 33 1/3%, and	<b>▶</b> □
20	line 18 is not more than 33 1/3%, check this box ar <b>Private foundation.</b> If the organization did not che		-		*	_	▶∐ ▶□

chedule A (Form 990 or 990-EZ) 2013	St Louis Art Museum Foundation	43-1374479	Page <b>4</b>
	<b>Information.</b> Provide the explanations required by Part II, a 12 Also complete this part for any additional information		
•	ue to litigation settlement receipts from brokerage		
louses involved in investment tra	ansactions (\$4,560) and non-program related revenue		
\$1,828)			
			<b></b>

#### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ➤ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

• S	Section 501(c)(4), (5), or (6) or	rganizations: Complete Part III			
	e of organization			Em	oloyer identification number
St L	ouis Art Museum Foundat				43-1374479
Pa		he organization is exempt und			27 organization.
1	Provide a description of t	the organization's direct and indirect	political campaig	n activities in Part IV	
2	Political expenditures		•	ı	<b>&gt;</b> \$
3	Volunteer hours		•	•	
.Pa	rt I-B- Complete if t	he organization is exempt und	er section 501(		
1	Enter the amount of any	excise tax incurred by the organizat	ion under section	4955 <b>.</b> .	<b>\$</b>
2	Enter the amount of any	excise tax incurred by organization	managers under s	section 4955 .	> \$
3	If the organization incurre	ed a section 4955 tax, did it file Forn	n 4720 for this yea		🔲 Yes 🔙 No
4a	Was a correction made?			•	☐ Yes ☐ No
b	If "Yes," describe in Part	IV.			
Pa	rt I-C Complete if t	he organization is exempt und	er section 501(	c), except section	501(c)(3).
1		expended by the filing organization	for section 527 e		
	activities .			•	<b>&gt;</b> \$
2	Enter the amount of the f for section 527 exempt fu	filing organization's funds contribute	d to other organiz	ations •	<b>&gt;</b> \$
3		penditures Add lines 1 and 2 Enter	here and on Forr	n 1120-POI	Ψ
J	line 17b .				<b>\$</b> 0
4	Did the filing organization	n file Form 1120-POL for this year?			Yes No
5		ses and employer identification num	nber (EIN) of all se	ection 527 political org	ganizations to which the filing
		ents 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	nai space is needed,	provide information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	
				filing organization's funds if none, enter -0	contributions received and promptly and directly
					delivered to a separate
					political organization If none, enter -0-
					(
(1)					·
(2)					
(3)					
(4)					
(5)					
(6)					

Sch	edule C (Form 990 or 990-EZ) 2013					Page 2
Р	art II-A Complete if the organiza under section 501(h)).	ation is exempt	under section 5	01(c)(3) and filed	Form 5768 (elec	
A	Check ▶ If the filing organization	n belongs to an a	affiliated group (ai	nd list in Part IV e	ach affiliated group	member's
	name, address, EIN, e					
В	Check ▶ if the filing organization					
		obbying Expend			<del>i</del>	(h) Affiliated
	(The term "expenditures				(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence		<del></del>	<del></del>		0
b	Total lobbying expenditures to influence			<i>a) .</i> .		- 0
C	Total lobbying expenditures to influence  Total lobbying expenditures (add lines	•	y (direct lobbying)	•	0	
d	Other exempt purpose expenditures	ra and rb)		• •	1	0
e	Total exempt purpose expenditures (ac	d lines 1c and 1d	١		0	
f				ooth	<del></del>	
•	columns	s amount nom the	Tollowing table in L	John	ا	0
ſ	If the amount on line 1e, column (a) or (b)	is: The lobbyin	ng nontaxable amou	nt is:		• • •
ŀ	Not over \$500,000	<del></del>	amount on line 1e	11.13.		3
ŀ	Over \$500,000 but not over \$1,000,000	····	us 15% of the excess	over \$500,000		
ı	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			
- 1	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
ſ	Over \$17,000,000	\$1,000,000			Edward 5 4 1	
g	Grassroots nontaxable amount (enter 2	25% of line 1f)			0	0
h	Subtract line 1g from line 1a. If zero or	less, enter -0-			0	0
i	Subtract line 1f from line 1c If zero or I	ess, enter -0-			0	0
j	If there is an amount other than zero of	n either line 1h or	line 1i, did the orga	inization file Form 4	720 reporting	
	section 4911 tax for this year? .					Yes No
	(Some organizations that	it made a section				
	Lobb	ying Expenditure	es During 4-Year	Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount				0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))			· · · · · · · · · · · · · · · · · · ·		0
С	Total lobbying expenditures				0	0
d	Grassroots nontaxable amount				0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))			w My y m , A T	* '	0
f	Grassroots lobbying expenditures					_

Schedule C (Form 990 or 990-EZ) 2013

0

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	Γ filed	For	n 5768	3	
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(;	3)		(b)	
	e lobbying activity	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local	ζ.·. }	· .		4, 50,	
	legislation, including any attempt to influence public opinion on a legislative matter or	1. ,2.	7 mm 1 m		'a, 's	
	referendum, through the use of	عشط المناه	1000	B. M.	S. 7.	35
а	Volunteers?		Х	. X 3.	· .	2
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>	Х		<u> </u>	- 1 (i)
С	Media advertisements?	<b></b>	Х			
d	Mailings to members, legislators, or the public?	ļ	X			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?	<u></u>	Х			0.000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			12	0,000
n :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-	X			
!	Other activities?	A V			12	0,000
J 2a	Total Add lines 1c through 1i	200 V	X	************************************		<u>0,000</u>
	If "Yes," enter the amount of any tax incurred under section 4912	1.60 Table	*		2 2 2 2 2 2	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
Ч	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		10.00	1.004.4	S. W. W.	
	till-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5).	or se	ection	<u>, , , , , , , , , , , , , , , , , , , </u>	27 C 40 AD2504
	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?.			3		
1	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."  Dues, assessments and similar amounts from members					3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		£ 4.			
_	political expenses for which the section 527(f) tax was paid).		4. 14			
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c		_	0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		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		14 to 1			
	lobbying and political expenditure next year?		4			
5_	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Part	· · · · · · · · · · · · · · · · · · ·		4) D-	II A		
	de the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated gr I-B, line 1 Also, complete this part for any additional information	oup iis	t), Pa	π II-A,	iine ∠,	ano
	LDI 4/-> Long to the total description of the control of the c					
	The Line 1/g/ in order to keep abreast of carrent egistation, contracts are note with the					
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				<b></b> -	- <b></b> -
addıt	on to the above, the organization established an agreement with a consultant to work with		. <b></b> .		<b>-</b>	- <b></b>
Fede	ral Legislators on granting opportunities for the Saint Louis Art Museum as the recipient	- <b>-</b>	· • • • •			

St Lo	uis Art Museum Foundation	43-1374479
	orm 990 or 990-EZ) 2013	Page <b>4</b>
Part IV	Supplemental Information (continued)	
	••••••	
		•
	•	•••••
	•	
		•
		•
	•	

#### **SCHEDULE D** (Form 990)

**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.

Open to Public Inspection

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Maine	of the organization			Employer identification number	
St Lo	uis Art Museum Foundation			43-1374479	
Par		Advised Funds or O	ther Similar Fund	ls or Accounts.	
	Complete if the organization answer				
		(a) Donor advised for		(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				—
5	Did the organization inform all donors and do	aor advisors in writing the	at the accete hold in	donor advised	—
J		-			О
c	funds are the organization's property, subject				U
6	Did the organization inform all grantees, dono				
	used only for charitable purposes and not for		or donor advisor, or		
	purpose conferring impermissible private ben-	ent /	•	Yes N	0
Par					
	Complete if the organization answer	red "Yes" to Form 990,	Part IV, line 7		
1	Purpose(s) of conservation easements held b	y the organization (check	k all that apply)		
	Preservation of land for public use (e.g., recrea	ation or education)	Preservation of	an historically important land area	
	Protection of natural habitat	Ī	Preservation of	a certified historic structure	
		L		a certifica motorie structure	
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization	on neid a qualified conse	ervation contribution		
	easement on the last day of the tax year			Held at the End of the Tax Ye	ar_
a	Total number of conservation easements			2a	
þ	Total acreage restricted by conservation ease			2b	
С	Number of conservation easements on a cert			2c	
d	Number of conservation easements included		/06, and not on a		
	historic structure listed in the National Registe			2d	
3	Number of conservation easements modified,	transferred, released, ex	ktınguıshed, or termi	nated by the organization	
	during the tax year				
4	Number of states where property subject to co	onservation easement is	located >		
5	Does the organization have a written policy re		nitoring, inspection,	handling of	
	violations, and enforcement of the conservation	on easements it holds?		∐ Yes ∐ N	0
6	Staff and volunteer hours devoted to monitorii	ng, inspecting, and enfor	cing conservation e	asements during the year	
	<b>•</b>				
7	Amount of expenses incurred in monitoring, ir	specting, and enforcing	conservation easen	nents during the year	
	▶ \$				
8	Does each conservation easement reported of	n line 2(d) above satisfy	the requirements of	section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			. Yes N	0
9	In Part XIII, describe how the organization rep	orts conservation easem	nents in its revenue:	and expense statement, and	
	balance sheet, and include, if applicable, the	text of the footnote to the	organization's finar	ncial statements that describes	
	the organization's accounting for conservation	n easements			
Part	III Organizations Maintaining Collect	tions of Art, Historica	al Treasures, or C	Other Similar Assets.	
	Complete if the organization answer	ed "Yes" to Form 990,	Part IV, line 8		
1a	If the organization elected, as permitted unde	r SEAS 116 (ASC 958) ir	not to report in its re	venue statement and halance she	et
	works of art, historical treasures, or other simi				٠.
	of public service, provide, in Part XIII, the text				
b	If the organization elected, as permitted unde				
IJ	works of art, historical treasures, or other simi				
		The state of the s		m, or research in furtherance	
	of public service, provide the following amount	-	•	<b>►</b> ♥	
	(i) Revenues included in Form 990, Part VIII,	iirie i		► \$	
_	(ii) Assets included in Form 990, Part X	at baatamaaltaa			
2	If the organization received or held works of a			- ·	
	following amounts required to be reported und		relating to these ite		
а	Revenues included in Form 990, Part VIII, line	<del>2</del> 1		<b>&gt;</b> \$	
b	Assets included in Form 990, Part X			<b>▶</b> \$	

Par	t III Organizations Maintaining Co	llections of Art	Histori	cal Tro	euroe or	Other S	imilar Accete	(contin	uod)	- <del></del>
									ueuj	
3	Using the organization's acquisition, acc		records,	cneck a	ny or the foil	owing in	at are a signific	ant		
	use of its collection items (check all that	арріу).	. 🗀							
а	Public exhibition		d 📙	Loan	or exchange	program	ıs			
b	Scholarly research		е 📙	Other						
С	Preservation for future generation	s								
4	Provide a description of the organization Part XIII	's collections and	l explaın h	now they	further the o	organizat	tion's exempt p	urpose ii	า	
5	During the year, did the organization sol assets to be sold to raise funds rather th								es 🗀	No
Part	t IV Escrow and Custodial Arrang	nements.		<del></del>						
	Complete if the organization ar	<del>-</del>	Form 9	90, Par	t IV, line 9,	or repor	ted an amour	it on Fo	rm	
	990, Part X, line 21			•		•				
1a	Is the organization an agent, trustee, cus	stodian or other in	ntermedia	ry for co	ntributions o	r other a	ssets not			
	included on Form 990, Part X?								es 🗀	No
b	If "Yes," explain the arrangement in Part	XIII and complete	e the follo	wing tab	ole <sup>.</sup>					,
							T	Amount		
С	Beginning balance					1c				
d	Additions during the year			•		1d	<del> </del>			
e	Distributions during the year			• •	•	1e				
f	Ending balance		•			1f				0
_							ı			1
2a	Did the organization include an amount				•	•	•	Y	es X	No
b	If "Yes," explain the arrangement in Part	XIII Check here	If the exp	lanation	has been pr	ovided ii	n Part XIII			
Part	EV Endowment Funds.									
	Complete if the organization ar	swered "Yes" to	Form 9	90. Par	t IV. line 10					
		(a) Current year	(b) Prior		(c) Two years		(d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance	102,254,422		311,826		4,319	68,066,30			6,326
b	Contributions	1,803,109		290,052		8,819	865,48	1		5,527
c	Net investment earnings, gains,	1,000,100		200,002		,0,0,0				0,021
Ū	and losses .	24,216,877	13	141,911	-2 24	9,548	11,635,32	R	18 01	8,862
d	Grants or scholarships .	24,210,877	10,	141,511	-2,2-	0	11,000,02	0	10,01	0,002
	Other expenditures for facilities					<del>-  </del>		<del>" </del>		
е	·	2 490 012		424 266	63	00 100	1 005 00	اد		E 0E0
	and programs	3,489,012	•	424,266 65,101	_	9,190	1,885,99			5,850
1	Administrative expenses .	77,808	400			2,574	66,79			8,561
g	End of year balance	124,707,588		254,422		1,826	78,614,31	9	08,00	6,304
2	Provide the estimated percentage of the	-		(line 1g,	column (a))	neid as				
а	Board designated or quasi-endowment		38%							
b	Permanent endowment	36%								
С	Temporarily restricted endowment	26%								
	The percentages in lines 2a, 2b, and 2c	-								
3a	Are there endowment funds not in the po	ossession of the c	organizatio	on that a	re held and	admınıst	ered for the			
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organization	itions listed as red	quired on	Schedu	le R?			3b		
4	Describe in Part XIII the intended uses of	f the organization	's endow	ment fur	nds					
Part										
	Complete if the organization ar		Form 9	90 Par	t IV line 11	a See F	Form 990 Par	t X line	10	
	Description of property	(a) Cost or other			st or other		accumulated		ook valu	
	Description of property	(investme			s (other)		preciation	(0) 6	ook valu	e
1a	Land	<del>  - · ` </del>	- <del>'</del> 0							0
b	Buildings	<del></del>	0		0		0			0
	<del>-</del>		0		0		0			
C	Leasehold improvements					-				0
d	Equipment	-	0		0	-	0			0
e_	Other  I Add lines 1a through 1e (Column (d) m	ust oqual Form 0	0  00 Part Y	/ colum	0 (R) Inn 10	(c) )	0			0

Part VIi	Investments—Other Securitie		0.5.4874.444.0.55	- 000 D- 4 V B 40
	Complete if the organization an	swered "Yes" to Form 99		
(a) [	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financial of	lerivatives	0		
	ld equity interests .	0		,
(D)				
(E)				
(F)				
(G)				
(H)				
	nust equal Form 990, Part X, col (B) line 12)	0		A Sund Serve to
Part VIII	Investments—Program Relate	ed.		
	Complete if the organization an		0 Part IV line 11c See Form	n 990. Part X. line 13.
			(c) Method of v	
	(a) Description of investment	(b) Book value	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nust equal Form 990, Part X, col (B) line 13)	0		15 7 <b>(8</b> 1 ) (8 2 ) (8 )
Part IX	Other Assets.			
	Complete if the organization an	swered "Yes" to Form 99	0, Part IV, line 11d See Forr	n 990, Part X, line 15
		a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, o	col (B) line 15)	. •	
Part X	Other Liabilities.			
	Complete if the organization an	swered "Yes" to Form 99	0, Part IV, line 11e or 11f Se	e Form 990, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
(1) Federal i	ncome taxes	0		
	ns under split interest agreements (	565,822		
(3)				
(4)			* * * * * * * * * * * * * * * * * * * *	
(5)				
(6)				
(7)				The state of the s
(8)			A \$4.7	
(9)			]	

•

Total (Column (b) must equal Form 990 Part X, col (B) line 25) 565,822 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

	Ot Eddio / II till Eddio / II				9-
Par			•	r Return	- <u>-</u>
	Complete if the organization answered "Yes" to Form 990, Part	t IV, I	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ı	ì		
а	Net unrealized gains on investments .	2a		- <b> </b>	
b	Donated services and use of facilities	2b		_	
С	Recoveries of prior year grants	2c		_  ,	
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		,* ', *,	
b	Other (Describe in Part XIII )	4b		* . p.	
С	Add lines 4a and 4b			4c	C
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Par				per Return	
	Complete if the organization answered "Yes" to Form 990, Part			•	
1	Total expenses and losses per audited financial statements			1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
-а	Donated services and use of facilities .	2a	1		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
e	Add lines 2a through 2d	Zu		2e	r
3	Subtract line 2e from line 1			3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1	Ι.	1	10 Pg	
4		40			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	<u> </u>		
b	Other (Describe in Part XIII )	40	<u> </u>	40	•
c	Add lines 4a and 4b.			4c 5	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>) · · ·</u>	•	] 3 ]	
	Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,				, Part X, lin
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	rovide	any additional in	itormation	
Part	V Line 4 Income from endowment funds is used to support the Saint Louis Art N	luseu	m's		
oper	ations, art purchases and other programs and purposes designated by the dono	rs. Th	e		
Inve	stment Committee recommends the harvest rate each year. The Finance Comm	ittee			
reco	nmends the budget each year. These recommendations are approved by the go	overni	ng		
		· - • • •			
boar	d in 2013, the Board approved the use of endowment harvest for art purchases	and			
oner	ations				
-opo-	ations	·			
Part	X Line 2 Stand alone financial statements of the Foundation are not prepared. T	he.			
rait	A Line 2 Stand alone imanda statements of the Foundation are not prepared				
Eaur	dation is presented as a blended component unit of the Saint Louis Art Museum	. The			
Foul	uation is presented as a dienoed component unit of the Saint Louis Art Museum	1 1116			
	delice and the Court Laure Art Museum measure and propert statements in acco	rdono			
Four	dation and the Saint Louis Art Museum prepare and present statements in acco	organo	:e		
سالة اليار	reversemental accounting standards as recurred by the Mission theory.	INI40			
with	governmental accounting standards as required by the Museum, therefore, no F	11148	<b>.</b>		
£	ate in required for the Coundation				
rootr	ote is required for the Foundation	<b>-</b>			

Schedule D (Form	990) 2013	St Louis Art Museum	Foundation	_			43-1374479	Page <b>5</b>
Part XIII	Suppl	emental Information	(continued)					
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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 organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990. OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

St Lou	iis Art Museum Foundation					43-13	74479
Pari	Fundraising Activities. C	•	-		ered "Yes" to Forn	n 990, Part IV, lin	e 17
L GIL	Form 990-EZ filers are not						
1	Indicate whether the organization i	raised funds thr					
а	Mail solicitations		=		of non-government	-	
b	Internet and email solicitations		=		of government gran	ts	
С	Phone solicitations		g 💹 S	pecial fund	Iraising events		
d	In-person solicitations						
2a	Did the organization have a writter key employees listed in Form 990,	Part VII) or ent	tity in conn	ection with	professional fundra	using services?	Yes No
b	If "Yes," list the ten highest paid in to be compensated at least \$5,000			aisers) pur	suant to agreemen	ts under which the	fundraiser ıs
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	idraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
		ļ			0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total			•	. •	0	0	0
3	List all states in which the organizategistration or licensing.	ation is registere	ed or licens	sed to solic	it contributions or h	as been notified it	is exempt from
			. <b></b> .	. <b></b>			
					• • • • • • • • • • • • • • • • • • • •		<del>-</del>
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Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II 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 SLAM Exposed NONE (add col (a) through col (c)) (event type) (event type) (total number) Revenue 133,145 133,145 Gross receipts Less Contributions 111,020 111,020 Gross income (line 1 22,125 22,125 minus line 2) Cash prizes . 0 0 Noncash prizes **Direct Expenses** Rent/facility costs Food and beverages . 0 Entertainment . . Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 0 **Direct Expenses** 0 Cash prizes 0 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes % Volunteer labor Direct expense summary Add lines 2 through 5 in column (d). Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

Sched	ule G (Form 990 or 990-EZ) 2013 St Louis Art Museum Foundation	43-1374479	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:		
a	The organization's facility	13a	<u>%</u>
14	An outside facility	13b	%
1-4	and records	•	
	Name ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming	П., Г	٦
<b>L</b>	revenue?	Yes	_  No
Đ	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		<b></b>
	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		_
	retain the state gaming license?	Yes	_ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		^
Part			<u> </u>
	additional information (see instructions)		
			<b></b> .
	•••••••••••••••••••••••••••••••••••••••		

#### **SCHEDULE J** (Form 990)

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

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

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

St Lo	ouis Art Museum Foundation	1374479		
Par	Questions Regarding Compensation			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Fo	rm	Yes	No
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	·   · · · //	, ,	2.5
	First-class or charter travel  Housing allowance or residence for personal use	125		
	Travel for companions Payments for business use of personal residence		i (Ta)	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	٠٠ قايدة شر		
	Discretionary spending account  Personal services (e g , maid, chauffeur, chef)	2 6	3.7	
b	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 explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the 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	*	- T	20 Mg
	Form 990 of other organizations  Approval by the board or compensation committee	,		
		A.*	المشيد . د الماهات ا	
4	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			
а	Receive a severance payment or change-of-control payment?	. 4a	X	ļ.,
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<del>  ×</del> −
С	Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4c		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \		
а	The organization?	5a_		X
b	Any related organization?	5b		X
6	If "Yes" to line 5a or 5b, describe in Part III  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	6a		X
a b	The organization?	6b	<del>                                     </del>	$\frac{1}{x}$
υ,	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
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			
	ın Part III	8	<u> </u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		
	riogalonono occitor de 1000 d(d)			

St Louis Art Museum Foundation Schedule J (Form 990) 2013

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed ' Part II

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, Section A, line 1a, applicable column (D) and (E) amounts for that individual 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

A comparison of the comparis	Note The sum of columns (b)(t)—(iii) for each listed individual must equal the	IIsted	individual must equal	ne total amount of PC	orn 990, Part VII, Set	tion A, line Ta, applica	able column (U) and	total amount of Form 950, Fart VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	ndividual
(A) Name and Title   (I) Base   (I) Base   (I) Booms & Incompensation   (I) Campensation   (I) Campensatio			(b) Breakdown of	VV-Z and/or 1099-IVI	oc compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
Brent Benjamin         (i)         406,058         0         21,158         225,240         1           President & Director of Museum         (ii)         406,058         0         1,158         225,240         1           Deputy Director of Administration & (ii)         (i)         192,311         0         1,448         0         1           Carl Harm         (i)         192,311         0         1,148         0         0         1           Carl Harm         (i)         119,231         0         1,192         30,625         0           Linda Thomas         (i)         115,070         0         1,082         47,739         0           Deputy Director of Exhibitions         (i)         115,128         0         7,83         77,129           Davidey Haberer         (i)         116,128         0         0         0         0           Director for Accounting         (i)         116,128         0         0         0         0           Director for Accounting         (ii)         (iii)         (iii)         0         0         0         0         0           Commercer for Accounting         (iii)         (iii)         0         0         0 <td>(A) Name and Title</td> <td></td> <td>(I) Base compensation</td> <td>_</td> <td>(III) Other reportable compensation</td> <td>other deferred compensation</td> <td>benefits</td> <td>(B)(I)–(D)</td> <td>reported as deferred in prior Form 990</td>	(A) Name and Title		(I) Base compensation	_	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)–(D)	reported as deferred in prior Form 990
President & Director of Museum (ii) 406,056 0 21,156 225,240 Cardyin Schmidt (ii) 255,919 0 1,937 103,233 17 Card Hamm (ii) 192,311 0 1,448 0 1,448 0 1 1,448 0 1,448 0 1 1,448 0	Brent Benjamın	Ξ						0	
Carolyn Schmidt         (i)         255,919         0         1,937         103,233         1           Deputy Director of Administration & (ii)         (ii)         125,919         0         1,448         0         1           Deputy Director of External Affairs         (i)         182,311         0         1,448         0         1           Londa Hamman         (ii)         146,739         0         1,192         30,625         1           Director for External Affairs         (i)         115,123         0         7,739         77,739           Director for Conservation         (ii)         116,128         0         0         0         0           Bandles Haberer         (ii)         116,128         0         0         0         0         0           Former Museum Director         (ii)         116,128         0         0         0         0         0         0           Incomplete for Accounting         (ii)         (ii)         116,128         0		(ii)	406,058		21,158	225,240	15,119	667,57	0
Deputy Director of Administration & (i) 255,919 0 0 1,937 103,233 17    Carl Hamm (ii) 192,311 0 1,448 0 1,448 0 1 1,448 0 1 1,448 0 1 1,448 0 1 1,448 0 1 1,448 0 1 1,448 0 1 1,448 0 1 1,448 0 1 1,448 0 1 1,448 0 1 1,448 0 1 1,448 0 1,448 0 1 1,448 0	Carolyn Schmidt	ε						0	
Carl Hamm     (i)     192,311     0     1,448     0     1       Debug Diversor of External Affairs     (ii)     146,739     0     1,192     30,625     1       Linda Thomas     (ii)     113,070     0     1,082     47,739     1       Paul Haner     (ii)     115,123     0     783     72,129       Director for Accounting     (ii)     116,128     0     0       Director for Accounting     (ii)     116,128     0     0       Director for Accounting     (ii)     116,128     0     0       Commer Museum Director     (ii)     0     0     0       (iii)     (iii)     0     0     0       (iii)     0     0     0     0       (iii) <td< td=""><td></td><td>Ξ</td><td>255,919</td><td>0</td><td>1,937</td><td></td><td>10,385</td><td>371,47</td><td>0</td></td<>		Ξ	255,919	0	1,937		10,385	371,47	0
Deputy Director of External Affairs (ii) 192,311 0 0 1,448 0 0 1 Lunda Thomas (i) 146,739 0 1,192 30,625 1 1 Asst Director for Exhibitions (ii) 146,739 0 1,192 30,625 1 1 Badley Haberer (ii) 113,070 0 783 72,129 Bardley Haberer (ii) 116,128 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Carl Hamm	Ξ						0	
Linda Thomas     (i)     146,739     0     1,192     30,625     1       Asst Director for Exhibitions     (i)     113,070     0     1,082     47,739     1       Director for Conservation     (ii)     115,123     0     783     72,129     1       Bradley Haberer     (i)     116,128     0     0     0       Director for Accounting     (ii)     116,128     0     0       James Burke     (ii)     (iii)     0       (iii)     (iii)     0       (iii)     (iii)     0       (iii)     (iii)     0       (iii)     (iii)       (iii)     (iii)		≘	192,311	0	1,448	0	11,770	205,5	0
Asst Director for Exhibitions (ii) 146,739 0 1,192 30,625 1 Paul Haner (i) 113,070 0 1,082 47,739 1 Bradley Haberer (ii) 116,123 0 783 72,129 James Burke (ii) 116,128 0 0 0 0  Director for Accounting (ii) 116,128 0 0 0 0  Example Museum Director (iii) 116,128 0 0 0 0  It is a series of the continuous of the continuou	Linda Thomas	Ξ	1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0	
Paul Haner     (i)     113,070     0     1,082     47,739     1       Bradley Haberer     (i)     115,123     0     783     72,129       Bradley Haberer     (i)     116,128     0     0     0       James Burke     (ii)     116,128     0     0       Former Museum Director     (i)     0     0     0       (ii)     (ii)     0     0     0       (iii)     (iii)     0     0     0       (iii)     (iii)     0     0     0       (iii)     0	4 Asst Director for Exhibitions	Ξ	146,739	0	1,192	30,625	10,102	188,65	0
Director for Conservation         (ii)         113,070         0         1,082         47,739         1           Bradley Haberer         (i)         116,123         0         783         72,129         1           James Burke         (i)         116,128         0         0         0         0           Former Museum Director         (ii)         (iii)         (iiii)         (iiiii)         (iiiiii)         (iiiiiii)         (iiiiiii)         (iiiiiii)         (iiiiiii)         (iiiiiiiiiii)         (iiiiiiiii)         (iiiiiiiii)         (iiiiiiiiii)         (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Paul Haner	Ξ							
Bradley Haberer     (i)     115,123     0     783     72,129       James Burke     (i)     116,128     0     0     0       James Burke     (i)     10     0     0     0       Former Museum Director     (i)     0     0     0     0       (ii)     (ii)     0     0     0     0       (ii)     (ii)     0     0     0     0       (ii)     (iii)     0     0     0     0       (iii)     (iii)     0     0     0     0     0       (iii)     (iii)     0     0     0     0     0     0	5 Director for Conservation	(E)	113,070		1,082	47,739	12,629	174,52	0
Director for Accounting         (i)         115,128         0         783         72,129           James Burke         (i)         116,128         0         0         0           Former Museum Director         (ii)         (ii)         (iii)         (iiii)         (iiii)         (iiii)         (iiiii)         (iiiiii)         (iiiiiii)         (iiiiiii)         (iiiiiii)         (iiiiiii)         (iiiiiiii)         (iiiiiiiii)         (iiiiiiiiii)         (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Bradley Haberer	(i)							
James Burke  (ii) 116,128 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6 Director for Accounting	Ξ	115,123	0	783	72,129	7,639	195,67	0
Former Museum Director (ii) 116,128 0 0 0 0 (iii) (ii) (iii) (iiii) (iii) (iiii) (iii) (ii	James Burke	ε							
	7 Former Museum Director	Ξ	116,128	1 1 1 1 1 1 1 1 1 1	0	0	0	116,128	96,348
		€							
	8	(ii)						1	
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(i) (ii) (ii) (ii) (iii)		Ξ	1	1			1		
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		Ξ:					1	1	1
	16								

Schedule J (Form 990) 2013

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service

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Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ See separate instructions.

Open to Public OMB No 1545-0047

Yes No (i) Pooled financing Employer identification number ŝ ŝ Yes No Yes No (h) On behalf of ۵ Yes Yes (g) Defeased 43-1374479 ŝ ŝ O 45,994,963 Museum Expansion or Addition (f) Description of purpose Yes Yes Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. ŝ ŝ œ മ Yes Yes (e) Issue price 87 46,001,141 3,364,213 717,724 110,630 41,808,487 ŝ ŝ × × 2013 ⋖ Yes Yes (d) Date issued 12/14/2009 × × Was the organization a partner in a partnership, or a member of an LLC, Does the organization maintain adequate books and records to support 85231UAA3 (c) CUSIP # 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 Has the final allocation of proceeds been made? A The Industrial Development Authority of City Working capital expenditures from proceeds Credit enhancement from proceeds Capital expenditures from proceeds Amount of bonds legally defeased Capitalized interest from proceeds Gross proceeds in reserve funds Private Business Use the final allocation of proceeds? Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion St Louis Art Museum Foundation (a) Issuer name Other unspent proceeds Amount of bonds retired Total proceeds of issue Bond Issues Other spent proceeds **Proceeds** Name of the organization Part III Part II Part I

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9 7 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

of bond-financed property?

Are there any lease arrangements that may result in private business use

which owned property financed by tax-exempt bonds?

12 13 4 5 16 1 ×

Schedule K (Form 990) 2013

43-1374479

Page 2

Schedule K (Form 990) 2013 St Louis Art Museum Foundation

%00 0 Schedule K (Form 990) 2013 ŝ ş Yes Yes %00 0 ĝ ŝ Yes Yes **%00 0** ŝ ŝ മ  $\mathbf{\omega}$ Yes Yes 0 00% %00 O %00 o ŝ ŝ × × × × × × Yes Yes × × × ٨ ▲ counsel to review any management or service contracts relating to the financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside Are there any research agreements that may result in private business use of Enter the percentage of financed property used in a private business use as outside counsel to review any research agreements relating to the financed property? esult of unrelated trade or business activity carried on by your organization, Enter the percentage of financed property used in a private business use by entities c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations b If "Yes" to line 8a, enter the percentage of bond-financed property sold or Are there any management or service contracts that may result in private Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and If you checked "No rebate due" in line 2c, provide in Part VI the date the Has the organization or the governmental issuer entered into a qualified If "Yes" to line 3c, does the organization routinely engage bond counsel or other nonqualified bonds of the issue are remediated in accordance with the Has there been a sale or disposition of any of the bond-financed property to a nongovernmental another section 501(c)(3) organization, or a state or local government Has the organization established written procedures to ensure that all requirements under Regulations sections 1 141-12 and 1.145-27 other than a section 501(c)(3) organization or a state or local government Does the bond issue meet the private security or payment test? person other than a 501(c)(3) organization since the bonds were issued? Private Business Use (Continued) business use of bond-financed property? If "No" to line 1, did the following apply? Is the bond issue a variable rate issue? hedge with respect to the bond issue? Penalty in Lieu of Arbitrage Rebate? rebate computation was performed d Was the hedge superintegrated? sections 1 141-12 and 1 145-27 Was the hedge terminated? bond-financed property? Total of lines 4 and 5 Exception to rebate? a Rebate not due yet? Arbitrage Name of provider No rebate due? c Term of hedge disposed of Part IV Part III ۵ Ω ᠣ 49 ۵ ပ Зa 9 6 7 က 4 2

Schedule K (Form 990) 2013 St Louis Art Museum Foundation 43-1374479	Page 4
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)	- 1
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Schedule K (Form 990) 2013	990) 2013

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 43-1374479

	uis Art Museum Foundation			43-13744	179	
Par	Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determining ontribution amounts
1	Art—Works of art					
2	Art—Historical treasures .					
3	Art—Fractional interests .					
4	Books and publications					
5	Clothing and household		1 . 4 . 5			
	goods					
6	Cars and other vehicles .					
7	Boats and planes					
8	Intellectual property					
9	Securities—Publicly traded	X	40	244,903	market valu	ie day of gift
10	Securities—Closely held stock					
11	Securities—Partnership, LLC,					
	or trust interests					
12	Securities—Miscellaneous .					
13	Qualified conservation				j	
	contribution—Historic					
	structures					
14	Qualified conservation					
	contribution—Other	ļ				
15	Real estate—Residential .		· <u> </u>			
16	Real estate—Commercial .	-			<b>!</b>	
17	Real estate—Other				<u> </u>	<del></del>
18	Collectibles .	·-··			-	
19	Food inventory .				<del> </del>	
20	Drugs and medical supplies					
21 22	Taxidermy Historical artifacts					
23					<del>  </del>	
23 24	Scientific specimens Archeological artifacts .					
25	Other ► ()					
26	Other ► ( )				<del></del>	
27	Other ► ( )					
28	Other ► (	-			<del></del>	
29	Number of Forms 8283 received	by the orga	anization during the tax yea	r for contributions for		
	which the organization complete				29	
				•		Yes No
30a	During the year, did the organiza	ition receive	e by contribution any prope	rty reported in Part I, lines 1	l <i>-</i> 28,	
	that it must hold for at least three					
	required to be used for exempt p	urposes for	r the entire holding period?			30a X
b	If "Yes," describe the arrangeme	nt in Part II				3
31	Does the organization have a gif	t acceptant	ce policy that requires the re	eview of any non-standard		
	contributions?					31 X
32a	<u> </u>	e third parti	es or related organizations	to solicit, process, or sell		
	noncash contributions? .					32a X
b	If "Yes," describe in Part II					
33	If the organization did not report checked, describe in Part II	an amount	in column (c) for a type of i	property for which column (	a) is	

43-1374479 Page <b>2</b> nd 33, and whether
er of items received,

Schedule M (Form 990) (2013) St Louis Art Museum Foundation	43-1374479	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, the organization is reporting in Part I, column (b), the number of contributions, the number or a combination of both. Also complete this part for any additional information.		
Part I Line 9 & 32 Brokerage houses are used to sell gifts received. The Foundation policy		<b>-</b>
is to sell stock gifts as soon as possible after the gift is received, typically the same		<b></b> .
day Stock gifts are valued using the average of the high and low market price on the day		<del>-</del> -
of the gift.		
		<b></b>
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······································		

#### 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

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 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 Treasurer, 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(b) 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 its
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 management 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 council, 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,
respectively, 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

Schedule O (Form 990 or 990-EZ) (2013)	Page	<u> </u>
Name of the organization St Louis Art Museum Foundation	Employer identification number 43-1374479	
` its recommendation to the Board of Commissioners. The Commission votes on the compensat	ion of	
the Director annually. The Committee also reviews the salaries of the senior management		<b>-</b>
Salary surveys and periodic studies are performed to set compensation for employees		
Form 990, Part XI, Line 8 A prior year adjustment was required. Governmental Accounting		
Standards Board (GASB) required the Foundation to adjust and remove bond issuance costs a	is a	
prior period adjustment in 2013 for the 2012 audit statements. The amounts of bond issued	·	
costs adjusted was \$744,232.		
Form 990, Part VI, Section C, Line 19: IRS Form 990 is available on the Museum's website at		
www slam org and upon request in the Controller's office at The Saint Louis Art Museum		
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service St Louis Art Museum Foundation

Name of the organization

Related Organizations and Unrelated Partnerships

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

►See separate instructions. ▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**Employer Identification number** 

43-1374479

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2013 å × (f) Direct controlling Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had Yes (f) Direct controlling (e) End-of-year assets ٤ Public charity status (if section 501(c)(3)) e Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (d) Exempt Code section (c)
Legal domicile (state or foreign country) 501(c)(3) Legal domicile (state or foreign country) (b) Primary activity g (b) Primary activity one or more related tax-exempt organizations during the tax year Art Museum For Paperwork Reduction Act Notice, see the Instructions for Form 990. HTA (a) Name, address, and EIN (if applicable) of disregarded entity (a) (ame, address, and EIN of related organization (1) Saint Louis Art Museum 43-1056957 One Fine Arts Drive St Louis, MO 63110 Part I Part II (2) (5) 4 (9) (2) 3 2 13 (5) 4 <u>(6</u> (2)

Page 2

43-1374479

St Louis Art Museum Foundation

Schedule R (Form 990) 2013

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

Schedule R (Form 990) 2013 (i) Section 512(b)(13) controlled Percentage å Yes Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part (J) General or managing partner? ŝ (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets Code V—UBI (h)
Disproportonate
allocations? ŝ (f) Share of total 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) (f) Share of total income (d)
| Direct controlling | entity (e)
Predominant
income (related,
unrelated,
excluded from sections 512-514) tax under (c)
Legal domicile
(state or foreign country) (d)

Direct controlling |
entity Primary activity (c) Legal domicile (state or foreign country) Primary activity (a)Name, address, and EIN of related organization Name address, and EIN of related organization Part IV (9) £1; 3 4  $\mathbb{Z}$  $\Xi$ 2 €. (2) 3 (5) €. 9

Page 3

43-1374479

Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 St Louis Art Museum Foundation Schedule R (Form 990) 2013 Part V

Note	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	٥N
-	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?	anizations listed	in Parts II–IV?	*	,	.X
B	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		٠	<b>1</b> a		×
Ω	Gift, grant, or capital contribution to related organization(s)	٠	•	1b		×
ပ	Gift, grant, or capital contribution from related organization(s)			10		×
٥	Loans or loan guarantees to or for related organization(s).			19		×
· O	Loans or loan quarantees by related organization(s)			1e		×
				/* \$.		¥
<b>-</b>	Dividends from related organization(s)			11		×
Ö	Sale of assets to related organization(s)	·		19		×
ے د	Purchase of assets from related organization(s).			1h		×
	Exchange of assets with related organization(s)			=		×
-	Lease of facilities, equipment, or other assets to related organization(s).			=		×
•				* * * * * * * * * * * * * * * * * * *		ર્વ
¥	Lease of facilities, equipment, or other assets from related organization(s)			1k		×
				=		×
Ε	Performance of services or membership or fundraising solicitations by related organization(s)			1m		×
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).			1n		×
0	Sharing of paid employees with related organization(s)			10		×
				7 : - ',	~	
۵	Reimbursement paid to related organization(s) for expenses			1p		×
. 0	Reimbursement paid by related organization(s) for expenses		•	19		×
•				*	<i>3</i>	-
-	Other transfer of cash or property to related organization(s)			11	×	
S	Other transfer of cash or property from related organization(s)			18		×
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	luding covered r	elationships and trans	saction th	hresho	spl
	161	4	19)		5	
	Name of related organization	Transaction type (a-s)	(c) Amount involved	(u) Method of determining amount involved	thod of determiniamount involved	guiui Pa
(1) Sa	(1) Saint Louis Art Museum (see part III statement of program services)	o	5.861,512	Cash		
(2)						
(3)		_				
(4)						
(2)						
(9)						
			Schedi	Schedule R (Form 990) 2013	rm 990	1 2013

43-1374479

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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.

of gross reversible) that was not a related organization.	מ טושמווובמווטוו		I Egaluli garul	D IDIET	is regarding exclusion for certain investment partitions in partitions in the certain partition partitions in the certain partitions in the certain partition partitions in the certain partition partitio	Jai III Gi Si II DS.	14,		5	[3]
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(a) Predominant	(e) Are all partners			(n) Disproportionate		U) General or	(K) Percentage
			income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	end-or-year assets		of Schedule K-1 (Form 1065)	managing partner?	ownersnip
			sections 512-514)	Yes No			Yes No	ı	Yes No	
(1)										
(2)										
(3)										_
(4)										
(5)										
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Schedule R (Form 990) 2013

Schedule R (Fo	rm 990) 2013	St Louis Art Muse	eum Foundation				43-1374479	Page <b>5</b>
Part VII	Supplem	ental Information	n					
	Provide a	dditional informati	on for response	s to questions	s on Schedule	e R (see instruc	ctions)	
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