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# Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

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. Internal Revenue Service and ending For the 2014 calendar year, or tax year beginning D Employer identification number C Name of organization St Louis Art Museum Foundation Check if applicable Doing business as Address Change Number and street (or P O box if mail is not delivered to street address) Room/suite 43-1374479 Name change E Telephone number One Fine Arts Drive State ZIP code Initial return City or town (314) 721-0072 63110-1380 St Louis MO Final return/terminated Foreign postal code Foreign province/state/county Foreign country name 30,244,702 G Gross receipts \$ Amended return F Name and address of principal officer H(a) Is this a group return for subordinates? Application pending 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) 4947(a)(1) or 501(c) ) < (insert no ) Tax-exempt status Website: ▶ www.slam org H(c) Group exemption number ▶ X Corporation L Year of formation M State of legal domicile K Form of organization Association Other > 1985 MO Part I Summary 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 ctivities & Governance 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) 2 Number of independent voting members of the governing body (Part VI, line 1b). 0 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) . . . 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 Contributions and grants (Part VIII, line 1h), ... 4,437,232 5,871,693 Program service revenue (Part VIII, line 29). AUG 1 9 2003 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 1.145.129 605,185 6,724,208 4,501,898 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)—Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11 28,513 76,990 10,161,249 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 15 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 6.236.344 4.624.196 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . 4,624,196 6,236,344 Revenue less expenses Subtract line 18 from line 12 6,993,255 5,537,053 19 **End of Year** Beginning of Current Year 174,582,146 164,088,720 20 Total assets (Part X, line 16) 46,491,814 26,641,138 21 Total liabilities (Part X, line 26). 137,447,582 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury I penare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any providing the control of the best of my knowledge. Sign Signature of office Here Brent Benjami Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name Paid self-employed SELF-PREPARED RETURN Preparer Firm's EIN Firm's name Use Only Phone no Firm's address 🕨

For Paperwork Reduction Act Notice, see the separate instructions.

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

Form 990 (2014)

No

orm 9	90 (2014)	St Louis Art Museum Foundation	43-1374479	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly	describe the organization's mission		
	-	le purpose of the Foundation is to support the Saint Louis Art Museum, including but		
		tion of its facilities		
2	Did the	organization undertake any significant program services during the year which were not listed on		
	the pric	or Form 990 or 990-EZ?	. Yes	X No
	If "Yes,	" describe these new services on Schedule O	<del></del>	<del></del>
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program		
	service	s?	. Yes	X No
	If "Yes,	" describe these changes on Schedule O		
4		be the organization's program service accomplishments for each of its three largest program servi	ces, as measured	l by
		es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and		
		Il expenses, and revenue, if any, for each program service reported.		
4a	(Code.	) (Expenses \$ 2,246,073 including grants of \$ ) (Revenu	e \$	)
		Louis Art Museum Foundation supported the Museum in the amount of \$2,246,073 for programs		
		ier Museum activities in 2014		
4b	(Code	) (Expenses \$ 1,635,185 including grants of \$ ) (Revenu	e \$	)
	The St	Louis Art Museum Foundation supported the Museum for costs related to capital improvements		
		cilities in the amount of \$1,635,185 in 2014		
				<b></b>
4c	(Code	) (Expenses \$ 568,776 including grants of \$ ) (Revenu	e \$	)
	The St	Louis Art Museum Foundation supported the Museum for cost related to art accessions in the		
	amoun	t of \$568,776 in 2014		
4d		rogram services (Describe in Schedule O.)		
	(Expen		0)	
4e	Total p	rogram service expenses   4,450,034		

<b>U</b> 1 0	Chooking, or requires concerns.		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	_3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		~	
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		x
c	Part III	5		
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			V
_	"Yes," complete Schedule D, Part I	_6_		_X
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		_x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
40	negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		y , , , , ,	\$ 7 t
	VII, VIII, IX, or X as applicable	1 4	* 3	: <u>}?** 1</u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	114		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	'''		-^-
ıza	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
D	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		x
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1		
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		<del>  ^`</del>
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	-	X
ם	THE TEST TO THE ZOA, DID THE OFGANIZATION ALLACH A COPY OF ItS AUDITED HIMANCIAL STATEMENTS TO THIS FEIGHT?	1 200	1	1

Par	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 domestic 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 or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a	X	
	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		X
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		<u> </u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
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	0.7		
20	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	<b>3</b>	X
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	4		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	****	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	:	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		
20	Part I	31	<del> </del>	X
32	If "Yes," complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,  III, or IV, and Part V, line 1.	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
-	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Х	L
			990	(2014

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		NI/	
_	gaming (gambling) winnings to prize winners?	1c	N/	14
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return.  [2a] 0	l		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b		
3-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
3a 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		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		i	
	account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	٠.		
_	gifts were not tax deductible?	6b		, '§
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ľ	3	į į
а	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		
•	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N	/A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		١,	/,
_	sponsoring organization have excess business holdings at any time during the year?	8	I N	/A
9	Sponsoring organizations maintaining donor advised funds.	ľ _	N	/A
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	, N	/A
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b N/A	1		
11	Section 501(c)(12) organizations. Enter			į
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N	/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	N	/A
	Note. See the instructions for additional information the organization must report on Schedule O.			
р	Enter the amount of reserves the organization is required to maintain by the states in which	İ	}	
_	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  . 13b  . 13c	ł		
c I4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del>	X
	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	N	/A

Part VI

St Louis Art Museum Foundation

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.

Secti	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	ر ا	\$ <sup>2</sup> / <sub>2</sub> , ,	5 . 9 ]		
	If there are material differences in voting rights among members of the governing body, or		ş · •, .				
	if the governing body delegated broad authority to an executive committee or similar		1. 14		-41		
	committee, explain in Schedule O.						
b	<u> </u>						
2							
	any other officer, director, trustee, or key employee?	•	2		<u>X</u>		
3	Did the organization delegate control over management duties customarily performed by or unc	ler the direct	i				
	supervision of officers, directors, or trustees, or key employees to a management company or compan		3		_ X_		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed? .	4		Х		
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	Χ			
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) memb	ers.					
	stockholders, or persons other than the governing body?		7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions underta	aken during		. 220	Sign		
U	the year by the following	and a daming					
а	The governing body?		8a	X	المستنسد		
b	Each committee with authority to act on behalf of the governing body?		8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	ne reached					
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		×		
Soct	ion B. Policies (This Section B requests information about policies not required by the I						
Seci	ion B. Policies (This Section & requests information about policies not required by the r	mornar revenue e	<del>, , , , , , , , , , , , , , , , , , , </del>	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of su	ch chapters	1.5.5	_	<del>                                     </del>		
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b		i		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a	X	<del>                                     </del>		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ore ning the form.	主教	* 25 k	7.		
b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> .		12a	X	-		
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	awa risa to conflicts?	12b	X	<del>                                     </del>		
b	Did the organization regularly and consistently monitor and enforce compliance with the policy?	of "Vac"	120	<del>-^-</del>	$\vdash$		
С	describe in Schedule O how this was done	11 163,	12c	Х			
40		• •	13	X	$\vdash$		
13	Did the organization have a written whistleblower policy?		14	X	+-		
14	Did the organization have a written document retention and destruction policy?	nroval by	19.35		Nie Ok. I		
15	Did the process for determining compensation of the following persons include a review and ap		建立	3.			
	independent persons, comparability data, and contemporaneous substantiation of the deliberat	ion and decision,		X	1,34,1		
a	The organization's CEO, Executive Director, or top management official .		15a	x	$\vdash$		
b	Other officers or key employees of the organization .	•	15b	<del>  ^</del> .	$\vdash$		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1.55	ý ·	]		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arr	angement	100	ئىكت.	- <del>_</del> i		
	with a taxable entity during the year?		16a	×	X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of		185° X	₹ <sub>9</sub>	' ' 1		
	participation in joint venture arrangements under applicable federal tax law, and take steps to s	areguard			'		
	the organization's exempt status with respect to such arrangements?		16b	<u> </u>	<u> </u>		
	tion C. Disclosure		_				
17	List the states with which a copy of this Form 990 is required to be filed   L  1024 (and 1024 (	000 T (0s -4-s = 504)	'a\(2\-				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-1 (Section 501)	c)(3)s	only	)		
	available for public inspection Indicate how you made these available Check all that apply		,				
		xplaın ın Schedule O			د.		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documen	its, conflict of interes	policy	y, and	a		
	financial statements available to the public during the tax year	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
20	State the name, address, and telephone number of the person who possesses the organization						
	Carolyn Schmidt	(314) 721-007	<u>-</u>				
	One Fine Arts Drive, St Louis, MO 63110-1380						

13-1374479	Page <b>7</b>

_			
Form	990	(201	14)

St Louis Art Museum Foundation

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	box, office	unles er an	Pos neck ss pe	rson	e than o is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Barbara B. Taylor	0 00					_				
Vice President	5 00	1		x				l o	l o	0
(2) W Randolph Baker	0 00							· ·		
Treasurer	5 00			Х				l o	o	0
(3) Brent Benjamin	0 00									
President & Director of Museum	45 00	1		х				l o	412,890	248,105
(4) Carolyn Schmidt	0 00									
Deputy Director for Administration & Controller	45.00		l	Х				О (	269,928	99,466
(5) David A. Linenbroker	0.00									
Secretary	5 00			Х				o	0	0
(6) Carl Hamm	0 00									_
Deputy Director for Development External Affairs	45 00					Х	L	0	198,679	11,830
(7) Jason Busch	0 00									
Deputy Director for Curatorial Affairs and Museum F	40 00			<u> </u>		Х		0	183,882	9,772
(8) Paul Haner	0 00									
Paintings Conservator	40 00		ļ			Х		0	115,696	46,926
(9) Brad Haberer	0 00									
Director for Accounting	40 00		<u> </u>			X		0	118,040	99,446
(10) Mark Macinski	0 00					•				
Director for Operational and Security	40 00		<u> </u>			X		0	108,999	34,314
(11) James Burke	0 00	ļ								
Former Museum Director	0 00			_			X	0	160,797	0
(12)										
(13)										
(14)									_	
	L			Ц.,.				<u> </u>	L	

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntınue	ed)	
						C) ition							
	(A)	(B)	(do not check more than one (D) (E							(E)		(F) stimate	
	Name and title	Average hours per					is boti or/trus		compensation	Reportable compensation		nount c	
		week (list any hours for	or Or	sul	Officer	Ke	Hıg	Forme	from the	from related organizations	Com	other pensat	ıon
		related	Individual or director	titut	ice	Key employee	Highest co employee	mer	organization	(W-2/1099-MISC)	fı	om the	!
		organizations below dotted	or in	onal		ploy	ee og		(W-2/1099-MISC)			anızatı d relate	
		line)	Individual trustee or director	Institutional trustee		e	pen				org.	anızatıc	ns
				8			Highest compensated employee						
(15)			<u> </u>	$\vdash$				-					
			<u> </u>	_		<u> </u>							
(16)													
(17)			1										
(18)													
(10)		<u> </u>						-		_			
(13)			1										
(20)													
(21)													
(22)			-			-							
			<u></u>	_	_			_					
(23)			-										
(24)			-										
(25)													
1b	Sub-total .		<u> </u>			L	<u> </u>	<u> </u>	0	1,568,911		549	,859
C	Total from continuation sheets to Part VII,	Section A			•	•		•	0		1		0
d		<u> </u>						<b>&gt;</b>	0			549	,859
2	Total number of individuals (including but not		listed	d ab		e) w	ho re	cen	ved more than \$	100,000 of			
	reportable compensation from the organization	<u> </u>			8			_				Yes	No
3	Did the organization list any former officer, di	rector, or truste	e, ke	y en	nplo	yee	e, or l	nigh	est compensate	ed		, ^*,	1
	employee on line 1a? If "Yes," complete Sche					_		_			3	Х	
4	For any individual listed on line 1a, is the sum	of reportable c	ompe	ensa	atior	n an	d oth	er (	compensation fr	om	•		
	the organization and related organizations gre	eater than \$150	,000?	If '	'Yes	s, " C	ompi	ete	Schedule J for	such		١.,	~ <del>~</del> .
	indıvıdual .		_	•		•					4	X	
5	Did any person listed on line 1a receive or act for services rendered to the organization? If "									ndividual	5		х
Sec	tion B. Independent Contractors								·				
1	Complete this table for your five highest components ation from the organization. Report of	pensated independence of the compensation for the c	ender or the	nt co cal	ontra end	acto ar y	rs the	at r end	eceived more thing within	ian \$100,000 of the organization	on's ta	×	
	year (A)							Π	(B)		(0		
	Name and business add	dress						<u> </u>	Description of se	rvices	Compe		
								╀					
								$\vdash$					
									•			_	
								Ĺ					
2	Total number of independent contractors (inc	_			hos	e li	sted o		ve) who receive	d			

Form 9		<u> </u>				43-13744	79 Page <b>9</b>
Par	: VIII						
,	,	Check if Schedule O contains a response or note to	to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns 1a	0		Tevenue		312-314
ants	b		2,147,911				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events . 1c	597,496				
ifts ar A	d	Related organizations	0				* ***
IS, G	е	Government grants (contributions) 1e	0	:			·
rtior er S	f	All other contributions, gifts, grants, and					
혈황		similar amounts not included above . 1f	1,691,825				
ont	g	Noncash contributions included in lines 1a-1f' \$	472,701				
	h	Total. Add lines 1a–1f	. ▶	4,437,232			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ne			ness Code				لأشمند متدان
ven	2a	Membership equivalent value 9000		1,144,834	1,144,834		
. Re	b	Membership program events 9000	99	295	295		
ζ	С			0			
Ser	d			0		<del></del>	
ram	е			0		<del>.</del>	
Program Service Revenue	Ť	All other program service revenue	<b>•</b>	1 145 120		· .	4%
	g	Total. Add lines 2a–2f		1,145,129	-		<u>^ 3,000</u>
	3	Investment income (including dividends, interest, and other similar amounts)		3,238,030			3,238,030
	4	Income from investment of tax-exempt bond proceeds	. · [	3,238,030			3,230,030
	5	Royalties	°	0	_		
	3		Personal	* ( * *)	4	3,45,5	14-13%
	6a	Gross rents				#	
	b	Less rental expenses		` '		ol . v. s á.	
	C	Rental income or (loss) 0	0	* .	ē ģ.	- T	
	d	Net rental income or (loss)	<b>•</b>	o			<u> </u>
	7a		ıı) Other		ž	*	· 1 1
		assets other than inventory . 21,347,321	0	g .i ,		o ý	·
	b	Less cost or other basis				*	1
		and sales expenses 20,083,453	0	£ ,	**		
	С	Gain or (loss) 1,263,868	0		غيميمسب		
	d	Net gain or (loss)	<b>&gt;</b>	1,263,868			1,263,868
					**	· †	
Ë	8a	Gross income from fundraising				* *	
Other Revenue		events (not including \$ 597,496		`		,	N. Marie
Şe		of contributions reported on line 1c)		,			
ē		See Part IV, line 18 a	68,400				
돭	b	<u> </u>	0				
		Net income or (loss) from fundraising events	. >	68,400			68,400
	9a	Gross income from gaming activities	_ ا				
		See Part IV, line 19.	0				,
		Less direct expenses b					
		Net income or (loss) from gaming activities .		0			<del>                                     </del>
	iva	Gross sales of inventory, less returns and allowances . a	0				
	<sub> </sub>	returns and allowances . a  Less cost of goods sold b					
		Net income or (loss) from sales of inventory		ما		• -	

**Business Code** 

541100

7,330

1,260

8,590

10,161,249

0

1,260

1,146,389

Miscellaneous Revenue

11a Litigation settlements from brokerage house

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

4,577,628

7,330

Part IX Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must complete al Check if Schedule O contains a response or note				
	not include amounts reported on lines 6b, 7b, 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 domestic organizations				!
	domestic governments. See Part IV, line 21	0		<u> </u>	
2	Grants and other assistance to domestic			, , , , , , , , , , , , , , , , , , ,	-
	individuals See Part IV, line 22	0	. <u></u>		,
3	Grants and other assistance to foreign			ا بازار	. ; ; 1
	organizations, foreign governments, and foreign			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	individuals See Part IV, lines 15 and 16	0		* * * * * * * * * * * * * * * * * * * *	
4	Benefits paid to or for members	0			\$ ***
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0		- "	
11	Fees for services (non-employees).				
а	Management	2,505		2,505	
b	Legal	6,995		6,995	
C	Accounting	0			
d	Lobbying	45,000		45,000	
e	Professional fundraising services See Part IV, line 17	0	N	deligent a constraint deligation	
f	Investment management fees .	87,508		87,508	
g	Other (If line 11g amount exceeds 10% of line 25, column	07,000		- 07,000	
9	(A) amount, list line 11g expenses on Schedule O)	o			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	<b>-</b> .	0	·		
18	Payments of travel or entertainment expenses				<del></del>
10	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	0	<del></del>		
20		0			
	Interest	0			
21	Depreciation, depletion, and amortization	0	0	0	0
22 23	. · · · · · · · · · · · · · · · · · · ·	22,941	<u>U</u>	22,941	<u> </u>
23 24	Other expenses Itemize expenses not covered	22,341		22,941	
<b>4</b> 4	above (List miscellaneous expenses in line 24e If		:	, ,	
	line 24e amount exceeds 10% of line 25, column			,	
			3	*****	,
_	(A) amount, list line 24e expenses on Schedule O)	4,450,034	4,450,034		
a	Program expenses to Saint Louis Art Museum		4,450,054	1 545	
b	Write-off of uncollectible pledges	1,545		1,545	
C	Bond insurance costs	7,668		7,668	<u> </u>
d	All alban and an area	0			<del></del>
e	All other expenses		4.450.004	474.400	
25	Total functional expenses. Add lines 1 through 24e	4,624,196	4,450,034	174,162	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and	ŀ			
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720) .				
					Form <b>990</b> (2014)

Form 990 (2014) St Louis Art Museum Foundation
Part X Balance Sheet

(A) Beginning of year		(B)
		End of year
1 Cash—non-interest-bearing	1	Life of year
1 Cash—non-interest-bearing 0 2 Savings and temporary cash investments	2	9,026,469
3 Pledges and grants receivable, net	3	9,780,527
4 Accounts receivable, net	4	0,700,027
5 Loans and other receivables from current and former officers, directors,		
trustees, key employees, and highest compensated employees.		i .
Complete Part II of Schedule L	5	o'
6 Loans and other receivables from other disqualified persons (as defined under section		1
4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	,	· ·
sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	\$ ; {	``, «
	6	0
organizations (see instructions) Complete Part II of Schedule L	7	0
8 Inventories for sale or use	8	0
9 Prepaid expenses and deferred charges	9	0
10a Land, buildings, and equipment cost or		
other basis Complete Part VI of Schedule D   10a   0		· · · · · · · · · · · · · · · · · · ·
b Less. accumulated depreciation . 10b 0	10c	0
11 Investments—publicly traded securities	11	145,115,222
12 Investments—other securities See Part IV, line 11	12	166,502
13 Investments—program-related See Part IV, line 11	13	0
14 Intangible assets	14	0
15 Other assets See Part IV, line 11	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	16	164,088,720
17 Accounts payable and accrued expenses	17	80
18 Grants payable	18	0
19 Deferred revenue 0	19	199,875
20 Tax-exempt bond liabilities	20	25,933,660
21 Escrow or custodial account liability. Complete Part IV of Schedule D0	21	
ສູ 22 Loans and other payables to current and former officers, directors,	,	*
trustees, key employees, highest compensated employees, and		
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
25 Occured Mortgages and notes payable to amounted and parties :	23	0
24 Unsecured notes and loans payable to unrelated third parties	24	0
25 Other liabilities (including federal income tax, payables to related third		
parties, and other liabilities not included on lines 17-24) Complete	25	507 502
Part X of Schedule D		507,523 26,641,138
26 Total liabilities. Add lines 17 through 25	20	20,041,130
Organizations that follow SFAS 117 (ASC 958), check here \     and		
complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		- 0
28 Temporarily restricted net assets		0
29 Permanently restricted net assets	29	0
Organizations that do not follow SFAS 117 (ASC958), check here		
complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.  Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances  128 090.332	30	
9 31 Paid-in or capital surplus, or land, building, or equipment fund		<del>  -</del> ·
32 Retained earnings, endowment, accumulated income, or other funds 128,090,332		137,447,582
33 Total net assets or fund balances		137,447,582
34 Total liabilities and net assets/fund balances	-	164,088,720

Part	Reconciliation of Net Assets		_
	Check if Schedule O contains a response or note to any line in this Part XI.		·
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,161,249
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,624,196
3	Revenue less expenses Subtract line 2 from line 1	3	5,537,053
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	128,090,332
5	Net unrealized gains (losses) on investments	5	3,820,197
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	10	137,447,582
Part	XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>	·
1 2a	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.  Were the organization's financial statements compiled or reviewed by an independent accountant?	<u> </u>	Yes No 2a X
h	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 Were the organization's financial statements audited by an independent accountant?		2b X
b	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	•	
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 in 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 (2014)

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

Department of the Treasury

Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

lame	ame of the organization Employer identification number									
		Art Museum Foundation			74479	_				
	rt I	Reason for Public Chari							_	
	orga	anization is not a private founda								
1	H	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
3	H	•	•					Enter the		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state								
5	Ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local govern	nment or governme	ental unit described in	section 1	l70(b)(1)(	A)(v).			
7	X	An organization that normally idescribed in section 170(b)(1)			from a go	vernmenta	al unit or from the g	eneral public		
8		A community trust described in	n section 170(b)(1)	)(A)(vi). (Complete Pa	ırt II )					
9		An organization that normally in receipts from activities related	receives (1) more to its exempt functi	than 33 1/3% of its su ions—subject to certa	pport from	n contribut	tions, membership f (2) no more than 33	fees, and gross 3 1/3% of its		
		support from gross investment acquired by the organization a	tincome and unrela	ated business taxable	income (I	ess sectio	on 511 tax) from bus	sinesses		
10		An organization organized and	d operated exclusive	ely to test for public sa	afety See	section (	509(a)(4).			
11		An organization organized and of one or more publicly suppor Check the box in lines 11a thro	ted organizations of	described in section 5	609(a)(1) d	or <b>section</b>	509(a)(2). See sec	ction 509(a)(3).		
а	Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.									
b	,	Type II. A supporting organ control or management of the organization(s). You must be	he supporting orga	nization vested in the	ction with same per	its suppo sons that	rted organization(s) control or manage	, by having the supported		
c	;	Type III functionally integrits supported organization(s	rated. A supporting	organization operate	d in conne Part IV.	ection with	n, and functionally in A, D, and E.	ntegrated with,		
C	I	Type III non-functionally in that is not functionally integrequirement (see instruction	ntegrated. A support	orting organization ope ation generally must s	erated in datisfy a di	connection stribution	n with its supported requirement and ar	organization(s) n attentiveness		
e	,	Check this box if the organi functionally integrated, or T	zation received a w	vritten determination fr	om the IR	S that it is		Type III		
f		Enter the number of supported	• •						0	
g		Provide the following information	on about the suppo	rted organization(s)						
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				(See instructions))	Yes	No				
A)										
B)					_				_	
C)										
D)			,		_				_	
E)									_	
Γota	al						0		0	

Schedule A (Form 990 or 990-EZ) 2014 St Louis Art Museum Foundation 43-1374479 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III ) Section A. Public Support (c) 2012 (d) 2013 (e) 2014 (f) Total Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 Gifts, grants, contributions, and membership fees received (Do not 7,287,569 include any "unusual grants") 17,305,324 18,149,014 5,871,693 4,437,232 53,050,832 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 17,305,324 7,287,569 18,149,014 5,871,693 4,437,232 53,050,832 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 22,446,072 column (f) 30,604,760 6 Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 Calendar year (or fiscal year beginning in) 7,287,569 18,149,014 5,871,693 4,437,232 53,050,832 17,305,324 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar SOURCES 2,346,488 2,607,938 2,813,213 3,238,030 12,877,364 1,871,695 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 6,388 8,590 106,694 14,687 61,007 16,022 66,034,890 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 46 35% 14 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 15 45 54% 15 Public support percentage from 2013 Schedule A, Part II, line 14 16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

supported organization

instructions

#### 43-1374479 Schedule A (Form 990 or 990-EZ) 2014 St Louis Art Museum Foundation Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II ) Section A. Public Support (e) 2014 (f) Total Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 0 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 benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 0 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0 amount on line 13 for the year 0 0 0 0 0 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) 0 Section B. Total Support (f) Total (c) 2012 (d) 2013 (e) 2014 Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 0 0 0 0 0 0 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, 0 rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses 0 acquired after June 30, 1975 0 0 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether 0 or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, 0 and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18 0 00%

19a	33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is
	not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b	33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	l		L . '
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status		, ,	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	ļ		·
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		٠,	
-	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		75 J. 4	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the		127	. !
	organization made the determination	3b		1
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	18.4	*<3.5.5	,
·	(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	<u></u>	· · · · · · · · · · · · · · · · · · ·
40	Was any supported organization not organized in the United States ("foreign supported organization")? If	7. *	. 35	
44	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		لحددها
_	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			1
b	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion	3.5 k	1.22	
	despite being controlled or supervised by or in connection with its supported organizations.	4b	. **.	ت عنا
	Did the organization support any foreign supported organization that does not have an IRS determination	Jr , 12	. \$	<del>  ,                                   </del>
С			i.S.	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	3 11		37;7
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		_ <u>*</u>	
_	purposes.	4c	- 4/	<del> </del>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1	1.00	.].
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			K d
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	18	1500	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			.
	was accomplished (such as by amendment to the organizing document).	5a		<del> </del>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	\$0	_ئند	
	designated in the organization's organizing document?	5b		₩
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<del>  ,</del>	<del> </del>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	**** -	ž.	7.
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class		***	
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also	- 350	1 '	\$ · "
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	2	<u></u>	
	Part VI.	6	<u></u>	↓
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial	₹ <u>*</u> *```	i jūji.	
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7	<u> </u>	<del> </del>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		<u> </u>

- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, " answer (b) below
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

9a

9b

9c

10a

10b

Part	Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	المما	-	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Secu	on B. Type I Supporting Organizations		Yes	No
4	Did the directors trustees or membership of one or more supported ergonizations have the newer to		162	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ļ		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		٠	* ^, }   * , }
	controlled the organization's activities. If the organization had more than one supported organization,	,		* * * * * * * * * * * * * * * * * * * *
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	^		12 80% 2005
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	- 1	,	7 - P. T.
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		, ,,
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		* .	1,
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			Z. Y.
	supervised, or controlled the supporting organization.	2		است المسلم
Secti	on C. Type II Supporting Organizations			<u> </u>
Jecti	on o. Type if oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<u> </u>	100	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	, ,		ń,
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		السنسانية
Secti	on D. All Type III Supporting Organizations	<u></u>	L	L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			2.
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax		1	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	Bui	ε.	115
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	- an Villai	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	.%	1.2198	\$ 230
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1117	. 7
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	3.	٠,	, °, ',
	significant voice in the organization's investment policies and in directing the use of the organization's	, ", "	1,500	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	43		8
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	:)
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	oo in	etruct	ione)
С	The digalization supported a governmental entity. Describe in Fait Vi now you supported a government entity (s	ce ma		<u>,                                    </u>
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	<u> </u>	├
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	ا غ		
_	activities but for the organization's involvement	2b	<del>  -</del>	<del> </del>
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	├	├──
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	31.	i	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	I	1

Check here if the organization satisfied the Integral Part Test as a qualify     other Type III non-functionally integrated supporting organizations must c	-		instructions. All
other Type III non-functionally integrated supporting organizations must c	omp	lete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		<u> </u>
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	T	S A PROCESS	
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other	1		roin a rain athair.
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2	7	all and the comment of the comment o
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	1 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5	The second secon	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	╁	CONTRACTOR SECURE	
emergency temporary reduction (see instructions)	6		o
7 Check here if the current year is the organization's first as a non-function instructions)	_	ntegrated Type III support	

e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 St Louis Art Museum Foundation	43-1374479	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part		17b; and
Part III, line 12 Also complete this part for any additional information (See instructions	.)	
Part II Section B Line 10 Other income is due to litigation settlement receipts from		
brokerage houses involved in investment transactions (\$7,330) and non-program related		
revenue (\$1,260)		
		·
		·
		·
		·
·		
		,
······································		

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

### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

**Open to Public** Inspection

**Employer identification number** 

43-1374479

Schedule C (Form 990 or 990-EZ) 2014

Department of the Treasury Internal Revenue Service

Name of organization

St Louis Art Museum Foundation

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► 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

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

- 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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Pa	rt I-A Complete if the	ne organization is exempt und	er section 501(	c) or is a section 527 o	rganization.
1	Provide a description of t	he organization's direct and indirect	political campaigi	activities in Part IV	
2	Political expenditures .			▶ \$	
3	Volunteer hours .				
-			504/	- \	
		ne organization is exempt und			
1	· · · · · · · · · · · · · · · · · · ·	excise tax incurred by the organizati			
2	_	excise tax incurred by organization i	•	<del>-</del>	
3	· ·	ed a section 4955 tax, did it file Form	n 4720 for this yea	or?	. Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part				
Pa		ne organization is exempt und			<u>c)(3).</u>
1	· ·	expended by the filing organization	for section 527 e	•	
	activities			▶ \$	
2		iling organization's funds contribute	d to other organiza	ations	
	for section 527 exempt fu			▶ \$	
3	line 17b.	penditures Add lines 1 and 2 Enter	nere and on Forr	n 1120-POL,	0
				. • • •	0
4	~ ~	file Form 1120-POL for this year?		•	Yes No
			1 /EININ . f . II .	507 11 1	
5		ses and employer identification num			
5	organization made paym	ents. For each organization listed, e	nter the amount p	aid from the filing organiza	ation's funds Also enter
5	organization made paym the amount of political co		nter the amount p ptly and directly d	eald from the filing organizations and from the filing organization and from the filing of the filing and from the filing of the filing organization and filing or	ation's funds. Also enter tical organization, such
<b>5</b>	organization made paym the amount of political co as a separate segregated	ents. For each organization listed, entributions received that were promoted fund or a political action committee	nter the amount p ptly and directly d e (PAC) If addition	aid from the filing organiza elivered to a separate poli nal space is needed, provi	ation's funds. Also enter tical organization, such de information in Part IV.
<b>5</b>	organization made paym the amount of political co	ents. For each organization listed, e intributions received that were prom	nter the amount p ptly and directly d	eald from the filing organizations and from the filing organization and from the filing of the filing and from the filing of the filing organization and filing or	ation's funds. Also enter tical organization, such
5	organization made paym the amount of political co as a separate segregated	ents. For each organization listed, entributions received that were promoted fund or a political action committee	nter the amount p ptly and directly d e (PAC) If addition	eald from the filing organize elivered to a separate poli nal space is needed, provi	ation's funds Also enter tical organization, such de information in Part IV.  (e) Amount of political contributions received and promptly and directly
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	organization made paym the amount of political co as a separate segregated	ents. For each organization listed, entributions received that were promoted fund or a political action committee	nter the amount p ptly and directly d e (PAC) If addition	eald from the filing organized elivered to a separate poli- nal space is needed, provious (d) Amount paid from filing organization's	ation's funds Also enter tical organization, such de information in Part IV.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
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Sch	edule C (Form 990 or 990-EZ) 2014					Page 2
Р	art II-A Complete if the organization under section 501(h)).	is exempt	under section 50	01(c)(3) and filed	Form 5768 (elec	
	Check ► If the filing organization below	ongs to an a	iffiliated group (ar	nd list in Part IV e	ach affiliated grou	n member's
-	name, address, EIN, exper					F
В	Check ▶ if the filing organization che				•	
	Limits on Lobby				<del>                                     </del>	(h) ACCL i I
	(The term "expenditures" me			.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub			<del></del>		0
b	Total lobbying expenditures to influence a te					0
c	Total lobbying expenditures (add lines 1a ar	-	y (direct lobbying)	•	o	0
d	Other exempt purpose expenditures	,	•	•		0
e	Total exempt purpose expenditures (add line	es 1c and 1d)	· · · · · · · · · · · · · · · · · · ·		0	0
f	Lobbying nontaxable amount. Enter the amo			ooth		
	columns		J		ol	0
	If the amount on line 1e, column (a) or (b) is:	The lobbyin	ig nontaxable amou	nt is:	6	-3 :0, 5 4.5 1
	Not over \$500,000		amount on line 1e		, , , , , , , , , , , , , , , , , , ,	
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	us 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plu	us 10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess of	over \$1,500,000		
	Over \$17,000,000	\$1,000,000				· <u>%</u>
g	Grassroots nontaxable amount (enter 25% of				0	0
h	Subtract line 1g from line 1a If zero or less,		•		0	0
i	Subtract line 1f from line 1c If zero or less,				0	0
j	If there is an amount other than zero on eith	er line 1h or	line 1i, did the orga	nization file Form 4	720 reporting	
	section 4911 tax for this year?	•			<u> </u>	Yes No
			g Period Under se	7 7		
	(Some organizations that made a sec			•	of the five column	s below.
	See the	separate ins	tructions for lines	2a through 2f.)		
	Lohbying	Exponditur	es During 4-Year A	Voraging Boried		
_	Lobbying	Expenditure	builing 4-1 ear A	Veraging Feriou		
	Calendar year (or fiscal year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
	beginning in)					
	····	<del> </del>				
2a	Lobbying nontaxable amount			_		0
	Lobbying ceiling amount	1	,	0		0
D			,			0
_		<u>-</u>			***************************************	
	Total lobbying expenditures			0	0	0
d	Grassroots nontaxable amount			0		0
e	Grassroots ceiling amount				0	0
J	(150% of line 2d, column (e))					0
		<del></del>				
f	Grassroots lobbying expenditures			o	o	0

Schedule C (Form 990 or 990-EZ) 2014

Par	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	l Fori	n 5768	1	
For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(;	a)		(b)	
	e lobbying activity	Yes	No	A	mount	t
1 a b	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		y	,
C	Media advertisements?		<del> </del> x	. ئىلىداد ئاسىدا	·*··· ·-	-
d	Mailings to members, legislators, or the public?		X			-
е	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?		Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			4	5,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .		Χ_			
i	Other activities?		X			
j	Total Add lines 1c through 1i	18.4	#,//			<u>5,000</u>
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Processor and Page 1	Х		<u> </u>	
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	10.00				5
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u></u>	<u> </u>			* .
Par	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	(C)(5),	, or s	ection		
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 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  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	 (c)(5),	, or s	3 ection		3, is
_	political expenses for which the section 527(f) tax was paid).		44	E		
a	Current year		2a 2b	<del> </del>		
C	Total		2c	<del> </del>		
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 lobbying and political expenditure next year?			186		-
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5	+		C
Part			<u> </u>	<del></del>		
Provi 2 (se Part I	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 e instructions), and Part II-B, line 1. Also, complete this part for any additional information. I-B Line 1(g) In order to keep abreast of current legislation, contracts are held with two to summarize and report on legislative matters that relate to or may impact the Foundation			art II-A, I		

	orm 990 or 990-EZ) 20					Page 4
Part IV	Supplementa	I Information (conti	nued)	<del></del>		
	•					
ř						
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			. <b></b>			
						•••••

St Louis Art Museum Foundation

43-1374479

#### **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. OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name	of the organization		Employer identification number
St Lo	ouis Art Museum Foundation		43-1374479
Par		or Advised Funds or Other Similar	
		ered "Yes" to Form 990, Part IV, line	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	_	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and d	onor advisors in writing that the assets he	eld in donor advised
_	funds are the organization's property, subje-		
6	Did the organization inform all grantees, do		
	used only for charitable purposes and not for		
	purpose conferring impermissible private be		Yes No
Dar	Conservation Easements.		
ı aı		ored "Ves" to Form 000 Port IV line	7
1		ered "Yes" to Form 990, Part IV, line	
1	Purpose(s) of conservation easements held	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e g , reci		on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	ation held a qualified conservation contrib	oution in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ea	sements	. 2b
С	Number of conservation easements on a ce	rtified historic structure included in (a)	. 2c
d	Number of conservation easements include	d in (c) acquired after 8/17/06, and not or	na a
	historic structure listed in the National Regis	ster	2d
3	Number of conservation easements modifie	d, transferred, released, extinguished, or	terminated by the organization
	during the tax year ►		
4	Number of states where property subject to		
5	Does the organization have a written policy		tion, handling of
	violations, and enforcement of the conserva-		
6	Staff and volunteer hours devoted to monitor	ring, inspecting, and enforcing conservat	ion easements during the year
	<b>•</b>		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation e	easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported	l on line 2(d) above satisfy the requirement	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization r		•
	balance sheet, and include, if applicable, th		financial statements that describes
	the organization's accounting for conservati		
Par		ections of Art, Historical Treasures	
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line	8
1a	If the organization elected, as permitted und	der SFAS 116 (ASC 958), not to report in	its revenue statement and balance sheet
	works of art, historical treasures, or other si	milar assets held for public exhibition, edi	ucation, or research in furtherance
	of public service, provide, in Part XIII, the te	xt of the footnote to its financial statemen	its that describes these items.
b	If the organization elected, as permitted und	der SFAS 116 (ASC 958), to report in its r	evenue statement and balance sheet
	works of art, historical treasures, or other si	mılar assets held for public exhibition, edi	ucation, or research in furtherance
	of public service, provide the following amo	unts relating to these items	
	(i) Revenue included in Form 990, Part VIII	, line 1	. ▶ \$
	(ii) Assets included in Form 990, Part X		. ► \$ ► \$
2	If the organization received or held works or	art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported u		
а	Revenue included in Form 990, Part VIII, lir		
b_	Assets included in Form 990, Part X.		▶ \$
For F	Panerwork Reduction Act Notice see the Instru	tions for Form 990	Schodulo D (Form 999) 2014

Part	Organizations Maintaining	Collections of Ar	t, Historica	al Trea	sures, or O	ther S	Similar Assets	(continu	ied)	
3	Using the organization's acquisition, a									
	use of its collection items (check all the		,		•	Ū	· ·			
а	Public exhibition	** **	d $\square$	Loan o	r exchange p	orogran	ns			
	<b>声</b> 、		=	Other		J				
b	Scholarly research		e	Office						
С	Preservation for future generation									
4	Provide a description of the organizat Part XIII.	ion's collections an	d explain ho	w they	further the or	ganıza	ition's exempt pu	ırpose ın		
5	During the year, did the organization							П.,		
	assets to be sold to raise funds rathe	r than to be maintai	ned as part	of the c	organization's	collec	ction? .	Ye	<u>s                                    </u>	No —
Part										
	Complete if the organization	answered "Yes"	to Form 990	0, Part	IV, line 9, o	r repo	rted an amoun	t on For	m	
	990, Part X, line 21									_
1a	Is the organization an agent, trustee,	custodian or other	ıntermediary	for cor	ntributions or	other	assets not			
	included on Form 990, Part X? .		•			•		Ye	s 🔲	No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the follow	ing tab	le					
	, ,	·						Amount		
С	Beginning balance .					10	;			0
d	Additions during the year .					10				
e	Distributions during the year .					16	)			
f	Ending balance					11	<del></del>			0
•			- V II 21	for on	arau, ar auata	سا	secunt liability?	Ye	s X	No
2a	Did the organization include an amou								*   <del> -</del>	NO
b	If "Yes," explain the arrangement in F	Part XIII Check here	e if the expla	nation	has been pro	ovided	in Part XIII			
Part	V Endowment Funds.									
	Complete if the organization	answered "Yes"	to Form 99	0, Part	: IV, line 10					
		(a) Current year	(b) Prior ye	ear	(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance .	124,707,588	102,25	54,422	78,31	1,826	78,614,31	9	68,06	6,304
b	Contributions	2,293,912	1,80	3,109	11,29	0,052	2,648,81	9	86	5,480
С	Net investment earnings, gains,									
-	and losses	8,226,168	24,21	16,877	13,14	1,911	-2,249,54	8	11,63	5,328
d	Grants or scholarships .	0		0		0		0		0
e	Other expenditures for facilities									
Ŭ	and programs	816,117	3.48	39,012	42.	4,266	639,19	10	1 88	5,994
f	Administrative expenses	87,507		77,808		5,101	62,57			6,799
	End of year balance	134,324,044		07,588			78,311,82		78,61	
g	Provide the estimated percentage of							· <u> </u>	70,01	1,010
2	Board designated or quasi-endowme		38%	iic ig,	column (a)) i	icia as	•			
a b	Permanent endowment	35%	3070							
		► 27%								
С	Temporarily restricted endowment									
0 -	The percentages in lines 2a, 2b, and			a that a	ro bold and a	admini	stared for the			
3a	Are there endowment funds not in the	e possession or the	organization	ii iiiai a	ile field affo a	aummi	stered for the	[	Yes	No
	organization by							3a(i)	165	
	(i) unrelated organizations		•		•	•	•		$\overline{}$	X
	(ii) related organizations				I- DO			3a(ii)	$\dashv$	X
b	If "Yes" to 3a(II), are the related organ							3b		
4	Describe in Part XIII the intended use		on's endown	nent für	nas		<del></del>	_		
Part						_				
	Complete if the organization	answered "Yes"	to Form 99	<u>0, Par</u>	<u>t IV, line 11</u>	a. See	Form 990, Pa	<u>rt X, lıne</u>	10	
	Description of property	(a) Cost or o	ther basis		st or other		Accumulated	(d) B	ook valu	е
		(investr	nent)	bası	s (other)		depreciation			
1a	Land		0		0					C
b	Buildings		0		0		0			<u> </u>
С	Leasehold improvements		0		0		0			C
d	Equipment		0		0		0			C
e	Other		0	_	0		0			C
	I. Add lines 1a through 1e (Column (o	) must equal Form	990, Part X,	columi	n (B), line 10	c)	<b>&gt;</b>			C

Part VII	Investments—Other Securitie			
	Complete if the organization an	swered "Yes" to Form 99	0, Part IV, line 11b See Forn	n 990, Part X, line 12
(a	) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financial		0		
	neld equity interests .	0		
(3) Other				
(B)				<del></del>
(Č)				
			<u> </u>	
(H)	) must equal Form 990, Part X, col (B) line 12)	0	-	
Part VIII	Investments—Program Relat	<del></del>		
Part VIII	Complete if the organization an		0, Part IV, line 11c See Form	n 990, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of va	
			Cost or end-of-year i	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	<u> </u>			
(8)				
(9)	) must equal Form 990, Part X, col (B) line 13 )			
Part IX	Other Assets.	0	*	
rait ix_	Complete if the organization an	swered "Ves" to Form 90	0 Part IV line 11d See Form	000 Dart V line 15
		a) Description	o, rattiv, ille rid See Folli	(b) Book value
(1)				(b) Book Value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
_(8)_				
(9)_				
Total. (Colu	mn (b) must equal Form 990, Part X,	col. (B) line 15 )	<b>•</b>	0
Part X	Other Liabilities.			
	Complete if the organization ar line 25	nswered "Yes" to Form 99	0, Part IV, line 11e or 11f Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value		
	I income taxes	0	1.	
	ions under split interest agreements (	507,523	1	
(3)			1	. مهر څ
_(4)			1	* 9 % * ***
_ (5)				·冷·
(6)			1	
				•
(8)				•
(9)				•
	must equal Form 990, Part X, col (B) line 25)	507,523		<u> </u>
	uncertain tax positions In Part XIII, provi	de the text of the footnote to the	e organization's financial statement	
organization's	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

Par	<del></del>	9	er Return.	
	Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 12a.	<del></del>	<del></del>
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:	1 - 1		
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities .	2b	_	
С	Recoveries of prior year grants .	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		~ > 4	
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	`	
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)	. 5	0
Par	t XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses	s per Return.	
	Complete if the organization answered "Yes" to Form 990, Page 1	-	•	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		. S. S. S.	<del></del>
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d	Zu	2e	0
е 3		• •	3	0
	Amounts included on Form 990, Part IX, line 25, but not on line 1			
4	Investment expenses not included on Form 990, Part VIII, line 7b	40	* * * * * * * * * * * * * * * * * * * *	
a		4a		
b	Other (Describe in Part XIII.)	4D ]	<del></del>	0
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5	0
	t XIII Supplemental Information.			
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and			; Part X, line
2, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to	provide any additional	information	
Part	V Line 4 Income from endowment funds is used to support the Saint Louis Art	t Museum's		
oper	ations, art purchases and other programs and purposes designated by the do	nors. The		
Inve	stment Committee recommends the harvest rate each year. The Finance Com	nmittee		
	······································			
reco	mmends the budget each year. These recommendations are approved by the	aovernina		
17.7.0				
boar	d In 2014, the Board approved the use of endowment harvest for art purchas	es only		
nou,				
Part	X Line 2 Stand alone financial statements of the Foundation are not prepared	l The		
1.911	A Line 2 Stand alone intanced statements of the Foundation are not prepared	1116		
Eou	ndation is presented as a blended component unit of the Saint Louis Art Muse	um The		
i Qui	idation is presented as a diended component unit of the daint Louis Art Muse	uiii iiie		
Ea.u	adation and the Count Louis Art Museum propers and propert statements in as	oordonoo		
Foul	ndation and the Saint Louis Art Museum prepare and present statements in ac	cordance		
	accompanied accounting standards as required by the Missey Aberefore as	n F.m 40		
with	governmental accounting standards as required by the Museum, therefore, no	D FIN48		
	and the second for the Francisco			
tooti	note is required for the Foundation	• • • • • • • • • • • • • • • • • • •		

Schedule D (Form	990) 2014	St Louis Art Museum	Foundation	43-13	74479 Page <b>5</b>
Part XIII	Supple	mental Information			
			(00////////////////////////////////////	<del></del>	<del></del>
				· <b></b>	· <b></b>
•					
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		<b>-</b>			

#### 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.

form990. Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No 1545-0047

Name of the organization Employer identification number St Louis Art Museum Foundation 43-1374479 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No 1 0 0 0 0 3 0 0 0 4 0 0 0 5 0 0 6 O 0 0 7 0 0 0 0 0 0 0 10 0 0 0 Total 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Pa	art		Complete if the organiz			
			fundraising event contrepts greater than \$5,00		come on Form 990-E2	1, lines 1 and 6b List
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		•	Gala		NONE	(add col (a) through
<u>e</u>			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	665,896	<del></del>	С	665,896
æ	2	+	597,496		C	597,496
	3	Gross income (line 1 minus line 2) .	68,400		C	68,400
	4	Cash prizes	0		C	0
	5	Noncash prizes .	0		C	0
Direct Expenses	6	Rent/facility costs .	0			0
t Exp	7	7 Food and beverages .	0			0
Dire	8	B Entertainment .	0			0
	9	Other direct expenses .	0			0
	1	· · · · · · · · · · · · · · · · · · ·				( 0)
Pa	art		the organization answe		0, Part IV, line 19, or r	
		than \$15,000 on Form	990-EZ, line 6a		<del>_</del>	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	1 Gross revenue				0
ses	2	2 Cash prizes .			-	0
Expenses	:	3 Noncash prizes				0
Direct	l .	4 Rent/facility costs .		-		0
	1	5 Other direct expenses	_			0
	-	6 Volunteer labor	Yes %	Yes %	Yes %	
	;	7 Direct expense summary A	dd lines 2 through 5 in co	lumn (d)	. , .	( 0)
	_ 8	8 Net gaming income summar	y Subtract line 7 from lin	e 1, column (d)	. •	0
9	•	Enter the state(s) in which the o	organization conducts gar	ning activities	~	
	a b					
10		Were any of the organization's If "Yes," explain		, suspended or terminat	led during the tax year?	Yes No
						<del></del>

Schedu	ule G (Form 990 or 990-EZ) 2014 St Louis Art Museum Foundation	43-13/44/9 Page 3
11	Does the organization conduct 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 conducted in:	
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events book and records	S
	Name ▶	• • • • • • • • • • • • • • • • • • • •
	Address ▶	
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the	
	amount of gaming revenue retained by the third party $ ightharpoonup$ \$0 .	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ► \$0	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any additional	
_	(see instructions)	
<b>-</b>		

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

Department of the Treasury

St Louis Art Museum Foundation

Internal Revenue Service

Name of the organization

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. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection Employer identification number

43-1374479

Pai	Questions Regarding Compensation			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these ite		Yes	No
	First-class or charter travel Housing allowance or residence for personal us			\$. 
	Travel for companions  Payments for business use of personal residence for personal residen			*
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			`. '*
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)	· ·		<b> </b> ^ - 7,
		4	,	÷
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding paymen or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	it	*	- 3
	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 lii 1a?	ne2		**: /
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 related organization to establish compensation of the CEO/Executive Director, but explain in Part III	by a		
	Compensation committee Written employment contract		i i	1
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation commit	tee		
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:			
a b	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	. 4c		x
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III		. ************************************	
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of	, ,		, ,
a	The organization?	5a		Х
b	Any related organization?	5b		X
	if tes to line 3a of 3b, describe in Part III.	;		l k
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	4,		· );
а	The organization?	6a		×
b	Any related organization?	6b		Х
	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			
8	payments not described in lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	7	<del>                                     </del>	X
J	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," described in Part III	rıbe 8		×
	•	<del></del>		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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 columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990. Part VII Section A line 1a, applicable columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990.

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the	listed	individual must equal i	he total amount of Fo	total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individua	tion A, line 1a, applica	able column (U) and	(E) amounts for that	Individual
		(B) Breakdown of W-	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(ı)–(D)	in column (B) reported as deferred in prior Form 990
Brent Benjamin	€							
1 President & Director of Museum	€	404,338	0	8,552	232,124	15,981	6'099	0
Carolyn Schmidt	Ξ		1	1			;	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2 Deputy Director for Administration &	€	267,806	0	2,122	88,974	10,492	369,394	0
	Ξ		1	1	1			
3 Deputy Director for Development Ex	€	197,204	0	1,475	0	11,830	210,509	0
Jason Busch								1
4 Deputy Director for Curatorial Affairs	€	182,427	0	1,455	0	9,772	193,654	0
Paul Haner	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
5 Paintings Conservator	(ii)	114,726	0	970	34,270	12,656	162,622	0
Brad Haberer	Ξ				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
6 Director for Accounting	<b>(E)</b>	116,972	0	1,068	90,247	9,199	217,486	0
James Burke	Ξ			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	
7 Former Museum Director	(ii)	160,797	0	0	0	0	160,797	116,128
	Θ					1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
8	Ξ							1
	Ξ							
6	( <u>ii</u> )							
	(i)	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 1		
10	( <u>i</u>							
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11	(ii)							
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12	€							
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15	€							
	≘ 3			1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
16	€							

Schedule J (Form 990) 2014

Page 3

	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part	
Cappicinal mornianon	ns require	for any additional information

Part II Line Bi (see schedule O) Brent Benjamin is paid by the supported organization, The Saint Louis Art Museum. His compensation is approved by the Board of Commissioners of the Saint Louis Art Museum. Changes are approved by the Board each year.  The other employees are paid by the supported organization. The Saint Louis Art Museum. Salary surveys, studies and independent.
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i's employment through the expiration of the agreement in 2015. An additional \$15,000, was paid	
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the Museur	
Mr. Benjamin remaining in the Museum's employment through the expiration of the agreement in 2015. An additional \$15,000, was paid	
Benjamin r	
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w;			and the end of the year in 2014. Retirement and Other Deferred Compensation for Carolyn Schmidt of \$88,974 consists of a retention
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the actuarial value of the defined pension benefit in the amount of \$50,000 and \$38,974,	##
the amount of \$50,000 and \$3	at the inception of the retention plan are paid annually. The retention plan is 100% at
he defined pension benefit in	etention plan are paid annual
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payment and the estimated change in	respectively Annual credits specified

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Deferred Compensation for Paul Haner and Bradley Haberer consist of the estimated change in the actuarial value of the defined	
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Deferred Compensation for Paul Haner a	,
Deferred	

int of \$34,470 and \$90,247, respectively. Neither Carl Hamm nor Jason Busch have achieved service years.
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	rt III ine Biii. Other reportable compensatio
	Part II I me Biii. Other reportable compensation for Brent Bentamin consists of \$8,162 for gross up of prem

to vest in the pension plan, consequently, no estimate is made

Part III

SCHEDULE K (Form 990) Internal Revenue Service

Name of the organization

Department of the Treasury

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.

OMB No 1545-0047 Open to Publ

Inspection

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

Employer identification number 43-1374479

St Louis Art Museum Foundation							43-1374479	479	
Part   Bond Issues								L	<b> </b>
(a) Issuer name	(b) Issuer EIN	# disno (a)	(d) Date issued	(e) Issue price	(f) Descrip	(f) Description of purpose	(g) Defeased	eased (h) On behalf of issuer	(I) Pooled financing
A The Industrial Development Authority of City	43-7163465	85231UAA3	12/14/2009	45,994,9	45,994,963 Museum Expansion or Addition	n or Addition	Yes	No Yes N	No Yes No X
В									
ပ									
Part II Proceeds									
				4	æ	ပ		٥	
1 Amount of bonds retired		•	-	20,000,000					ļ
2 Amount of bonds legally defeased.			-	0					
3 Total proceeds of issue .				46,001,141					
4 Gross proceeds in reserve funds.			•	0					
5 Capitalized interest from proceeds				3,364,297					
6 Proceeds in refunding escrows				0					
7 Issuance costs from proceeds.				717,724					
8 Credit enhancement from proceeds				110,630					
9 Working capital expenditures from proceeds				0					
10 Capital expenditures from proceeds				41,808,487					
11 Other spent proceeds	•	-		0					
12 Other unspent proceeds				3					
13 Year of substantial completion				2013	ļ	-			1
	ı		Yes	N <sub>o</sub>	Yes No	Yes	2	Yes	No No
14 Were the bonds issued as part of a current refunding issue?.	refunding issue			×					
15 Were the bonds issued as part of an advance refunding issue?	se refunding iss	ue?		×					
16 Has the final allocation of proceeds been made?	ade?		×						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	ooks and record	ls to suppor	×				-	. –	
Part III Private Business Use			_		-				
•				A	В	၁		O	
1 Was the organization a partner in a partnership, or a member of	ship, or a memb	er of an LLC,	C, Yes	ON O	Yes No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?	pt bonds?			×					
2 Are there any lease arrangements that may result in private business use of bond-financed property?	result in private	business u	se	×					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\rm HTA}$ 

Schedule K (Form 990) 2014

43-1374479

Page 2

St Louis Art Museum Foundation

Schedule K (Form 990) 2014

Schedule K (Form 990) 2014 %00 O ŝ ŝ ۵ Yes Yes %000 ŝ ŝ Yes Yes %00 O ဍ å  $\mathbf{\omega}$ m Yes Yes 00 0 00 0 0.00% %00 0 £ ž × × × × × × × Yes Yes × × × × × ▲ 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 Enter the percentage of financed property used in a private business use as a Are there any research agreements that may result in private business use of outside counsel to review any research agreements relating to the financed property? result 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 If "Yes" to line 2c, provide in Part VI the date the rebate computation was Are there any management or service contracts that may result in private Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 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 other than a section 501(c)(3) organization or a state or local government. requirements under Regulations sections 1 141-12 and 1 145-27 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? d Was the hedge superintegrated? sections 1 141-12 and 1 145-27 e Was the hedge terminated? bond-financed property? Total of lines 4 and 5 Exception to rebate? Rebate not due yet? Arbitrage Name of provider No rebate due? c Term of hedge disposed of performed Δ Ω 3a ပ σ 49 | თ 4 Ŋ 9 က

Arbitrage (Continued)

Schedule K (Form 990) 2014

Page 3

chedule K (	Form 990) 2014	St Louis Art Museum Foundation 43-137	479 Page <b>4</b>
art VI	Supplemental	Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)	
ľ			
	C		
			Schedule K (Form 990) 2014

### **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.

Employer identification number

Name of the organization St Louis Art Museum Foundation 43-1374479 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art 1 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods . 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 472,701 Market value day of gift 9 Securities—Publicly traded Securities—Closely held stock 10 Securities—Partnership, LLC, 11 or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution—Historic structures Qualified conservation contribution-Other 15 Real estate-Residential Real estate-Commercial 16 17 Real estate—Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (\_\_\_\_\_) 26 Other ► (\_\_\_\_\_) Other ► (\_\_\_\_\_ 27 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a' Х b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Х b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is

checked, describe in Part II

	Form 990) (2014) St Louis Art Museum Foundation	43-1374479 Page <b>2</b>
Part II	Supplemental Information. Provide the information required by Part I, lines 30 the organization is reporting in Part I, column (b), the number of contributions, to 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	
is to sell s	tock gifts as soon as possible after the gift is received, typically the same	
day Stock	gifts are valued using the average of the high and low market price on the day	
of the gift		
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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

43-1374479 St Louis Art Museum Foundation Form 990, Part VI, Section A, Line 6&7 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 (a) &(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

# SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

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

▶ Attach to Form 990.

Related Organizations and Unrelated Partnerships

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

Employer identification number

(f) Direct controlling Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had entity 43-1374479 (e) End-of-year assets Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity St Louis Art Museum Foundation Name of the organization Part II Part I

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one or more related tax-exempt organizations during the tax year	uring the tax year	•					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led
						Yes	٩ N
(1) Saint Louis Art Museum 43-1056957 One Fine Arts Drive St Louis, MO 63110	Art Museum	MO	501(c)(3)	7	N/A		×
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							

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

Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total Shincome	(g) Share of end-of- year assets	Disproport		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	· · · · · · · · · · · · · · · · · · ·	(k) Percentage ownership
										2			2	
							-							
				·										
													<u> </u>	
Identification of FIV, line 34 because	<b>Identification of Related Organizations Taxable as a Corporation or Trust</b> Complete if the organization ans IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ions Taxable e related org	anizations	e as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part ganizations treated as a corporation or trust during the tax year	or Trust (	Complete ation or t	e if the org trust durin	janizatior g the tax	answei year	red "Yes	s" on For	m 990,	Part	
(a) Name, address, and EIN of related organization	d organization	(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income	eud		(h) Percentage ownership		(I) Section 512(b)(13) controlled entity?
													Yes	٤
					:							:		
											Sche	Schedule R (Form 990) 2014	Form 9	90) 2014

Transactions With Related Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

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St Louis Art Museum Foundation Schedule R (Form 990) 2014

Part V

Note	Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes	2
-	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?	rganizations listed in F	Parts II-IV?		╄-	
Ø	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•		1a		×
q	Gift, grant, or capital contribution to related organization(s)			1p		×
ပ	Gift, grant, or capital contribution from related organization(s)	-		10		×
Р	Loans or loan quarantees to or for related organization(s)			1d		×
<b>v</b>	Loans or loan guarantees by related organization(s)			1e		×
<b>-</b>	Dividends from related organization(s)			11		×
ס	Sale of assets to related organization(s)			19		×
ء	Purchase of assets from related organization(s)			1h		×
	Exchange of assets with related organization(s)			1;		×
	Lease of facilities, equipment, or other assets to related organization(s)			11		×
د ,	account of facilities account or other accote from related erronization(e)			**	5%	· >
- ۲	Performance of services or membership or fundraising solicitations for related organization(s)			==	-	⟨İ×
-	Telectrication of inclination with the control of t			=	1	( >
Ε	Performance of services or membership or fundraising solicitations by related organization(s)	•		Ę,	$\dagger$	$\times  $
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		٠	5	1	×l
0	Sharing of paid employees with related organization(s)			9	_	×
						D.
<u>a</u>	Reimbursement paid to related organization(s) for expenses			10		×
. 0	Reimbursement paid by related organization(s) for expenses			10	-	×
•				がなり		
_	Other transfer of cash or property to related organization(s)		٠	11	×	
S	Other transfer of cash or property from related organization(s)			1s		×
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	ncluding covered relat	tionships and trans	action thr	eshold	S
	(19)	4	3	7	ءِ ا	
	(a) Name of related organization	Transaction type (a–s)	(c) Amount involved	(a) Method of determining amount involved	s) determinir involved	ව්
(1) S <sub>2</sub>	(1) Saint Louis Art Museum (see part III statement of program services)	0	C; 4,450,034	Cash	}	
(2)						
(3)						
(4)						
(5)						
(9)						
			Schedu	Schedule R (Form 990) 201	990) 2	۶۱

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# Unrelated Organizations Taxable as a Partnership Complete of 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.

Name, address, and EIN of entity					č					(		
_	Legal domicile (state or foreign	Predominant income (related.	Are all partners	artners	Share of total income	Share of end-of-vear	Disproportionate allocations?		amount in box 20	General or managing		Percentage
		Ď	o	c)(3)		assets			of Schedule K-1 (Form 1065)	partner?		<u> </u>
		sections 512-514)	Yes	å			Yes	å		Yes	2	
											===	
				,								
								,,				

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Part VII		ntal Information		<del> </del>				
	Provide add	ditional information	for responses to	o auestions o	n Schedule R	(see instruction	ns).	
				<u> </u>	<u></u>	(0,00,00,00,000,000,000,000,000,000,000		
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