** PUBLIC DISCLOSURE COPY **

Internal Revenue Service

Department of the Treasury

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.

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

Inspection

OMB No. 1545-0047

A	or the	e 2015 calendar year, or tax year beginning and	enaing		
В	Check if applicab	C Name of organization THE GREATER ST. LOUIS		D Employer identifi	cation number
	Addre	SE ARTS AND EDUCATION COUNCIL			
	Name			43-0	790672
	Initial return	<u> </u>	Room/suite	E Telephone numbe	r
	Final return	3547 OLIVE STREET			289-4000
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,556,899.
	Amen return	S1. LOUIS, MO 03103-1014		H(a) Is this a group re	
	Application	F Name and address of principal officer: CINITIA FROSI		for subordinates	? Yes X No
	pendi	* 354 / OLIVE STREET, ST. LOUIS, MO 63103	<u>-1014</u>	H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) €	or 527	If "No," attach a	list. (see instructions)
		te: > WWW.KEEPARTHAPPENING.ORG		H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Year	of formation: 1963 N	M State of legal domicile; MO
P	art I	Summary	~ ~		
ø	1	Briefly describe the organization's mission or most significant activities: \underline{SEE}	SCHEDU	LE O	
Activities & Governance	١.				
ern	2	Check this box if the organization discontinued its operations or dispos			
Š	3			3	27 27
∞ ≪	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
ties	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			900
ţi	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ą	l 'a	Net unrelated business taxable income from Form 990-T, line 34			0.
_	<u> </u>	Tet unrelated business taxable income nonn onn 990-1, line 54		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,152,864.	2,292,339.
Jue	9	Program service revenue (Part VIII, line 2g)		215,960.	169,184.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-125.	-192.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-74,362.	-103,195.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,294,337.	2,358,136.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		973,481.	911,387.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		766,634.	823,154.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	. b	Total fundraising expenses (Part IX, column (D), line 25) 371,54	41.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		734,328.	779,735.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,474,443.	2,514,276.
_	19	Revenue less expenses. Subtract line 18 from line 12		-180,106.	-156,140.
Net Assets or	9		Ве	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		2,946,824.	2,788,689.
etA	21	Total liabilities (Part X, line 26)		2,793,844.	2,823,419.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		152,980.	-34,730.
			and stateme	unto and to the heat of m	/ Impulades and halist it is
		alties of perjury, I declare that I have examined this return, including accompanying schedules at, and complete. Declaration of preparer (other than officer) is based on all information of wh			/ knowledge and belief, it is
tiue	, corre	25, and complete. Declaration of preparer (other than officer) is based on an information of will	iicii preparei	lias ally kilowieuge.	
Sig	n	Signature of officer		L Date	
Hei		CYNTHIA PROST, PRESIDENT			
110	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature] [Date Check	PTIN
Pai	d	JUDITH E. MURPHY		if self-employ	P00325547
	- parer	Firm's name RUBINBROWN LLP	1	Firm's EIN ▶	43-0765316
	Only	Firm's address NORTH BRENTWOOD			
_		SAINT LOUIS, MO 63105		Phone no. (3	14) 290-3300
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2015) ARTS AND EDUCATION COUNCIL	43-0790672	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
_			
1	Briefly describe the organization's mission:	MIDOUGII	
	TO PROVIDE SUPPORT FOR THE ARTS IN THE ST. LOUIS REGION		
	GRANTS, FULL SERVICE COLLABORATIVE OFFICE FACILITY, AND	PUBLIC	
	AWARENESS.		
_	Did the organization undertake any significant program services during the year which were not listed on		
2			77
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	•		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	nue \$)
	ALLOCATIONS AND GRANTS - THE COUNCIL AWARDED GRANTS TO 5		
	FOR PERFORMING/VISUAL ARTS AND ARTS EDUCATION SERVICES I		
		N IUC	
	16 COUNTY BI-STATE AREA OF ST. LOUIS.		
4b	(Code:) (Expenses \$	nue \$)
	SEE SCHEDULE O		
	0.51.000	1.50	101
4c		·	184.
	THE COUNCIL PROVIDES OFFICE SPACE, STATE-OF-THE-ART TECH	NOLOGY,	
	AND REHEARSAL AND PERFORMANCE SPACE FOR 16 NONPROFIT ORG	ANIZATIONS	
		NTER), A	
	·	· •	
	UNIQUE ARTS INCUBATOR LOCATED IN GRAND CENTER. THE COUNC		
	PROVIDES COMPUTER EQUIPMENT, AN INFORMATION TECHNOLOGY N	ETWORK,	
	TELEPHONE AND INTERNET SERVICES, AND VARIOUS OTHER		
	OCCUPANCY-RELATED SERVICES TO THE TENANTS OF THE CENTER	ΔͲ Δ ΡΔͲϜ	
	SUBSTANTIALLY BELOW THE ACTUAL COSTS INCURRED FOR SUCH I	TEMS AND	
	SERVICES BY THE COUNCIL.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,996,541.		
		Form	990 (2015)

Form 990 (2015) ARTS AND EDU Part IV Checklist of Required Schedules

1 Is the organization described in section 501(kg) or 4947(a)(1) (other than a private foundation)? 1 Yes, "complete Schedule D, Schedule B, Schedule of Contributors? 2 Is the organization requal in direct or indirect or lidited political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 3 X X Section 501(kg) organization. B off 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 5 Is the organization association 501(kg), 501(kg), or501(kg), or501(kg) organization that receives membership dues, assessments, or similar amounts as defined in Reverue Procedure 98-19? If "Yes," complete Schedule C, Part III 6 Did the organization aniantal any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization in aniantal any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the organization receive or hold a conservation easement, including essenents to preserve open space, the environment, historic land rease, or historic sincturers If "Yes," complete Schedule D, Part II 9 Did the organization maintal and part II and II				Yes	No
s the organization required to complete Schedule 8, Schedule of Contributors? 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 II as escion SO1(k)3) organizations. Did the organization and provide Schedule C, Part II as escion SO1(k)3) organizations. Did the organization and th	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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 II 4 Section 50(R) 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 5 Is the organization a section 501(h) 4,501(cit), 6, 501(cit), 6, 501		If "Yes," complete Schedule A	1_		
Section 501(6)(3) organizations. Dut the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax yea? If "Yes," complete Schedule C, Part II 4	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)(4) election in effect during that key xeri? If "Yes," complete Schedule C, Part II (1) is the organization assettion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-192 If "Yes," complete Schedule C, Part III (1) is 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of any similar funds or accounts for which donors have the right to provide advice on the distribution or investments or provide advice on the distribution or investments or high any similar funds or accounts for which donors have the right to provide advice on the distribution or investments or high any similar funds or accounts for which donors have the right to provide advice on the distribution or investments or high any similar funds or accounts for which donors have the right to provide advice on the distribution or investments or high any similar funds or accounts for which donors have the right to provide advice on the distribution or investments or high any similar funds or accounts for which donors have the right to provide advice on the funds of the provide advice on the funds of the complete Schedule D, Part V in the complete Schedule D, Part X in the comp	3				
during the tax year? If "Yes," complete Schedule C, Part II			3		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 96-19? If "Yes," complete Schedule C, Part III 5 IV 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of any such funds or accounts for which donors have the right to provide advice on the distribution or investment to genero expense. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 1 Did the organization report an amount for least or part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit conselling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part V 1 If the organization report an amount for leasted organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 1 If If the organization report an amount for least set in Part X, line 10? If "Yes," complete Schedule D, Part V 1 If If the Organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X If	4				
similar amounts as defined in Revenue Procedure 88.19? If "Yes," complete Schedule C, Part III 5			4		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 Pid the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Pid the organization report an amount in Part X, instorical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Pid the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Pies," complete Schedule D, Part V Pies, "complete Schedule D, Part V Pies," complete Schedule D, Part V Pies, "complete Schedule D, Part V Pies," complete Schedule D, Part V Pies, "complete Schedule D, Part V Pies," complete Schedule D, Part V Pies, "complete Schedule D, Part V Pies," complete Schedule D, Part V Pies, "complete Schedule D, Part V Pies," complete Schedule D, Part V Pies, "complete Schedule D, Part V Pies," complete Schedule D, Part V Pies, "complete Schedule D, Part V Pies," complete Schedule D, Part V Pies, "complete Schedule D, Part V Pies," complete Schedule D, Part V Pies, "complete Schedule D, Part V Pies," complete Schedule D, Part V Pies, "complete Schedule D, Part X Pies, Part V Pies, "complete Schedule D, Part X Pies, Part V Pies, "complete Schedule D, Part X Pies, Part V Pies, "complete Schedule D, Part X Pies, Part X	5				
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8	7				37
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amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? # "Yes," complete Schedule D, Part IV 10 Did the organization developed in Part X, incomplete Schedule D, Part V incomplete Schedule D, Part X incomplete Schedule Schedul			8		X
## 17 No Did the organization (directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? #* 1"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, Part SV, IVII, VIII, IXI, or X as aspilicable. ### 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? #* "Yes,* complete Schedule D, Part VV 11	9				
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					37
endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IXIII d Did the organization report an amount for other liabilities 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 IXIII d Did the organization report an amount for other liabilities 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 X 11d			9		Λ
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as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securifies in Part X, line 12 that is 5% or more of lits total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 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 12a X 13 Is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 III and IV 15 Did the organization report on Part IX, column (10	Λ	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d	11				
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		complete Schedule G. Part III		000	

Part IV Checklist of Required Schedules (continued)

	· · · ·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	000		Х
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		х
35a	Part V, line 1 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	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		_	agn.	/a a . = \

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u>	<u></u>		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	13			
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 re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	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 Art	ccount	s (FBAR).			
5а	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	ction?		5b		X
	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	e orga	nization 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 contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X	
				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			37
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Λ
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
9	sponsoring organization have excess business holdings at any time during the year?			8		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 49662			9a		
a h	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		
10	Section 501(c)(7) organizations. Enter:			30		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	,	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b	2000	
				Form	990	(2015)

Part VI | 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 27 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 27 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 Х 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website __ Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: CYNTHIA PROST - 314-289-4000

Form **990** (2015)

63103-1014

3547 OLIVE STREET, ST. LOUIS, MO

THE GREATER ST. LOUIS ARTS AND EDUCATION CO

orm 990 (2015) ARTS AND EDUCATION COUNCIL

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

|--|

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.

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

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

(A) Name and Title	(B) Average hours per	(do box	not c	Pos heck	ition		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) TERRANCE J. GOOD	8.00	.,		,,					0	0
CHAIR	9 00	Х		Х				0.	0.	0.
(2) LEONARD T. ESCHBACH VICE CHAIR	8.00	Х		х				0.	0.	0.
(3) BARBARA B. GOODMAN	8.00							· · ·	•	
SECRETARY	0.00	х		х				0.	0.	0.
(4) KRISTIN J. GUEHLSTORF	2.00									
DIRECTOR		Х						0.	0.	0.
(5) NORA AKERBERG	2.00									
DIRECTOR		Х						0.	0.	0.
(6) TRICIA BENTLEY-BEAL	2.00									
DIRECTOR		Х						0.	0.	0.
(7) MARK BERNSTEIN	2.00									
DIRECTOR		Х						0.	0.	0.
(8) SUSAN BLOCK	2.00									
DIRECTOR		Х						0.	0.	0.
(9) CHRIS CEDERGREEN	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) CHARLA M. CLAYPOOL	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) DONALD R. FOX	2.00	l								
DIRECTOR		Х						0.	0.	0.
(12) JOHN GIANOULAKIS	2.00	ļ							•	
DIRECTOR		Х						0.	0.	0.
(13) CARY D. HOBBS	2.00	ļ							•	
DIRECTOR		Х						0.	0.	0.
(14) LISSA HOLLENBECK	2.00								•	•
DIRECTOR	0.00	Х						0.	0.	0.
(15) NICOLE HUDSON	2.00	.,							0	•
DIRECTOR	2 00	Х						0.	0.	0.
(16) C. BRENDAN JOHNSON	2.00	3,7							<u> </u>	^
DIRECTOR (17) EDIC KOECHNER	2 00	Х						0.	0.	0.
(17) ERIC KOESTNER DIRECTOR	2.00	Х						0.	0.	0.
DIRECTOR	L	Λ		<u> </u>				1 0.	U •	Form 990 (2015)

532007 12-16-15

Form **990** (2015)

<u> Page</u> **7**

Part VII Section A. Officers, Directors, Trust	tees, Key Emp						t C	ompensated Employee	s (continued)				age o
(A) Name and title	(B) Average hours per week	(do box	not c	Positheck nass persid a dir	tion nore son is	l than c s both	ne an	(D) Reportable compensation from	(E) Reportable compensation from related			(F) timate nount o	
	(list any hours for related organizations below 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	(i)	fr org an	pensation the anization anization	e on ed
(18) KENNETH KRANZBERG DIRECTOR	2.00	X	=	0	<u>×</u>	± θ		0.	(o .			0.
(19) JACK LANE DIRECTOR	2.00	х						0.		o .			0.
(20) LINDA LEE DIRECTOR	2.00	х						0.	(o .			0.
(21) LINDA LEONARD DIRECTOR	2.00	х						0.	(o .			0.
(22) LISA MELANDRI DIRECTOR	2.00	Х						0.	(o .			0.
(23) JANET NEWCOMB DIRECTOR	2.00	х						0.		o .			0.
(24) DORTE PROBSTEIN DIRECTOR	2.00	х						0.	(ο.			0.
(25) PAUL K. REUTER DIRECTOR	2.00	х						0.	(ο.			0.
(26) PETER SARGENT DIRECTOR	2.00	х						0.	(o.			0.
1b Sub-total c Total from continuation sheets to Part VII	, Section A						<u> </u>	0. 155,582.	(0.		2,74	
d Total (add lines 1b and 1c)							o re	155,582.		0.	2	2,74	13.
compensation from the organization												Yes	1 No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	•			•	•	•					3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mpe	ensat	tion	and	oth	•	ne organization		4	Х	
5 Did any person listed on line 1a receive or a	ccrue comper	sati	on fr	om a	any	unre	lat	ed organization or individ	lual for services		5		Х
rendered to the organization? If "Yes." com Section B. Independent Contractors	plete Schedule	9 <i>J t</i>	or su	ich p	ers	on .					Э		
1 Complete this table for your five highest con the organization. Report compensation for t										nsat	ion fro	om	
(A) Name and business			ONE		ui c	71 VVII		(B) Description of s		С	(C	;) nsatior	
Traine and Scomoco	444,000	146	7141	<u> </u>				2000 inputori er e	or video		отпро	- Iourioi	<u> </u>
Total number of independent contractors (ir \$100,000 of compensation from the organize)	•	ot lin	nited	to t	hos:		ted	above) who received mo	ore than				

Form 990 ARTS AND	EDUCATI	ON	I C	<u>:OU</u>	NC	IL			43-079	0672
Part VII Section A. Officers, Directors, Tre	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(F)	
Name and title	Average			Pos	ition	ı		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from the	from related	other
	week (list any	tor				ploye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	rdirec				ed em		(W-2/1099-MISC)	(** 27 1000 miss)	organization
	related	stee or	ustee			ensat				and related
	organizations	al trus	onal tr		oloyee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) SHAWN SCHUKAR	2.00	드	드	0	ž	エ	굔			
DIRECTOR	2.00	Х						0.	0.	0.
(28) DONALD SENTI	2.00	Λ						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(29) MARY ANN SRENCO	2.00	Λ						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(30) SUSAN A. STITH	2.00	^						0.	0.	U •
DIRECTOR	4.00	Х						0.	0.	0.
(31) MARC C. THAYER	2.00	^						0.	0.	0.
DIRECTOR		Х						0.	0.	0.
(32) ANDREW TRIVERS	2.00	-25						•	•	•
DIRECTOR		х						0.	0.	0.
(33) CAROL VOSS	2.00								•	
DIRECTOR		Х						0.	0.	0.
(34) CAREN VREDENBURGH	2.00							-	-	
DIRECTOR		Х						0.	0.	0.
(35) MICHAEL W. WEISBROD	2.00									
DIRECTOR		Х						0.	0.	0.
(36) SHEILA BURKETT	2.00									
DIRECTOR		Х						0.	0.	0.
(37) RUTH SAPHIAN	8.00									
TREASURER		Х		Х				0.	0.	0.
(38) CYNTHIA PROST	40.00									
PRESIDENT				Х				155,582.	0.	22,743.
	1									
		-								
	-		_							
		-								
	1									
		-								
	+									
		1								
	+		\vdash	\vdash		\vdash	-			
		1								
	+		\vdash			\vdash				
		1								
	1	<u> </u>					l			
Total to Part VII, Section A, line 1c								155,582.		22,743.

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1 1					
Ω, E	С	Fundraising events	1c	368,243.				
ar A	d	Related organizations						
s, G	е	Government grants (contribution						
ion	f	All other contributions, gifts, grant	s, and					
but		similar amounts not included abov	/e 1f	1,924,096.				
n d Ori	g	Noncash contributions included in lines 1	a-1f: \$	8,746.				
a S	h	Total. Add lines 1a-1f		>	2,292,339.			
				Business Code				
မွ	2 a	RENT AND ANCILLARY INCO	ME	531120	169,184.	169,184.		
e Vi	b	·						
Se	С	:						
ran Sev	d	l						
Program Service Revenue	е							
٩		All other program service rever						
		Total. Add lines 2a-2f			169,184.			
	3	Investment income (including			0.0			0.0
		other similar amounts)			98.			98.
	4	Income from investment of tax		T T				
	5	Royalties						
	_		(i) Real	(ii) Personal				
		Gross rents	30,505.					
		Less: rental expenses	30,505.	 				
		Rental income or (loss)		-	30,505.			30,505.
		Net rental income or (loss)			30,303.			30,303.
	/ a	Gross amount from sales of	(i) Securities 8,538.	(ii) Other				
	L-	assets other than inventory Less: cost or other basis	0,330.					
	b	and sales expenses	8,828.					
	_	Gain or (loss)						
	4	Net gain or (loss)			-290.			-290.
		Gross income from fundraising						
Jue	0 4	including \$ 368,						
Ver		contributions reported on line						
Other Reven		Part IV, line 18		54,782.				
je l	b	Less: direct expenses		189,935.				
Ò		: Net income or (loss) from fund			-135,153.			-135,153.
		Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses						
	С	Net income or (loss) from gami	ing activities					
	10 a	Gross sales of inventory, less r	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sales	s of inventory .	<u>,</u>				
		Miscellaneous Revenue	9	Business Code				
	11 a	·						
	b							
	С			000000				
		All other revenue			1,453.			1,453.
		Total. Add lines 11a-11d			1,453.		^	102 207
	12	Total revenue. See instructions.		🕨 🛭	2,358,136.	169,184.	0.	-103,387.

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl		•	plete column (A).	
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	911,387.	911,387.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	170 225	115 011	26 740	25 666
_	trustees, and key employees	178,325.	115,911.	26,748.	35,666.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	505,202.	280,478.	33,014.	191,710.
7	Other salaries and wages	303,202.	200,4/0.	33,014.	131,/1U
8	Pension plan accruals and contributions (include	12,849.	6,824.	594.	5 /31
9	section 401(k) and 403(b) employer contributions) Other employee benefits	78,027.	43,863.	5,714.	5,431 28,450
9 10	Payroll taxes	48,751.	28,091.	4,170.	16,490
10 11	Fees for services (non-employees):	±0,73±•	20,001	±,10•	10, 10
'' a					
b		4,854.	3,155.	728.	971
C		70,700.	28,280.	38,885.	3,535
d				00,0001	3,333
e					
f	Investment management fees				
g					
3	column (A) amount, list line 11g expenses on Sch O.)	76,470.	51,432.	5,054.	19,984
12	Advertising and promotion	2,178.	1,429.	71.	678.
13	Office expenses	85,687.	50,999.	8,319.	26,369
14	Information technology	14,633.	4,975.	4,829.	4,829
15	Royalties				
16	Occupancy	150,481.	142,336.	1,644.	6,501.
17	Travel	31,999.	19,651.	3,451.	8,897.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,478.	3,222.	3,128.	3,128
20	Interest	74,506.	71,199.	668.	2,639
21	Payments to affiliates			_	
22	Depreciation, depletion, and amortization	70,578.	66,758.	771.	3,049
23	Insurance	16,227.	15,349.	177.	701.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Schedula (1)				
а	amount, list line 24e expenses on Schedule 0.) OCCUPANCY-RENTED SPACE	88,796.	83,992.	968.	3,836.
a b	FESTIVALS AND AWARDS	40,373.	40,373.	700.	5,050
C	BANK CHARGES	20,220.	6,873.	6,671.	6,676
d	VA TAMERATATION HOLLTDAGE	19,199.	18,158.	212.	829
	All other expenses	3,356.	1,806.	378.	1,172
25 25	Total functional expenses. Add lines 1 through 24e	2,514,276.	1,996,541.	146,194.	371,541
<u> 26</u>	Joint costs. Complete this line only if the organization	, ,=:==	,,	- ,	, -
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Par	τλ	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			163,500.	1	39,425.
	2	Savings and temporary cash investments			98,159.	2	
	3	Pledges and grants receivable, net			644,623.	3	688,824
	4	Accounts receivable, net			46,281.	4	23,911
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted emp	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
g		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	B ::			64,548.	9	62,432
	10a	Land buildings and equipment cost or other	1 1		•	_	•
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,834,298.			
	b	Less: accumulated depreciation	10b	860,201.	1,929,713.	10c	1,974,097
	11	Investments - publicly traded securities	`			11	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal			2,946,824.	16	2,788,689
	17	Accounts payable and accrued expenses	82,659.	17	135,124.		
	18	Grants payable	1,000,058.	18	1,004,745		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I		21			
ړ	22	Loans and other payables to current and former					
Ĕ.		key employees, highest compensated employee					
Liabilities						22	
ן≝	23	Secured mortgages and notes payable to unrela		Г	1,711,127.	23	1,683,550.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Outradula D				25	
	26	Total liabilities. Add lines 17 through 25			2,793,844.	26	2,823,419
		Organizations that follow SFAS 117 (ASC 958), check	here X and			
_s		complete lines 27 through 29, and lines 33 an					
ဥ	27	Unrestricted net assets	-491,406.	27	-721,590.		
aa aa	28	Temporarily restricted net assets	548,386.	28	590,860.		
9	29	Permanently restricted net assets	96,000.	29	96,000		
ָבָּ בָּ		Organizations that do not follow SFAS 117 (A	SC 958)	, check here 🕨 🗌			
Net Assets or Fund Balances		and complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or ed				31	
إ <u>۲</u>	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			152,980.	33	-34,730.
	34	Total liabilities and net assets/fund balances			2,946,824.	34	2,788,689.

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)		2.3	58.3	136.
2	Total expenses (must equal Part IX, column (A), line 25)	2			276.
3	Revenue less expenses. Subtract line 2 from line 1	3			140.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			980.
5	Net unrealized gains (losses) on investments	5		,-	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_	31.	570.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			,	
	column (B))	10	_	34,	730.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	,			Yes	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t		
	Act and OMB Circular A-133?		3	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	t		
	ar guidite, cynlain why in Cahadula O and describe any stans taken to undergo such guidite		۱ ۵	_	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

THE GREATER ST. LOUIS

ARTS AND EDUCATION COUNCIL

Employer identification number 43-0790672

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	(1)		` ,	, ,	, ,	
•	membership fees received. (Do not						
	include any "unusual grants.")	2161150.	2041059.	2197340.	2152864.	2292339.	10844752.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2161150.	2041059.	2197340.	2152864.	2292339.	10844752.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1305527.
6	Public support. Subtract line 5 from line 4.						9539225.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	2161150.	2041059.	2197340.	2152864.	2292339.	10844752.
	Gross income from interest,						
·	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	4,700.	2,871.	15,511.	23,683.	30,603.	77,368.
a	Net income from unrelated business	27,000	2,0,20	10,011	23,0001	30,0000	7773331
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	64,009.	56,325.	64,175.	61,957.	56,235.	302,701.
11	Total support. Add lines 7 through 10	01/0030	30/3231	01/1/31	01/33/1		11224821.
12	Gross receipts from related activities,	etc (see instruction	ine)				,243,293.
	First five years. If the Form 990 is for	•		1 fourth or fifth ta		<u> </u>	721372331
10	organization, check this box and stop	-			-		ightharpoonup
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2015 (li	ne 6. column (f) di	vided by line 11, co	olumn (fl)		14	84.98 %
15						15	82.55 %
	33 1/3% support test - 2015. If the co						
	stop here. The organization qualifies						
b							
	b 33 1/3% support test - 2014. 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							
	7a 10% -facts-and-circumstances test - 2015. 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 organization						
h	10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						▶ □
12	Private foundation. If the organization						
10	Trivate roundation. If the organization	i dia noi check a l	JUA UIT III IE 13, 102	ı, 100, 11a, 01 11L	, oricon trilo box al	ina see mstructions	·

Schedule A (Form 990 or 990-EZ) 2015

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

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

Section A. Public Support	ow, picase com	picto i ait ii.j				
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	(a) 2011	(6) 2012	(6) 2010	(4) 2014	(6) 2013	(i) rotal
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	:he organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here						>
Section C. Computation of Public					T T	
15 Public support percentage for 2015 (lin			olumn (f))		15	9/
Public support percentage from 2014 S					16	9/
Section D. Computation of Invest			40 / (5)		14-1	
17 Investment income percentage for 201					17	9/
18 Investment income percentage from 20					18	9
19a 33 1/3% support tests - 2015. If the c						
more than 33 1/3%, check this box and b 33 1/3% support tests - 2014. If the c	-	-		• •		
line 18 is not more than 33 1/3%, check	k this box and	stop here. The org	anization qualifies	as a publicly supp	orted organization	ı > 🗀
20 Private foundation. If the organization	did not check a	box on line 14, 19	a or 19b, check th	nis box and see ins	structions	

532023 09-23-15

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(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how 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 what 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 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 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		
_		
За		
3b		
3с		
4a		
4b		
4-		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	LIV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		v, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion	B. Type I Supporting Organizations	1		
				Yes	No
1		ne directors, trustees, or membership of one or more supported organizations have the power to			
	-	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ribe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	_	nizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
S001	super	rvised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
Seci	1011	C. Type ii Supporting Organizations		V	
_	14/			Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the su	upported organization(s). D. All Type III Supporting Organizations			
000		b. All Type in Supporting Significations		Yes	No
1	Did +k	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a	_		
Ū	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard	3		
Sect	oupp.	E. Type III Functionally-Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (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 instru	uctions).		
2	Activ	ities Test. Answer (a) and (b) below.	ĺ	Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the s	upported 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 t	the organization was responsive to those supported organizations, and how the organization determined			
	that t	hese activities constituted substantially all of its activities.	2 a		
b	Did th	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reaso	ons for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orga	nizations	10 0750071 Tage 0		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.			
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				
4	Add lines 1 through 3	4				
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				
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					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater 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			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
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-functiona	lly-integrat	ted Type III supporting orga	nization (see		
	instructions).	. •		·		

Schedule A (Form 990 or 990-EZ) 2015

Par	tV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions	,	Current Year	
1	Amou	ints paid to supported organizations to accomplish exer			
2	Amou	ints paid to perform activity that directly furthers exempt			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	 S		
4	Amou	ints paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	e organization is responsive		
		de details in Part VI). See instructions.	g		
9		outable amount for 2015 from Section C, line 6			
10		B amount divided by Line 9 amount			
	Lino	Same and an arrivation of the control of the contro	(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	on E -	Distribution Allocations (see instructions)	Exocoo Biotributiono	Pre-2015	Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2		rdistributions, if any, for years prior to 2015			
_		onable cause required-see instructions)			
3		es distributions carryover, if any, to 2015:			
a	LACES	as distributions carryover, if arry, to 2015.			
a b					
C					
	From	2013			
	From				
		of lines 3a through e			
		9			
		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
<u> </u>		over from 2010 not applied (see instructions)			
		uinder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2015 from Section D,			
	line 7:	·			
		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2015, if			
		Subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions).			
6		ining underdistributions for 2015. Subtract lines 3h			
		b from line 1 (if amount greater than zero, see			
		ctions).			
7		ss distributions carryover to 2016. Add lines 3j			
	and 4				
8	Break	down of line 7:			
а					
b					
С	Exces	ss from 2013			
d	Exces	ss from 2014			
е	Exces	ss from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER
2011 AMOUNT: \$ 15,859.
2012 AMOUNT: \$ 1,785.
2013 AMOUNT: \$ 6,305.
2014 AMOUNT: \$ 532.
2015 AMOUNT: \$ 1,453.
FUNDRAISING EVENTS
2011 AMOUNT: \$ 48,150.
2012 AMOUNT: \$ 54,540.
2013 AMOUNT: \$ 57,870.
2014 AMOUNT: \$ 61,425.
2015 AMOUNT: \$ 54,782.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Name of the organization

THE GREATER ST. LOUIS ARTS AND EDUCATION COUNCIL

Employer identification number

43-0790672

Organization type (check one):							
Filers of	:	Section:					
Form 990 or 990-EZ		$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	D-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule.					
Note. Or	nly a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	_	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE GREATER ST. LOUIS
ARTS AND EDUCATION COUNCIL

Employer identification number

43-0790672

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 304,090.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 99,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions - \$ 109,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$54,090.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Omnocash Complete Part II for noncash contributions.)

Name of organization
THE GREATER ST. LOUIS
ARTS AND EDUCATION COUNCIL

Employer identification number

43-0790672

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number THE GREATER ST. LOUIS 43-0790672 ARTS AND EDUCATION COUNCIL Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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

THE GREATER ST. LOUIS

ARTS AND EDUCATION COUNCIL

Employer identification number 43-0790672

OMB No. 1545-0047

Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on 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 donor advisors in w	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	f 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 easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservati	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes th	ne organization's accounting for
Da	conservation easements.	Ant Historical Transcript	an Cincilan Assats
Pal	t III Organizations Maintaining Collections of		ier Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exh	,	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC	**	
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under SFAS 11	,	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990 Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

ARTS AND EDUCATION COUNCIL

Par	t III Organizat	ions Maintaining C	ollections of Art	, Historical Tre	asures, or O	ther S	imilar As	sets _{(conti}	nued)	
3	Using the organization	on's acquisition, accessi	on, and other records	s, check any of the f	ollowing that are	e a signif	icant use o	f its collection	n items	3
	(check all that apply):								
а	Public exhibiti	ion	d	Loan or excl	nange programs	;				
b	Scholarly rese	earch	е	Other						
С	Preservation f	or future generations								
4	Provide a description	n of the organization's co	ollections and explain	how they further th	e organization's	exempt	purpose in	Part XIII.		
5	During the year, did	the organization solicit o	r receive donations o	f art, historical treas	ures, or other si	milar ass	sets			
		unds rather than to be ma						Yes		No
Par		nd Custodial Arran		te if the organization	n answered "Ye	s" on Fo	rm 990, Pa	rt IV, line 9, o	r	
		amount on Form 990, Pa								
1a		an agent, trustee, custodi								_
		?						Yes		No
b	If "Yes," explain the	arrangement in Part XIII	and complete the foll	owing table:						
								Amour	nt	
С							1c			
d		year					1d			
е		the year					1e			
f							1f			
	· ·	include an amount on F		·		•		Yes		∐ No
Par		arrangement in Part XIII.								
гаі	Lildowille	ent Funds. Complete i					TI	hl. () F		le e e le
	Destruite a efection be	-1	(a) Current year 96,000.	(b) Prior year 96,000.	(c) Two years b		Three years	back (e) Fou		000.
		alance	30,000.	30,000.	30,0	00.	, Jo,	000.	,	000.
b		dens solve and leave								
C		ings, gains, and losses				+				
a	Grants or scholarshi					+				
е	Other expenditures									
						+				
		nses	96,000.	96,000.	96,0	0.0	96	000.	96	000.
g 2	End of year balance	ed percentage of the curr		,		<u> </u>	,	••••	,	
a		r quasi-endowment	• 0 0	%	Tielu as.					
b	-	nent > 100.00	%							
		ed endowment	.00 %							
·	•	lines 2a, 2b, and 2c sho								
3a		nt funds not in the posse	•	tion that are held an	d administered	for the o	rganization			
- Cu	by:	The furnishment in the posses	oolon or the organiza	non that are from an	a aarriii iiotoroa	101 1110 0	garnzanori		Yes	No
		izations						3a(i)		X
	(ii) related organiza									Х
b		, are the related organiza								
4		the intended uses of the								
Par		ldings, and Equipm								
	Complete if t	he organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	art X, line	10.			
		n of property	(a) Cost or ot				ımulated	(d) Boo	k valu	—— le
			basis (investm	, ,		. ,	ciation			
1a	Land			7	2,300.			7	2,3	00.
b			l l		8,794.	17	5,457		3,3	37.
С		nents			8,381.	25	4,112.		4,2	
d			l l		5,773.	40	8,131	. 1	7,6	42.
е				7	9,050.	2	2,501		6,5	
Total	. Add lines 1a throug	h 1e. <i>(Column (d) must</i> e	qual Form 990, Part)	K. column (B), line 10)c.)			1,97	4,0	97.

THE GREATER	ST. LOUIS				
Schedule D (Form 990) 2015 ARTS AND EDI	UCATION COUN	CIL	43-	-0790672	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-	of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 000 Dort IV lin	110 Coo Form 000	Dort V. line 10		
(a) Description of investment	(b) Book value		raluation: Cost or end-	 -of-vear market v	alue
	(b) Book value	(e) mounda or v	aldation. Cool of ond	or your marrier v	
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
	5 000 D 111/1	44.1.0	D 17 " 45		
Complete if the organization answered "Yes" (on Form 990, Part IV, IIn Description	ie 11d. See Form 990,	Part X, line 15.	(h) Dook ve	
	Description			(b) Book va	liue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990. Part X. col. (B) line	: 15.)		<u></u>		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, lin		1 990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

ARTS AND EDUCATION COUNCIL

Part XI Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per Re	turn.	<u>, </u>
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1 Total revenue, gains, and other support per audited financial statements			1	2,404,635.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3	2,404,635.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b	-46,499.		
c Add lines 4a and 4b			4c	-46,499.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5	2,358,136.
Part XII Reconciliation of Expenses per Audited Financial State		Expenses per F	Returr	າ.
Complete if the organization answered "Yes" on Form 990, Part IV, line				
Total expenses and losses per audited financial statements			1	2,592,345.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Donated services and use of facilities			-	
b Prior year adjustments			-	
c Other losses			-	
d Other (Describe in Part XIII.)	2d	94,499.		0.4.400
e Add lines 2a through 2d			2e	94,499.
3 Subtract line 2e from line 1			3	2,497,846.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b		16 420		
b Other (Describe in Part XIII.)	4b	16,430.		16 420
c Add lines 4a and 4b			4c	16,430. 2,514,276.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. Part XIII Supplemental Information.)		5	2,314,270.
	D 1 N/ I' 41	101 5 11/11 4	- · · ·	/ I'
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			; Part)	K, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	ation.		
PART V, LINE 4:				
ASSETS CLASSIFIED AS A PERMANENT ENDOWMENT	ARE REST	RICTED FOR	THI	Ξ
				_
REVOLVING LOAN PROGRAM.				
PART XI, LINE 4B - OTHER ADJUSTMENTS:				
FUNDRAISING EVENT EXPENSES				-46,499.
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
UNCOLLECTIBLE PLEDGES (PER IRS INSTRUCTION	<u>S - PRESE</u>	NTED AS		
				40.000
AN OTHER CHANGE)				48,000.
FUNDRAISING EVENT EXPENSES				46,499.
MOM11 MO GGUNDUU D D D1DH ^-				04 400
TOTAL TO SCHEDULE D, PART XII, LINE 2D				94,499.
532054 09-21-15			Sched	dule D (Form 990) 2015

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Name of the organization

THE GREATER ST. LOUIS

ARTS AND EDUCATION COUNCIL

Employer identification number

ARTS AN	D EDUCATION COUNCI.	<u> </u>			43-0790	6/2
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pable 1 "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includation	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	<u> </u>
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity from activity fundraiser listed in col. (i)					(vi) Amount paid to (or retained by) organization	
		Yes	No			
Total			•			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration

532081 09-14-15

13301212 132842 00321.0000

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

Schedule G (Form 990 or 990-EZ) 2015

THE GREATER ST. LOUIS 43-0790672 Page 2 Schedule G (Form 990 or 990-EZ) 2015 ARTS AND EDUCATION COUNCIL Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through ARTS AWARDS col. (c)) (event type) (total number) (event type) 423,025 423,025. Gross receipts 368,243. 368,243. 2 Less: Contributions 54,782. Gross income (line 1 minus line 2) 54,782. 4 Cash prizes 5 Noncash prizes Direct Expenses 10,000. 10,000. Rent/facility costs 58,178. 58,178. Food and beverages 3,000. 3,000. Entertainment 118,757. 118,757. Other direct expenses 189,935. 10 Direct expense summary. Add lines 4 through 9 in column (d) -135,153.11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Latal gaming (add (I-) Dull tabe/instant

Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Rev	1	Gross revenue				
es	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
	ls t	ter the state(s) in which the organization conduthe organization licensed to conduct gaming ac No," explain:	tivities in each of these	states?		
		ere any of the organization's gaming licenses re				. Yes No
t) If " 	Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2015

532082 09-14-15

THE GREATER ST. LOUIS

Sch	edule G (Form 990 or 990-EZ) 2015 ARTS AND EDUCATION COUNCIL 4	<u>3-079</u>	0672	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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:			
	The organization's facility	13	la	%
	An outside facility		b Bb	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,	
14	Litter the harrie and address of the person who prepares the organization's garning/special events books and records.			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	t		
	of gaming revenue retained by the third party \$\bigs\sum_{\text{quantity}} = \text{quantity} =			
c	If "Yes," enter name and address of the third party:			
·	Too, Onto hand address of the time party.			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Carring manager compensation			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	— 1e		
	organization's own exempt activities during the tax year > \$	10		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III lines (0 9h 10)h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	III, III ICS	9, 9D, TC	D, 13D,
	130, 10, and 173, as applicable. Also provide any additional information (see instructions).			

schedule G	(Form 990 or 990-EZ)	THE GREATER ST. LOUIS ARTS AND EDUCATION COUNCIL	43-0790672	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

THE GREATER ST. LOUIS

OMB No. 1545-0047
2015

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2015)

ARTS AND	<u>EDUCATION</u>	COUNCIL					43-0790672	2
Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records t					-			
criteria used to award the grants or assis	stance?						X Yes I	No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to I	_				anization answered "\	Yes" on Form 990, Part	IV, line 21, for any	
recipient that received more than \$					(f) Method of	<u> </u>		
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
REPERTORY THEATRE								
PO BOX 191730								
ST. LOUIS, MO 63119	43-0970273	501(C)(3)	161,750.	0.	N/A	N/A	ARTS FUNDING	
OPERA THEATRE								
210 HAZEL AVE.								
ST. LOUIS, MO 63119	43-0821958	501(C)(3)	176,750.	0.	N/A	N/A	ARTS FUNDING	
DANCE ST. LOUIS								
3547 OLIVE								
ST. LOUIS, MO 63103	23-7001556	501(C)(3)	59,000.	0.	N/A	N/A	ARTS FUNDING	
SHELDON ARTS FOUNDATION								
3648 WASHINGTON AVE.								
ST. LOUIS, MO 63108	43-1489756	501(C)(3)	59,750.	0.	N/A	N/A	ARTS FUNDING	
COCA								
524 TRINITY AVE								
UNIVERSITY CITY, MO 63130	43-1395056	501(C)(3)	65,463.	0.	N/A	N/A	ARTS FUNDING	
COMMUNITY MUSIC SCHOOL								
470 E. LOCKWOOD								
ST. LOUIS, MO 63119	43-0662529	501(C)(3)	30,190.	0.	N/A	N/A	ARTS FUNDING	
2 Enter total number of section 501(c)(3) ar	nd government or	ganizations listed in th	e line 1 table				<u>1</u>	7.
3 Enter total number of other organizations	s listed in the line	1 table						

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

THE GREATER ST. LOUIS ARTS AND EDUCATION COUNCIL

Page 1

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	ırt II.)	- Fa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRAFT ALLIANCE							
6640 DELMAR							
ST. LOUIS, MO 63130	43-1022226	501(C)(3)	39,479.	0.	N/A	N/A	ARTS FUNDING
ST. LOUIS SYMPHONY ORCHESTRA 718 N. GRAND							
ST. LOUIS, MO 63103	43-0666769	501(C)(3)	49,000.	0.	N/A	N/A	ARTS FUNDING
SHAKESPEARE FESTIVAL 5715 ELIZABETH AVE.							
ST. LOUIS, MO 63110	43-1815139	501(C)(3)	19,500.	0.	N/A	N/A	ARTS FUNDING
SPRINGBOARD 1310 PAPIN	42 1202002	F01/G)/2)	10.560	0		N/2	
ST. LOUIS, MO 63103	43-1202003	501(C)(3)	18,560.	0.	N/A	N/A	ARTS FUNDING
STAGES ST. LOUIS KENT CTR FOR THEATRE ARTS 1023 CHESTERFIELD PKY E - CHESTERFIELD,							
MO 63017	43-1434156	501(C)(3)	18,500.	0.	N/A	N/A	ARTS FUNDING
ST. LOUIS CHILDREN'S CHOIR 2842 N. BALLAS							
ST. LOUIS, MO 63131	43-1145808	501(C)(3)	18,500.	0.	N/A	N/A	ARTS FUNDING
METRO THEATER COMPANY 3311 WASHINGTON AVE.							
ST. LOUIS, MO 63103	23-7309552	501(C)(3)	17,500.	0.	N/A	N/A	ARTS FUNDING
LAUMEIER SCULPTURE PARK 12580 ROTT RD.							
ST. LOUIS, MO 63127	43-1131429	501(C)(3)	13,600.	0.	N/A	N/A	ARTS FUNDING
JAZZ ST. LOUIS 3547 OLIVE							
ST. LOUIS, MO 63103	43-1761629	501(C)(3)	19,500.	0.	N/A	N/A	ARTS FUNDING

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONTEMPORARY ART MUSEUM							
750 WASHINGTON AVE.							
T. LOUIS, MO 63108	43-1202816	501(C)(3)	18,723.	0.	N/A	N/A	ARTS FUNDING
·							
CIRCUS FLORA							
3547 OLIVE							
ET. LOUIS, MO 63103	74-2493831	501(C)(3)	7,750.	0.	N/A	N/A	ARTS FUNDING

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance					
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2, Part III, column	(b), and any other ad	Iditional information.						
PART I, LINE 2:										
GRANT FUNDING										
THE COUNCIL OBTAINS GRANT PROPOSALS	FROM AR	TS AGENCIE	S AND ORGA	NIZATIONS						
LOCALLY IN THE ST. LOUIS AREA ON AN	N ANNUAL	BASIS. TH	E COUNCIL	PROVIDES						
THREE LEVELS OF GRANT FUNDING (OPERATING, SUSTAINING AND PROJECT GRANTS)										
FOR WHICH ORGANIZATIONS CAN APPLY. AGENCIES APPLYING FOR THE GRANTS MUST										
SUBMIT A GRANT PROPOSAL, WHICH INCLUDES (BUT IS NOT LIMITED TO) ANNUAL										
FINANCIAL STATEMENTS, ANY MANAGEMEN										

Part IV | Supplemental Information

SCHEDULE J (Form 990)

Department of the Treasury

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.

Open to Public

Internal Revenue Service

Name of the organization

THE GREATER ST. LOUIS ARTS AND EDUCATION COUNCIL

Questions Regarding Compensation

Inspection

OMB No. 1545-0047

Employer identification number 43-0790672

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	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	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	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.			
	Too to dry of lines 4d o, not the persons and provide the applicable amounts for each form in that in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
-	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	- OD		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
5		8		Х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
J	Regulations section 53.4958-6(c)?	9		
	negulations section 30.4300.0(c)!	9		

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

Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of W-2 and/or 1099-MISC 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 compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) CYNTHIA PROST	(i)	155,582.	0.	0.	7,850.	14,893.	178,325.	0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
-	(ii) (i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii) (i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III	Supplemental Information
Provide t	ne information, explanation, or 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 for any additional information.

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE GREATER ST. LOUIS ARTS AND EDUCATION COUNCIL

Employer identification number 43-0790672

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO PROVIDE SUPPORT FOR THE ARTS IN THE ST. LOUIS REGION THROUGH GRANTS, FULL SERVICE COLLABORATIVE OFFICE FACILITY, AND PUBLIC AWARENESS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
INCLUDES INDIRECT EXPENDITURES WHICH ARE NECESSARY TO MAINTAIN THE
COUNCIL'S SUPPORT OF THE ARTS AND PROVIDE ARTS-RELATED INFORMATION
TO THE PUBLIC. THIS INCLUDES THE COUNCIL'S HAPPENINGS NEWSLETTER
THAT IS PRODUCED BI-MONTHLY AND HAS A CIRCULATION OF APPROXIMATELY
10,000, IS ON THE COUNCIL'S WEBSITE, AND IS SENT ELECTRONICALLY.
THE COUNCIL ALSO DOES A WEEKLY E-BLAST CALLED "KNOW AND GO" TO
APPROXIMATELY 8,500 MEMBERS WHICH PROMOTES UPCOMING PROGRAMS AND EVENTS
HOSTED BY GRANTEES. THE COUNCIL'S WEBSITE PROMOTES THE
GREATER ST. LOUIS ARTS AND EDUCATION COUNCIL, AS WELL AS ITS GRANTEES
AND THEIR PROGRAMS, YEAR ROUND. THE SITE INCLUDES A CALENDAR
FUNCTION WHICH ALLOWS USERS TO CREATE AND PRINT AN INDIVIDUALIZED
ITINERARY FOR THE COUNCIL'S ARTS CARD DISCOUNTED EVENTS. THIS
ENHANCES THE PRESENCE OF GRANTEE ORGANIZATIONS, AND THE WEBSITE IS
COMPLETE WITH INTERACTIVE COMPONENTS SUCH AS IMAGES, VIDEO, AND
SOCIAL MEDIA.
THE COUNCIL LAUNCHED THE ARTS LEADERSHIP AND MANAGEMENT ACADEMY WITH
THE GOAL OF ENHANCING ST. LOUIS ARTS AND CULTURAL ORGANIZATIONS THROUGH
A SERIES OF MANAGEMENT WORKSHOPS. THE ACADEMY IS HOME TO THE EXECUTIVE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 09-02-15

Name of the organization THE GREATER ST. LOUIS

Employer identification number

43-0790672 ARTS AND EDUCATION COUNCIL DIRECTORS' ROUNDTABLE, A PROFESSIONALLY-LED PROGRAM TARGETED AT EXECUTIVE DIRECTORS OF ARTS AND CULTURAL ORGANIZATIONS. ARTS MARKETERS WAS CREATED IN 2011, TO PROVIDE ADDED PROFESSIONAL SUPPORT FOR ARTS MARKETING PROFESSIONALS WORKING AT THE COUNCIL'S GRANT RECIPIENT ORGANIZATIONS. IN NOVEMBER 2013, THE COUNCIL LAUNCHED POWER2GIVE.ORG, AN ONLINE CROWDFUNDING SITE. THE SITE ALLOWS CULTURAL ORGANIZATIONS LOCATED IN THE ST. LOUIS BI-STATE AREA TO POST AND PROMOTE PROJECTS IN NEED OF FUNDING AND INVITES DONORS TO CONTRIBUTE DIRECTLY TO THE PROJECTS THAT ARE MOST INTRIGUING TO THEM. ORGANIZATIONS THAT PARTICIPATE ARE VETTED THROUGH THE COUNCIL AND MUST HAVE OBTAINED A SECRETARY OF STATE (MISSOURI OR ILLINOIS) CERTIFICATION OF GOOD STANDING, POST PROJECTS THAT ARE ARTS AND CULTURAL BASED, AND HAVE A COST LESS THAN \$10,000. IN 2015, THE COUNCIL LAUNCHED A PROGRAM THAT PROVIDES TUITION AND TRANSPORTATION ASSISTANCE TO DESERVING STUDENTS WISHING TO EXPAND THEIR ARTS TRAINING OUTSIDE THE TRADITIONAL CLASSROOM SETTING. FUNDING THROUGH THE PROGRAM IS MADE POSSIBLE THROUGH A RESTRICTED GIFT FROM A CORPORATE DONOR. ALSO IN 2015, THE COUNCIL PROVIDED FISCAL SPONSORSHIP FOR THE TENNESSEE WILLIAMS FESTIVAL AND THE ST. LOUIS VISIONARY AWARDS. THE FISCAL SPONSORSHIP ARRANGEMENT SUPPORTED THESE START UPS WITH IN-KIND ADMINISTRATION SUPPORT AND GUIDANCE AS THEY WORKED TOWARD 501(C)(3) STATUS AND BUILDING A SUSTAINABLE MODEL. THE COUNCIL ANNUALLY PRODUCES THE ST. LOUIS ARTS AWARDS, THE AREA'S HIGHLY ANTICIPATED AND PREEMINENT EVENT HONORING INDIVIDUALS, ORGANIZATIONS AND BUSINESSES WHO ACHIEVE A LEGACY OF ARTISTIC EXCELLENCE AND ENRICH ST. LOUIS' ARTS AND CULTURAL COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 3:

THE COUNCIL HAS OUTSOURCED THE ACCOUNTING FUNCTION AND THE OFFICE OF THE

Name of the organization THE GREATER ST. LOUIS

ARTS AND EDUCATION COUNCIL

Employer identification number 43-0790672

CONTROLLER TO A PROFESSIONAL SERVICES FIRM - ROI BUSINESS SOLUTIONS, INC.

THE ACCOUNTING ACTIVITY AND RESPONSIBILITIES OF THE CONTROLLER ARE

SUPERVISED BY THE PRESIDENT AND FINANCE COMMITTEE OF THE COUNCIL ON A

PERIODIC BASIS.

FORM 990, PART VI, SECTION B, LINE 11:

A COMPLETE COPY OF THE FORM 990 IS REVIEWED BY MANAGEMENT AND THE CONTRACT

ACCOUNTANT, AFTER WHICH IT IS SUBMITTED TO THE FINANCE COMMITTEE FOR

DETAILED REVIEW AND APPROVAL. AFTER REVIEW AND APPROVAL BY THE FINANCE

COMMITTEE, THE FORM IS PROVIDED BY MANAGEMENT TO THE BOARD OF DIRECTORS

ELECTRONICALLY AND THEN FILED WITH THE IRS BY MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

THE COUNCIL REQUIRES EACH BOARD MEMBER TO COMPLETE CONFLICT OF INTEREST

STATEMENTS AND DISCLOSURE FORMS AT THE JANUARY BOARD MEETING EACH YEAR. THE

EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ENSURES THAT A STATEMENT AND

DISCLOSURE FORM HAVE BEEN RECEIVED FROM ALL BOARD MEMBERS ON AN ANNUAL

BASIS. CONFLICTS OF INTEREST ARE SUMMARIZED BY MANAGEMENT, AND WHEN

APPLICABLE, KEY EMPLOYEES AND/OR BOARD MEMBERS ARE EXCUSED FROM MEETINGS

AND VOTES WHEN A TOPIC RELATED TO THE CONFLICT IS BEING DISCUSSED OR VOTED

ON BY THE COUNCIL.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD APPROVED THE CURRENT SALARY FOR THE PRESIDENT BASED ON

COMPARISONS FOR SIMILAR POSITIONS IN THE ST. LOUIS MARKETPLACE THAT WERE

ACCUMULATED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. ON AN

ANNUAL BASIS, THE EXECUTIVE COMMITTEE WILL REVIEW THE PRESIDENT'S

PERFORMANCE TO DETERMINE IF A RAISE WILL BE GRANTED. THE COMMITTEE WILL

Name of the organization THE GREATER ST. LOUIS ARTS AND EDUCATION COUNCIL	Employer identification number 43-0790672
USE LOCAL INFLATION GUIDELINES TO HELP DETERMINE THE RAISE	. EVERY OTHER
YEAR, THE COUNCIL UTILIZES AN INDEPENDENT CONSULTANT TO CO	MPLETE A SALARY
REVIEW TO ENSURE THE PRESIDENT'S TOTAL COMPENSATION IS COM	PARABLE WITH THE
CURRENT MARKET RATE FOR SIMILAR POSITIONS. THE COUNCIL DO	ES NOT HAVE ANY
KEY EMPLOYEES OR HIGHLY COMPENSATED EMPLOYEES OTHER THAN T	HE PRESIDENT.
FORM 990, PART VI, SECTION C, LINE 19:	
THE VARIOUS DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST A	DDRESSED TO THE
COUNCIL'S OFFICE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNCOLLECTIBLE PLEDGES (PER IRS INSTRUCTIONS - PRESENTED AS	
AN OTHER CHANGE)	-48,000.
UNUSED GRANTS (PER IRS INSTRUCTIONS - PRESENTED AS AN OTHE	R
CHANGE)	16,430.
TOTAL TO FORM 990, PART XI, LINE 9	-31,570.

Form 8868 (Rev. 1-2014)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Mo	nth Extension, c	complete only Part II and check this	s box			
Note. Only complete Part II if you have already been grante ■ If you are filing for an Automatic 3-Month Extension, or	ed an automatic	3-month extension on a previously fil				
Part II Additional (Not Automatic) 3-Mon			al (no co	nies need	ed)	
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pe or Name of exempt organization or other filer, see instructions. Enter filer's identifying number, Employer identification Employer identification						
print THE GREATER ST. LOUIS	Lilipioye	Identification	Tridifiber (Eliv) or			
File by the ARTS AND EDUCATION COUNCE		43-0790672				
due dete for	Social se	cial security number (SSN)				
return. See 3547 OLIVE STREET	n. See 3547 OLIVE STREET					
City, town or post office, state, and ZIP code. ST. LOUIS, MO 63103-1014		ress, see instructions.				
Enter the Return code for the return that this application is	for (file a separat	te application for each return)			0 1	
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Application	Return	Application				
Is For	Code	Is For			Code	
Form 990 or Form 990-EZ	01	Form 1041 A			08	
Form 4720 (individual)	02	Form 1041-A				
Form 4720 (individual) Form 990-PF	03	Form 4720 (other than individual) Form 5227	dividual)			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 990-T (sec. 401(a) or 400(a) trust) Form 990-T (trust other than above)	06	Form 8870				
STOP! Do not complete Part II if you were not already g						
Telephone No. ► 314-289-4000 If the organization does not have an office or place of but this is for a Group Return, enter the organization's found to the proof of the group, check this box of the group of the group, check this box of the group, check this box of the group of t	r digit Group Exe and atta il NOVEM ng nths, check rease	emption Number (GEN) ach a list with the names and EINs of BER 15, 2016, and endinon: Initial return	f this is fo all memb g Final r	the whole great the extense th		
 8a If this application is for Forms 990-BL, 990-PF, 990-T nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or tax payments made. Include any prior year overpaym previously with Form 8868. 	r 6069, enter an	y refundable credits and estimated	8a 8b	\$	0.	
c Balance due. Subtract line 8b from line 8a. Include y	our payment wit	h this form, if required, by using	55	Ψ	<u></u>	
EFTPS (Electronic Federal Tax Payment System). Se		,,,	8c	\$	0.	
		st be completed for Part II o		•		
Under penalties of perjury, I declare that I have examined this form it is true, correct, and complete, and that I am authorized to prepar	, including accomp		_	my knowledge	and belief,	
Signature > Ti	tle > CPA		Date	•		