Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

ΑI	or the	2015 calendar year, or tax year beginning JU	ь 1, 2015 <b>and</b>	ending J	UN 30, 20:	L <b>6</b>			
В	Check if applicable	C Name of organization			D Employ	er identific	cation	number	
	Addres	ART SAINT LOUIS			<u> </u>				
	Name change	Doing business as				*****	4397		
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telepho	rie numbei	r		
	Final return/	1223 PINE STREET			100	314-24	1-481	0	
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross rece	ipts \$		316	,491.
	Amend return	ed ST LOUIS, MO 63103-2527			H(a) Is this	a group re	eturn		
	Application	F Name and address of principal officer: Change	LER BRANCH	A	for su	bordinates	?	Yes X	□No
	pendin	1223 PINE STREET, ST LOUIS, MO 631		Â	H(b) Are all s	ubordinates ir	ncluded?	Yes	□No
T	Tax-exe	mpt status: X 501(c)(3) 501(c) ( )		or 🏄 🛮 527	If "No	," attach a	list. (se	ee instruction	ıs)
		WWW.ARTSTLOUIS.ORG	, , , , , , , , , , , , , , , , , , , ,		H(c) Group				•
			sociation Other >	L Year				of legal domici	ile: MO
_		Summary	· · · · · · · · · · · · · · · · · · ·			canton marcalum		V	
4		Briefly describe the organization's mission or most	significant activities: SUPPOR	T OF VIS	UAL ARTS I	HROUGH		a. Jár	
Governance		PUBLICATION OF NEWSLETTERS, ORGANIZING				, y	TO THE	NAC HOLD	
'n	-	Check this box if the organization discor	District State of the State of	town Total Investor	e than 25% (	of its net as	ssets		
Σ		Number of voting members of the governing body	300 APAP	THE POST PROTEIN					7
Ğ	1	Number of independent voting members of the gov	AND SAFEK				4		7
Activities &		Total number of individuals employed in calendar y							4
itie		Total number of volunteers (estimate if necessary)	TERESTER STATE	+5357		_			427
ξį	72.	Total unrelated business revenue from Part VIII. co	lumn (C) line 12						0.
ĕ	'a	Total unrelated business revenue from Part VIII, co Net unrelated business taxable income from Form	QQAT line 34						0.
_	- 5	vet difficiated business taxable income from 1 Giff	330 1, 1116 04		Prior Yo		······	Current Yea	<u>_</u>
	8 (	Contributions and grants (Part VIII life 15)				161,180.	<u>'</u>		,358,
Revenue	9 1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)			and the same of th	73,955.			,052.
, Ke	1	nvestment income (Part VIII, column (A), lines 3, 4,	THE PROPERTY OF THE PROPERTY O	107000000000000000000000000000000000000		0.			0.
æ	10 1	Other revenue (Part VIII, column (A), lines 5, 4,	and 7d)			11,053.		2	,081.
	11 (	Other revenue (Part VIII, column (A), lines 5, 4, 8c	, 9c, 10c, and 13 et			246,188.		· · · · · · · · · · · · · · · · · · ·	,491.
_	12	Total revenue - add lines o tribagai 11 (must equal	i art viii, columna(a) sine 12)		<del></del>	0.		310	0.
		Grants and similar amounts paid (Part IX, column (				0.	<del> </del>		0.
		Benefits paid to or for members (Fan IX, column (A	7007.500					1 4 0	
Expenses	15	Salaries, other compensation, employee benefits (I				109,059.			0.
en	16a	Professional fundraising fees (Part IX redumn (A), I	ine 11e)				140217-144	NERSKA MINISTERNI († 13)	Addadandikila
X	р	Fotal fundraising expenses (Part IX, column (D). lin	e 25)   25 3	<u>,805.</u>		100 575	IN SAM	100	
	17	Other expenses (Part IX, column (A), lines [1] a 1 ] d				108,575.			,068.
	1	Total expenses. Add lines 13-17 (must equal Part				217,634.	-		3,411.
<u> </u>	19	Nenue less expenses. Subtract line 18 from line	12		!!	28,554.			.,920.
ts or		(D) (V) (10)		<u> </u>	eginning of Co	155.846.		End of Year	
SSE	20	Fotal assets (Part X, line 16)				15,126.			824.
Net Assets	21	Total liabilities (Part X, line 26)							258.
	'∣ 22 art II⊪	Net assets or fund balances. Subtract line 21 from	line 20			140,720.		13:	5,566.
		Ities of perjuty, I declare that I have examined this return,	including accompanying achedul	loo and staton	manta and to t	he heat of m	nu lenoue	ladas and half	of it io
	-	t, and complete Declaration of preparer (other than office					iy kilow	neuge and bein	a, it is
uu	, con ec		i j is baseu on an iniormation of v	vilicii prepare	i ilas aliy kilo	wieuge.			
0:-		Signature of officer			I Da	te			
Sig		, -							
He	re	ROY H KRAMER, PRESIDENT Type or print name and title							
		· · · · · · · · · · · · · · · · · · ·	Dronoverla nignatura	1	Date	Check	11	PTIN	
Pa	ld	Print/Type preparer's name	Preparer's signature			if "			
	parer	Cirm's name	<u> </u>		l ec	self-emplo	yed		
	e Only	Firm's name			11	m's EIN 🛌			<del> </del>
US	Guny	Firm's address			l ni	ono no			
<u> </u>	w tha Ir	RS discuss this return with the preparer shown abo	wo? (ooo instructions)		I PI	ione no.		Ves	No
IVIE	.v164 lb	so that has this relition which the preparer shown and	WE CISER DISTRICTIONS!						1 1/1/0

Form	990 (2015) ART	SAINT LOUIS			**-***4397	Page 2
	t III   Statement of Progr	am Service Acc	omplishments	·		
	Check if Schedule O cont	taine a reenonee or n	ote to any line in this Part	Ш		х
1			ote to any line in this rait			
•	Briefly describe the organization					
	ART SAINT LOUIS IS DEDIC					
	ACTIVITY OF OUR REGION'S					
	EXHIBITION, EDUCATION, 2	AND EXCHANGE, WE	CONNECT AND INSPIR	E OUR		
	COMMUNITY, AND MULTIPLY	THE ECONOMIC AN	D CULTURAL VITALITY	OF		
2	Did the organization undertake	***			od on	
_					200 M	۱., ا <del>ین</del> ۱.,
	the prior Form 990 or 990-EZ?					Yes X No
	If "Yes," describe these new se	rvices on Schedule (	).			
3	Did the organization cease con-	ducting, or make sigr	nificant changes in how it o	conducts, any progra	ım services?	Yes ☑ No
	If "Yes," describe these change					
4	Describe the organization's pro		aliahmanta far agah af ita t	hraa largaat nyagram	sorvices as a served by eve	
4						
	Section 501(c)(3) and 501(c)(4)		luired to report the amoun	t of grants and alloca	ations to others, the total exper	ises, and
	revenue, if any, for each progra	m service reported.				
4a	(Code:) (Expenses \$		including grants of \$		(Sevenue \$ 15)	)
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4b	(Code: ) (Expenses \$		including grants of \$		) (Revenue \$	)
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			transfer and the same			
4c	(Codo ) (Expenses \$	<b>%</b>	including grants of \$		) (Revenue \$	)
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	NECESIA.					
				***************************************		
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		Colore Colore				-
	A STATE OF THE PARTY OF THE PAR	£35				
//~	Other program consists (Dannie	ibo in Schodula O.				
4d	Other program services (Descr	•		<b>\</b>		
	(Expenses \$	including gran	nts of \$	) (Revenue \$	<u> </u>	
40	Total program service expense	s 📂				

Form 990 (2015) ART SAINT LOUIS
Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to present open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets 2/fr Yes.* complete	•		
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	and the	d'a	х
40	If "Yes," complete Schedule D, Part IV	S.		<u> </u>
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		x
11	If the organization's answer to any of the following questions is Yes, then complete Schedule D, Parts VI, VII, IX, or X		Marina de la composição d La composição de la composição	
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	NASSASANIN	.IOMAXINASARA:	1,58015A114877FC
-	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," corriplete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - programmelated in Part X, line 13 that is 5%, or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		🕶	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
e f	Did the organization report an amount for other liabilities in Part X, line 25% It. "Yes," complete Schedule D, Part X	11e	_ ^_	
,	the organization's liability for uncertain ax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>                                     </del>		
ızu	Schedule D, Parts Wand Will	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		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	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	<del> </del>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If Yes, complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	<del> </del>	+
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del></del>	T	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	1	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		ĺ	
	complete Schedule G, Part III	19		х

## Form 990 (2015) ART SAINT LOUIS Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization scurrent			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244	,is,	
200	transaction with a disqualified person during the year? If "Yes," complete Conedule I. Part I	258	)#P**	x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	i de sec		<del></del> -
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	F		
	Schedule L, Part I	056		x
00	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from of payables to any current or	25b		
26				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			.,
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule E, Pair II	27	skobanini,	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).	SKIR.	12452A	
а	A current or former officer, director fustee, or key employee? If "Yes, somplete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule Part IV	28c		Х
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? If "Yes," complète Schedule W	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes, complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		<b>†</b>	1
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	۳	T	<del>                                     </del>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del>  "</del>		<del>                                     </del>
	Note. All Form 990 filers are required to complete Schedule O	38	x	l x
		, 30	000	L

Par	W Statements Regarding Other IRS Filings and Tax Compliance			-,,,-
pgrass, saw	Check if Schedule O contains a response or note to any line in this Part V			
		Ī	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			OHES
	Enter the number of Forms W-2G included in line 1a. Enter -0· if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	X	SEATTH CALVIOLA
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		(1 ) k	Suks 55
	filed for the calendar year ending with or within the year covered by this return 2a 4			ia ka
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-4602464650
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		600 H.C.L. 600 T.T.L.	ja ka
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	330	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature of other authority over a			
	financial account in a foreign country (such as a bank account, securities account, or other inancial account)?	4a		х
b	If "Yes," enter the name of the foreign country: ►	ikān.		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	泰	Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	Se	X	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		GMILE.	(4°1110):111
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	CHECK CONTRACTOR	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е	mactice villenia	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			žugu:
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	i i		
а	Did the sponsoring organization make any taxable distributions under Section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b		
10				
а	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			Robert Control
11	Section 501(c)(12) organizations. Enter:		394 46 TO	
а	Gross income from members or shareholders 11a	isis		k
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 49.7(a) 13 non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	and the control of	Suds tein Schlau
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	WINE AND	Tallonia N
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	46 30 TH	144.6h	120005
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del></del>	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	1

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Par	<b>tyli Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	"No" r	espon.	se
				х
Sec	tion A. Governing Body and Management	*******		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		źr	-
	persons other than the governing body?	76	ľ	х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	2	2310	
а	The governing body?	8a		х
b	Each committee with authority to act on behalf of the governing body?	8b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		х
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		A Usicani
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	40-		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			
13	Did the organization have a written whistleblower policy?	12c		x
14	Did the organization have a written document retention and destruction policy?	13		x
15	Did the process for determining compensation of the tollowing persons include a review and approval by independent	14	distincia:	
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		X	
а	The organization's CEO, Executive Director, or top management official	15a	SIKINDUKS.	X
	Other officers or key employees of the organization	15b		x
~	If "Yes to line 15a or 15b, describe the process in Schedule O (see instructions).	Description.	178510	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			h (C/G)
	taxable critity during the year?	16a	ERROREUM)	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Miles (IS)	Desi	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	To Ethiolistic lists about	Business to the second of the
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  THE ORGANIZATION - 314-241-4810			
	1223 PINE STREET, ST LOUIS, MO 63103-2527		-	

### Form 990 (2015) 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.

Name and Title  Average hours per week (list any) hours for related organizations below line)  (1) ROY KRAMER  PRESIDENT  (2) MCAEL-JOHN VOSS  VICE PRESIDENT  (3) EARLINE BELL  DIRECTOR  (4) DAVID STOEBERL  DIRECTOR  (5) ANNE M DROZDA  DIRECTOR  (6) JEFFREY PICKET  (6) Position do not check more than one box, unless person is both an ebox, unless person is both and the compensation from from from related amount of the organization (W-2/1099-MISC)  (7) Reportable compensation from the organization (W-2/1099-MISC)  (8) Reportable compensation from the organization (W-2/1099-MISC)  (W-2/10	Check this box if neither the organization no	or any related	orga	ıniza	tion	cor	nper	nsat	ted any furrent officer.	director, or trustee.	
Week (list any hours for related organizations below line)   Tom related organization (W-2/1099-MISC)   Tom the organization (W-2/1099-MISC)   Tom the organization (w-2/1099-MISC)   Tom the organization (w-2/1099-MISC)   Tom the organization and related organization (w-2/1099-MISC)	(A)	(B) Average hours per	(do box,	not cl	(( Pos neck ss pe	ition more rson i	than o	one h an	(2) Reportable compensation	(E) Reportable compensation	Estimated amount of
Column		(list any hours for related organizations below		ional trustee		e ti			the organization	organizations	compensation
(2) MICAEL-JOHN VOSS   2.00   X   0.   0.		2.00			.00					_	
VICE PRESIDENT         X         0.         0.           (3) EARLINE BELL         2.00         X         0.         0.           DIRECTOR         X         X         0.         0.           (4) DAVID STOEBERL         2.00         X         X         0.         0.           DIRECTOR         X         X         0.         0.         0.           (5) ANNE M DROZDA         2.00         X         X         0.         0.           G6) JEFFREY PICKET         2.00         0.         0.         0.         0.		2.00	X		X	198			0.	0.	0.
Column		The state of the s		ton.	v		4		0	_	0.
DIRECTOR		Charles and the Court of the Co						*43		· · · · · · · · · · · · · · · · · · ·	· ·
DIRECTOR			X		Ż.				0.	0.	0.
(5) ANNE M DROZDA 2.00 X X 0. 0. (6) JEFFREY PICKET 2.00	(4) DAVID STOEBERL	2.00					<u>.                                    </u>				
DIRECTOR X X X 0. 0. (6) JEFFREY PICKET 2.00	(2012)		Х	<u> </u>	X				0,	. 0.	0.
(6) JEFFREY PICKET 2.00		2.00							A. C.		
		0.00	Х		Х	N.			0.	0,	0.
ACCURATE TO THE PARTY OF THE PA	DIRECTOR	<u> </u>	x		х				0.	0.	0.
(7) LUCAS MAXWELL 2.00 X X X 0.		2,00	x		х				0.	0.	0.
(8) THOMAS CHANDLER BRANCH 45.00 X 45,000. 0. 2,2					x				45 000	0.	2,215.
			-								
			<u> </u>								
			╀								
			+							- 242°04°°04	

Section A. Officers, Directors, Tru		ploy	ees/			ghe	st C	ompensated Employe	es (continued)		
(A)	(B)	1			C)			(D)	(E)		(F)
Name and title	Average				ition more	than	one	Reportable	Reportable		Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		amount of
	week	$\vdash$	oeran	iu a c	in ecto	or/trus	ice)	from	from related		other
	(list any hours for	Individual trustee or director					l	the	organizations	,	compensation
	related	ord	ge			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	)	from the
	organizations	ruste	institutional trustee		8	Highest compensated employee		(88-2/1099-88150)	A.P.		organization and related
	below	dualt	tiona		yoldı	stcor	<u>.</u>				organizations
	line)	ndivi	nstitu	Officer	Key employee	Higher Plans	Former				or garnization o
	<del></del>	<del>  -</del>	┢▔	Ť	<u> </u>				108	_	
		-	-		-	H	-				
		1									
	<del></del>		⊢	-	<u> </u>	<u> </u>				+	
		┢	<u> </u>			ألكون					<sub>N</sub> gắr
		<u> </u>			4						
		┨			P						
					<b>.</b>				Ø.		
		A STATE OF THE PARTY OF THE PAR	, and b				_	25/25/25		4	
		ł									
		╁┈	<del>                                     </del>			1000				7	
			200								
1b Sub-total					i			45,000.		0.	2,215.
c Total from continuation sneets to Part	VII, Section A					£		0.		0.	0.
d Total (add lines 1b and 1c)						<u></u>	<u> </u>	45,000.	<u> </u>	0.	2,215,
2 Total number of individuals (including but	not limited to the	nose	e liste	ed ä	bov	e) w	ho r	eceived more than \$100	0,000 of reportable		
compensation from the organization		····			100			- West			Yes No
3 Did the organization list any former office	v director or tr	unto	م ادر	201.0	, Mole			highoot componented o	mplayee en	F	PART IS THE RESERVE
line 1a? If "Yes," complete Schedule J to						1960				ž	3 X
4 For any individual listed on line 1a, is the					atic	o an	 d ot	her compensation from	the organization		
and related organizations greater than \$1	50 non2/f."Yes	יי מכ	ompl	lete	Séh	edul	la Ji	for such individual	the organization		4 X
5 Did any person listed on line 1a receive o											XVSV Casto yrsti
rendered to the organization? If "Yes," co								ou organization of man	1000 101 001 11000	Ŕ	5 X
Section B. Independent Contractors					•						
1 Complete this table for your five highest of										ensa	ation from
the organization. Report compensation for (A)	or the calendar y	/ear	end	ıng '	with	or w	vithii T		year.		(0)
Name and busines	ss address	NC	NE					(B) Description of	services	C	(C) ompensation
											•
The state of the s							$\dashv$				
***************************************							$\dashv$				
2 Total number of independent contractors	(includina but i	not I	imite	ed to	the	se li	isted	d above) who received r	more than	with:	
\$100,000 of compensation from the orga						0			(1) (1) (1) (1)		
											C 000 (004 E)

Form 990 (2015) ART SAINT I
Part VIII Statement of Revenue

T. Selli (1975)	2	77.18.111	Check if Schedule O contains a re	sponse	or note to anv lir	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Giffs, Grants and Other Similar Amounts		b	Federated campaigns  Membership dues  Fundraising events	1a 1b 1c	16,890.				
outions, Gi		е	Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	1d 1e	184,468.				
Contrik and Ot			Noncash contributions included in lines 1a-1f: \$			201,358.			
					Business Code				
e e	2	а	CONTRACTED SERVIES		900099	64,645	64.645.		Paragraph and and the sales a
ē Ķ		b	CAFE		900099	33,285.	99,285,	Gi e E e e e	
Program Service Revenue		С	ARTSHOW ENTRY FEES		900099	15,122.	15,122.		
Rev		d				41 CT 24 CT 24 CT 25 CT			j.
rog		е					i.	***	
ъ.			All other program service revenue			112.000	A Section of the second section of the section of the second section of the sect	Distriction of the second second	
		g	Total. Add lines 2a-2f		200 CO	113,052		•	
	3		Investment income (including dividend						
	4		other similar amounts)				修? 		
	5		Royalties						
	•			Real	(ii) Personal				
	6	а	Gross rents	_addit	1 iii) i digenai				
			Less: rental expenses	A CONTRACTOR OF THE PARTY OF TH					
			Rental income or (loss)						
			Not rental income or (legal)			1,853.		**************************************	1,853.
	7		14 720	curities	(ii) Other		A di Translation Topic		
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
			ARCHITICAL TRANSPORT TO THE CONTRACT OF THE CO	Mir. Malika	<b>&gt;</b>				
ō	8	а	Gross income from fundraising event	s (nóti)					a sariesia (m. gara)
venue			3/23/2	of :					
			contributions reported on line 1c). Se	e					
Other Re			Part IV, line 18	a					
			Less: direct expenses						MEAN DUILDA
-		- 1	Net income or (loss) from fundraising	1792	<b>_</b>	annuna fra fryn 1641 yr a cannun a bynnunn ne arc	and a standards	us sa shadarka kalimi a amir didilikka esitoka j	Control of the contro
	9	a	Gross income from gaming activities.						Same are even up
			Park W. line 19						
			Less direct expenses					normalist and the second	
	۱.,		Net income or (loss) from gaming acti		<b>&gt;</b>		www.comercial		
	10	а	Gross sales of inventory, less returns						
		h	and allowances Less: cost of goods sold	a b					
			Net income or (loss) from sales of inve					ENIEVUS VENIEN	
		Ŭ	Miscellaneous Revenue	CITEOLY .	Business Code			<b>生活的工程</b>	
	11		MISCELLANEOUS INCOME		900099	228	. 228		TO THE RESERVE OF THE PERSON O
	l ''	b						·	
		c						1	<del> </del>
		d	All other revenue					<del></del>	
		-	Total. Add lines 11a-11d			228			
	12		Total revenue. See instructions.		•	316,491	113,280	0.	1,853,

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees 73,482 **\$50** Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages \_\_\_\_\_ 58,916 58,916 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits \_\_\_\_\_ 5 817 5,026 791 0.0(1289,612 516 Payroll taxes 10 Fees for services (non-employees): a Management 251 251 Legal 4,516 c Accounting 4,516 **d** Lobbying Professional fundraising services. See Part IV. line 17 f Investment management fees ...... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 59,606 Office expenses 47,110, 8,691 3,805 13 Information technology 6,545 4.932 1,613 14 Royalties ..... 15 39,617 39,617 16 Occupancy 17 [" 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 556 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 3,297 71 Depreciation, depletion, and amortization 3,226 22 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) ARTIST HONORARIUM 40,440 40,440 SUBCONTRACTED SERVICES 22,758 22,758 b MISCELLANEOUS 1,726 1,726 С DUES AND SUBSCRIPTIONS 756 756 d All other expenses Total functional expenses. Add lines 1 through 24e 328,411 297,747 26,859, 3,805. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation, Check here if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	26,047.	1	36,061.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	26,565.	3	
	4	Accounts receivable, net	3,762	4	2,640.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş l		employees' beneficiary organizations (see instr). Complete Part II of Sch L	manuful parameter seems and a seem a seem and a seem a seem and a	6	Control Contro
Assets	7	Notes and loans receivable, net		. 7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	A CONTRACTOR OF THE PARTY OF TH	Mg.	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 93, 385			
	b	Less: accumulated depreciation 10b 31,988	44,472.	10c	61,397.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11	55,000.	15	59,726.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	155,846.	16	159,824.
	17	Accounts payable and accrued expenses	14,626.	17	17,441.
	18	Grants payable		18	·
	19	Deferred revenue		19	7.77
	20	Tax-exempt bond liabilities	Over Commonstrate	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ψ	22	Loans and other payables to current and former officers, directors, trustees,		ACC 1	
Liabilities		key employees, highest compensated employees, and disqualified persons.		70	
abil		Complete Part II of Schedule		22	
ב	23	Secured mortgages and notes payable to unrelated third parties		23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated third parties		24	6,317.
	25	Other liabilities (including federal income tax, payables to related third		<del> </del>	, , , , , , , , , , , , , , , , , , ,
		parties, and other liabilities not included on lines 17,24). Complete Part X of			
		Schedule D	500	25	500.
	26	Total liabilities. Add lines 17 through 25	15,126		24,258.
	SS COL	Organizations that follow SFAS 117 (ASC 958), check here		100	
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	Constant and the street distribution and the street of the state of th	27	*
ala	28	Temporarily restricted net assets		28	7
ф	29	Permanently restricted net assets	11.14.14.1	29	
ä		Organizations that do not follow SFAS 117 (ASC 958), check here		antigy.	
o.		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0	30	0.
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	0	+	0.
	l	Retained earnings, endowment, accumulated income, or other funds		_	135,566.
et A	32				
Net Assets or Fund Balances	33	Total net assets or fund balances	140,720	_	135,566.

	990 (2015) ART SAINT LOUIS	**-***4397		Pag	<sub>je</sub> 12
Pai	t XI Reconciliation of Net Assets	<u> </u>			
	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			491.
2	Total expenses (must equal Part IX, column (A), line 25)	2		328,	411.
3	Revenue less expenses. Subtract line 2 from line 1	3		<11,	920.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		140,	720.
5	Net unrealized gains (losses) on investments	<b>2</b> 5			
6	Donated services and use of facilities	6			
7	Investment expenses	[ 7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	l va		128,	800.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	500			<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		MH MU		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O.		S.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	edona 🦎	2.0		12 A
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Light Consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ite basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year explain in Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			
	or audits, explain why in Schedule C and describe any steps taken to undergo such audits		3b		
			Form	990	(2015)

### **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

Open to Public Inspection

Name of	the organization							identification number
Dayl		INT LOUIS						-***4397
Part I	9.9					nstructions	3.	
The orga 1 2 3 4	nization is not a private foundary  A church, convention of chu  A school described in secti  A hospital or a cooperative  A medical research organiza	urches, or associatio on 170(b)(1)(A)(ii). (A hospital service orga	n of churches described Attach Schedule E (Formanisation described in se	l in <b>section</b> 1990 or 990 <b>ction 170</b> (b	170(b)(1)(A )-EZ).) o)(1)(A)(iii).		)(iii), Enter t	he hospital's name,
	city, and state:				<u>Á</u>		i i	
5 6 7X	An organization operated for section 170(b)(1)(A)(iv). (C  A federal, state, or local government of the Anorganization that normal section 170(b)(1)(A)(vi). (Co	omplete Part II.) vernment or governm Ily receives a substa	nental unit described in s	ection 170	(v)(A)(t)(d)			
8 🖳	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Part	Warney.				
9	An organization that normal activities related to its exem income and unrelated busin See section 509(a)(2). (Cor	npt functions - subjec ness taxable income	ot to certain exceptions,	and (2) no	nore than 3	33 1/3% of	its support	from gross investment
10 🖳	An organization organized a	and operated exclusi	vely tợ test for public sa	fety.See <b>s</b> i	ation 509(	a)(4).		
a [	An organization organized a more publicly supported organizes 11a through 11d that the Type I. A supporting organization organization. You must c	ganizations describe describes the type o anization operated, s on(s) the power to re	d in <b>section 509(a)(1)</b> of f supporting organization libervised, or controlled gularly appoint or elect a	section 50 n and comp by (is supp	09(a)(2). Se plete lines 1 orted organ	e <b>section</b> 1e, 11f, an nization(s),	<b>509(a)(3).</b> C d 11g. typically by	heck the box in giving
bL	Type II. A supporting orgacion control or management o	f the supporting orga	anization vested in Itie's		ERIOLE P	_		=
c [	organization(s). You mus Type III functionally inte	grated. A supportin	g organization operated	\$			ılly integrate	ed with,
d C	its supported organization  Type III non-functionally that is not functionally int requirement (see instruct  Check this box if the organization	y integrated. A supp egrated. The organiz ions). You must con	orting organization oper zation generally must sa nplete Part IV, Sections	ated in con tisfy a distri s A and D, a	nection with bution requ and Part V.	h its suppo irement an	d an attenti	
	Junctionally integrated, or	r Type III non-functio	nally integrated support	ing organiza	ation.			
f Er	nter the number of supported o	organizations						
g Pi	ovide the following information							
	(i) Name of supported or ganization	(ii) EIN	(described on lines 1-9	(iv) Is the org listed in governing do Yes	vour	v) Amount o suppor instruc	(see	(vi) Amount of other support (see instructions)
Total								

### Schedule A (Form 990 or 990-EZ) 2015 ART SAINT LOUIS Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	***************************************						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	114,442.	184,220.	146,323.	161,180.	201,358.	807,523.	
2	Tax revenues levied for the organ-				A			
	ization's benefit and either paid to							
	or expended on its behalf				**			
3	The value of services or facilities							
	furnished by a governmental unit to				A			
	the organization without charge				A			
4	Total. Add lines 1 through 3	114,442.	184,220.	146,323	161,180.	201,358.	807,523.	
5	The portion of total contributions			Policy Company of the Company				
	by each person (other than a							
	governmental unit or publicly	Park Hallacatak						
	supported organization) included					ontains -	of the	
	on line 1 that exceeds 2% of the					tuning ing 12 ce	No. of the latest terms of	
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						807,523.	
	tion B. Total Support		A CONTRACTOR				<del></del>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
7	Amounts from line 4	114,442.	184,220	146,323.	161,180.	201,358.	807,523.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties				t a			
	and income from similar sources			6,000,	9,712.	1,853.	17,565.	
9	Net income from unrelated business.		Page 1					
	activities, whether or not the			ļ				
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)			2,141.	1,341.	228.	3,710.	
11	Total support, Add lines 7 through 10	maintenant in the second					828,798.	
12		, etc. (see Instructi	ions)			12		
13	First five years. If the Form 990 is fo	**************************************	h. emiliar	rd, fourth, or fifth t	ax year as a sectic	on 501(c)(3)		
	organization, check this box and sto						<b>&gt;</b>	
	ction 🚱 Computation of Pub							
14	Public support percentage for 2015 (	(line 6, column (f) d	livided by line 11,	column (f))		14	97.43 %	
15	Public support percentage from 2014	4 Schedule A, Part	: II, line 14		***************************************	15	%	
16a	33 1/3% support test - 2015. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	more, check this bo	ox and	
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			<b>&gt;</b> X	
t	33 1/3% support test - 2014. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box	
	and stop here. The organization qua	llifies as a publicly	supported organiz	zation	*************************		▶□	
17a	i 10% -facts-and circumstances tes	i - <b>2015.</b> If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the "fac-	cts-and-circumstar	nces" test, check t	his box and <b>stop</b> I	nere. Explain in Pa	art VI how the organ	nization	
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶□	
k	10% -facts-and-circumstances tes	<b>st - 2014.</b> If the org	ganization did not	check a box on lin	e 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-cir	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶□	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ıs ▶ 🗀	
					Cob	edule A (Form 990	000 EZ\ 001E	

### Schedule A (Form 990 or 990-EZ) 2015 ART SAINT LOUIS Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					A	
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the				"		
	organization's tax-exempt purpose						
3	Gross receipts from activities that				43.		
	are not an unrelated trade or bus-						
	iness under section 513		+2				
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to			Control of the contro			
	or expended on its behalf			<u></u>			
5	The value of services or facilities						. A
	furnished by a governmental unit to		La Company				
	the organization without charge			VII. 22.23			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and			in the		**	
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the		````				
	amount on line 13 for the year			\(\frac{1}{2}\)			
	Add lines 7a and 7b	C CONSTRUCTION OF SECURITY OF	PRACTICAL PROPERTY OF THE PROP	TO OCCUPANT DE LA CONTRACTOR DE LA CONTR			
_8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	<u> </u>		<u> </u>	13"		
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses		Á	<i>y</i>			
	acquired after June 30, 1975	CONTRACTOR STORESTONE ST. B	402	<u> </u>			
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is	<b>发验</b>					
10	regularly carried on				-		
12	Other income. Do not include gain or loss from the sale of capital					1	
	assets (Explain in Part VI.)	157			ļ		
	Total support: (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is fo	or the olganization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
8-	check this box and stop here						<u></u> ▶∟⊥
	ction C. Computation of Pub					T :- [	
	Public support percentage for 2015					15	%
	Public support percentage from 201 ction D. Computation of Inve					16	%
						1,-1	
17						17	<u>%</u>
18	8 Investment income percentage from 2014 Schedule A, Part III, line 17						% 17 is not
198							
	more than 33 1/3%, check this box a						
	o <b>33 1/3% support tests - 2014.</b> If the line 18 is not more than 33 1/3%, ch	-			•		
20	Private foundation If the organization						'

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(a)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and inow the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI write controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part, VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly of indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If Yes, provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

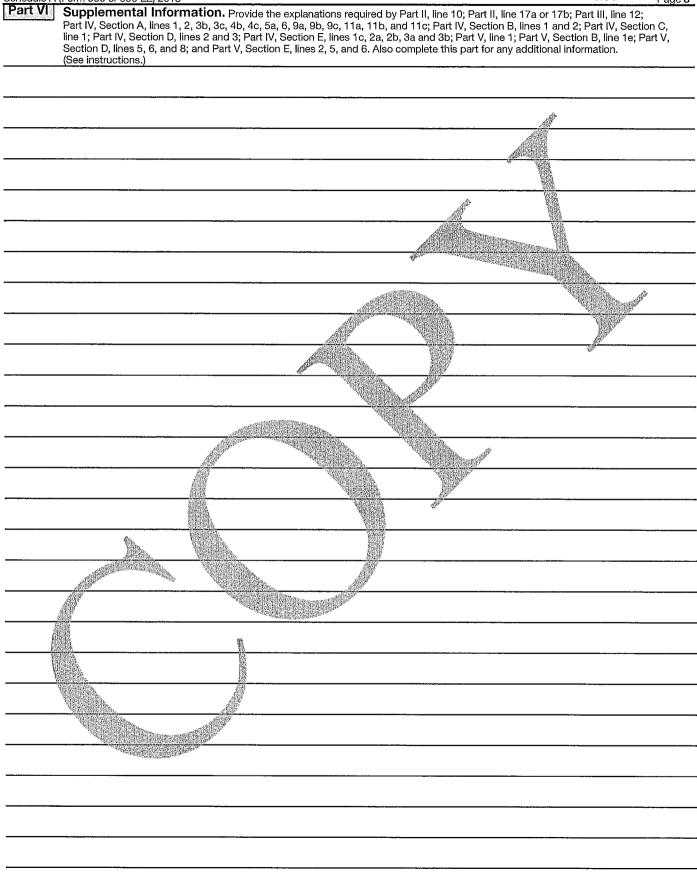
	Yes	No
1		
2		
3a		
3b		
	niele: Gaste B	
3c 4a		Herrig Addition
4h		
40		
5a 5b		
5c		
6		
7	1	
8	l	
9a		
9b		
9c	:	
10a		
10b		

Pa	t IV   Supporting Organizations <sub>(continued)</sub>								
			Yes	No					
11	Has the organization accepted a gift or contribution from any of the following persons?			26 A.A					
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)								
	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							
Sec	Section B. Type I Supporting Organizations								
		Francis oznac	Yes	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								
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or								
	controlled the organization's activities. If the organization had more than one supported organization,								
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported								
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u></u>					
2	Did the organization operate for the benefit of any supported organization other than the supported								
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain it	May Harks							
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		àrid						
	supervised, or controlled the supporting organization.	2	<u>*</u>						
<u>5ec</u>	tion C. Type II Supporting Organizations		r						
			Yes	No					
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1	1272 1113						
	or trustees of each of the organization's supported organization(s)? It "No," describe in Part VI how control								
	or management of the supporting organization was vested in the same persons that controlled or managed								
800	the supported organization(s). tion D. All Type III Supporting Organizations	1	L	<u> </u>					
360	tion B. Air Type in Supporting Organizations		V						
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No					
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax								
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the								
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1							
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1514965689	NALESCA.					
~	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how								
	the organization maintained a close and continuous working relationship with the supported organization(s).	2							
3	By reason of the relationship described in (2), did the organization's supported organizations have a		X HT LE						
_	significant voice in the organization's investment policies and in directing the use of the organization's								
	income or assets at all times during the ray year? If "Yes," describe in Part VI the role the organization's								
	supported organizations played in this regard.	3							
Sec	tion EaType 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 yea(see instructions):								
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.								
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).						
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	14045/15 01403							
	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	www.ttetRds.ell**						
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more								
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			W A LA					
	reasons for the organization's position that its supported organization(s) would have engaged in these			100					
	activities but for the organization's involvement.	2b							
3	Parent of Supported Organizations. Answer (a) and (b) below.								
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? Provide details in <i>Part VI</i> .	3a							
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	6-00-0							
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	I	I					

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	ı ağo <b>o</b>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970. See instru	ctions. All
	other Type III non-functionally integrated supporting organizations must com			
Sect	ion 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	A. C.	
4	Add lines 1 through 3	4	A-3-1	
_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	İ		
	maintenance of property held for production of income (see instructions)	6	<u> </u>	
7	Other expenses (see instructions)	7	A! (8)	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8 ,		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	267.786		
	instructions for short tax year or assets held for part of year):	200		
а	Average monthly value of securities	da -	<b>b</b> .	
b	Average monthly cash balances	ib:		
c	Fair market value of other non-exempt-use assets	1e.		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			A BUTTLE PARTIES AND A SE
	factors (explain in detail in Part VI):	4		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		, 2000
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for preater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8 🕏		
Sect	ion C - Distributable Amount		Apple 1 Sec. 1 Sec. 1	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	18 (0 P. 16	
2	Enter 85% of line:	2		
3	Minimum esset amount for prior year (from Section B, line 8, Column A)	3	Print Extendiants at	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	-integi	ated Type III supporting orga	anization (see

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		, , , , , , , , , , , , , , , , , , ,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	•	A .	
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e V	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6		A Villa	-
10	Line 8 amount divided by Line 9 amount		A V	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pro-2015	(iii) Distributable Amount for 2015
	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
2				
2	(reasonable cause required-see instructions)  Excess distributions carryover, if any, to 2015:		do. Gradusing pulicular separating pangunias in salusah.	
3	Excess distributions carryover, if arry, to 2015.			
a				
<u>b</u>				
<u>C</u>	From 0010			
	From 2013			
	From 2014	Control of the Contro	artika en errestas de karengentis. Salasak en errestas de karengen en e	
	Total of lines 3a through e			
	Applied to underdistributions of prior years	Control of the Contro		
	Applied to 2015 distributable amount			
<u> </u>	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D			
	line 7:			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount		PLICE CONTRACTOR CONTRACTOR	
	Remainder. Subtract lines 4a and 4b from 4.	Decker Challenger (1925)	中的世界/26 JUST 4. FASTER 2. ESPECIAL DESP	
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h		California de California	
	and 40 rom line 1 (if amount greater than zero, see	PERMIT	NALE CONTRACTOR	
	instructions).			And the little speciment of the contract of the little of the
7 	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
<u>b</u>				
С	Excess from 2013			#49%1460 <u>#</u> #176%
	Excess from 2014			
е	Excess from 2015	HAR DUNG KANTAKTAN		

Schedule A (Form 990 or 990-EZ) 2015



#### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2015
Open to Public

Open to Public Inspection

Employer identification number

ART SAINT LOUIS FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GALLERY AND ARTIST REGISTRY FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OUR REGION. FORM 990, PART VI, SECTION B, LINE 11 THE EXECUTIVE DIRECTOR AND PRESEIDENT REVIEW A COPY OF FORM 990 BEFORE THE RETURN IS FILED FORM 990, PART VI, SECTION B, LINE 12C DIRECTORS, OFFICER, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST ANNUALLY FORM 990, PART VI, SECTION B, LINE 15 THE BOARD OF DIRECTORS REVIEWS AND MAKES RECOMMENDATIONS REGARDING COMPENSATION PACKAGES FORM 990, PART VI, SECTION B. LINE 19 UPON REQUEST

### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			Х
<ul><li>If you</li></ul>	are filing for an <b>Additional (Not Automatic) 3-Month Ex</b> t	tension, c	complete only Part II (on page 2 of t	his form).		
Do not c	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed Fo	m 8868.	
Electron	ic filing (e-file) . You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tim	ne to file (6	months for a c	corporation
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	le Foriri 88	368 to request a	an extension
of time to	ofile any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for J	ransfers A	ssociated With	n Certain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details ໍ້ຕ	n the elec	tronic filing of t	his form,
visit <i>wwv</i>	v.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I			-0.1	12.4		
A corpor Part I onl	ation required to file Form 990-T and requesting an auton y	natic 6-mo	onth extension - check this box and o	complete		▶ □
All other	, corporations (including 1120-C filers), partnerships, REM. ome tax returns.	ICs, and t	2000年2000年2000年200日 1000年200日 1000年200日 1000年200日 1000年200日 1000年200日 1000年200日 1000年200日 1000年200日 1000年200日 1			•
				AND PROPERTY OF PERSONS ASSESSED.	r's identifying	
Type or	Name of exempt organization or other filer, see instruc	ctions.		Employer	identification r	iumber (EIN) or
print	ADM GATAM LOVING				**=***1397	
File by the	ART SAINT LOUIS				AND ADDRESS OF THE PARTY OF THE	
due date for filing your	Number, street, and room or suite no. If a P.O. box, so 1223 PINE STREET	ee instruc	tions.	Social se	curity number (	SSN)
return. See instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions			
	ST LOUIS, MO 63103-2527					
	*	1				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicat	ion	Heturn	Application			Return
ls For		Code	Is For			Code
	O or Form 990-EZ	101	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069		-	11
	D-T (trust other than above)	06	Form 8870			12
	THE ORGANIZATION					
	ooks are in the care of 1223 PINE STREET - ST hone No. 314-241-4810	TOOTS,	10.000			
	ACTIVITY TO A STATE OF THE PARTY OF THE PART	and the	Fax No. ▶		<del></del>	<b>,</b> —
• If the	organization does not have an office or place of business	s in the in	nited States, check this box			▶ └──
• II triis	is for a Group Return, enter the organization's four digit	Marsup Exe	emption Number (GEN) I	this is to	r the whole gro	up, check this
	If it is for part of the group, check this box				ers the extensi	on is for.
<b>1</b> lre	equest an automatic 3-month (6 months for a corporation FERRUARY 15, 2017 , to lie the exemp				Th	
io :	for the organization's return for:	it organiza	mon return for the organization name	ed above.	rne extension	
15	Calendar year or					
	X tax year beginning JUL 1, 2015	on	nd ending JUN 30, 2016			
	ter target beginning	, a	id ending	<del></del>	<u> </u>	
2 If t	he tax year entered in line it is for less than 12 months, c	book rose	son: Initial return	Final retur	n	
	Change in accounting period	ileon reas	on minaretum	i illai retur		= .
	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			
<u>nc</u>	nrefundable credits. See instructions.			3a	\$	0.
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			<del></del>
es	timated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wi	th this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	uctions.	3c	\$	0.
	. If you are going to make an electronic funds withdrawal	(direct de	ebit) with this Form 8868, see Form 8	3453-EO a	nd Form 8879-E	EO for payment
instructi	ons.					