efil	e GR	RAPHIC	print - DO NOT PROCESS	As Filed Data -				DLN: 9	3493230024900					
(ac	20	Return of Org	ganization Ex	cempt Froi	m Inco	me Tax	-	OMB No 1545-0047					
	33			-	•			lations)	2018					
_							-							
Treasu	n.			ov/Form990 for inst	ructions and the	e latest inf	ormation.		Open to Public Inspection					
Form 990 Software Softw														
_			THE LIBRARY FOUNDATION FOR TH	E BENEFIT			D Emplo	oyer identi	fication number					
		-					43-15	541947						
			Doing business as											
				all is not delivered to stre	et address) Room/	suite	E Teleph	one numbe	r					
🗆 Ар	plicati	on pending					(314)	241-2288	3					
				ntry, and ZIP or foreign pe	ostal code		G Gross	receipts \$:	1,123,208					
				al officer		H(a) Is								
						s	ubordinates?		🗌 Yes 🗹 No					
. To		mpt status						lates	□Yes □No					
				(Insert no) 🗌 4947(a	a)(1) or 📙 527				,					
7 VV	edsit	te:► ww	W SLPLFOUNDATION ORG				noup exemption	Innumber						
K Forr	n of o	rganization	Corporation Trust Asso	ociation 🗌 Other 🕨		L Year of	formation 1989		e of legal domicile					
Pa	art I	Sum	mary											
						LOUIS PUB	LIC LIBRARY	THROUGH	SOLICITING.					
ce									,					
nan	-													
Ievo	-						250/ 51							
							25% of its net		19					
хо v	4	Number o	4	19										
Ť.	5	Total nun	nber of individuals employed in ca											
Act				82										
	1													
				········					Current Year					
<u>a</u> i	8	Contribut	ions and grants (Part VIII, line 1h)				732	2,884	999,570					
าแอ้	1	-						·	0					
ų.				,				·	-11,343					
					-			·	1,111,865					
				•			1,088	3,330	626,601					
	14	Benefits p	paid to or for members (Part IX, co	olumn (A), line 4) 🔒				0	0					
8								-	0					
ษาร								0	0					
Ē				· · ·			15	1.022	128,262					
	1		• • • • • •						754,863					
	19	Revenue	less expenses Subtract line 18 fr	om line 12			-399	9,105	357,002					
s or Kes						Begin	ning of Current	Year	End of Year					
alan	20	Total ass	ets (Part X, line 16)				7,894	4,001	8,408,438					
et As nd B	1							·	770,006					
žĩ	22	Net asset	s or fund balances Subtract line 3	21 from line 20			7,14:	1,848	7,638,432					
	irt II		ature Block erjury, I declare that I have exam	med the network mele	d				the best of my					
	ledge	and belie	f, it is true, correct, and complete											
		*****	*				2020-08-14	_						
Sign		Signati	ure of officer				Date							
Here			R MCGUIRE PRESIDENT											
			r print name and title rint/Type preparer's name	Proparor's signature		Date	_	PTIN						
Paid	ч		THE PROPERTY AND A REPORT OF A DECISION OF A DECISIONO OF	Preparer's signature		Date	Check 🔲 ıf							
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May the IRS discuss this return with the preparer shown above? (see instructions)	•							🗹 Yes 🗌 No
For Paperwork Reduction Act Notice, see the separate instructions.			Cat	No	11	282	Y	Form 990 (2018)

Form	990 (2018)				Page 2
Pa	statement	of Program Service	e Accomplishments		
	Check if Sche	edule O contains a respor	ise or note to any line in this	Part III	🗹
1	Briefly describe the	organization's mission			
		ES IN ACTIVITIES THAT S BENEFIT OF THE LIBRAR		ST LOUIS PUBLIC LIBRARY THROUGH S	SOLICITING, RECEIVING, AND
	JING GIFTS FOR THE	BENEFIT OF THE LIBRAR	I		
Part I 1 E THE FO HOLDIN 2 C 1 3 C 5 4 4 4 4 6 4 4 6 7 4 4 6 7 4 6 7 7 4 6 7 7 7 7 7 7 7 7 7				ne year which were not listed on	
	the prior Form 990 o	🗌 Yes 🗹 No			
		ese new services on Sche			
HOLDIN 2 D th 3 D 5 4 D 5 4 4 4 4 - 4 - - - - - - - - - - - - -	-		ke significant changes in ho	w it conducts, any program	
		ese changes on Schedule			. 🗌 Yes 🗹 No
4		-			
4	Section 501(c)(3) ar		is are required to report the	its three largest program services, as m amount of grants and allocations to othe	
4a	(Code) (Expenses \$	626,601 including gran	ts of \$ 626,601) (Revenue \$)
	See Additional Data				
4b	(Code) (Expenses \$	ıncludıng gran	ts of \$) (Revenue \$)
40	(Code) (Expenses \$	including gran	ts of \$) (Revenue \$)
	(0000) (Expenses ¢	including gran		,
44	Other program com	ices (Describe in Schedul	• O)		
Ψu	(Expenses \$	•	ding grants of \$) (Revenue \$)
4e	Total program ser		626,601	,	,
70			020,001		Form 990 (2018)

Form 990 (2018)

Part IV Checklist of Required Schedules

Page 3	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😒	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😒 . 🛛 .	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II \mathfrak{B}	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😒	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV \Im	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😒	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 🛸	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😒	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😒	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		
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	200	Yes	
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		No
_		F	orm 99	0 (2018)

Form 990 (2018)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L,</i> Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a C			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Form	990 (2018)			
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))		Ι
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		ļ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
Ь	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb		t
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country			
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		╀
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			╀
		5b		+
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		T
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	5 7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		t
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		T
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		T
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		Ī
9a	Did the sponsoring organization make any taxable distributions under section 4966? \ldots .	9 a		T
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \ldots .	9 b		
10	Section 501(c)(7) organizations. Enter			Τ
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			T
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			T
с	Enter the amount of reserves on hand]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	1

14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $~$.	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15	No

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

Page **5**

No

No

No No

No

No

No No

Form	990 (2018)			Page 6
Par	W Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	lines 🔽
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
Ь	members of the governing body?	7a 7b		No No
8	persons other than the governing body?			
	the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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 taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	🗌 Own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►WILLIAM JACKSON 1415 OLIVE STREET ST LOUIS, MO 63103 (314) 539-0311

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee "

• List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	,	9					,	1		
(A) Name and Title	(B) Average hours per week (list any hours	pers	in on on is	e bo botł	t che ix, u n an	eck m inless office ustee	er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) LAWRENCE K OTTO DIRECTOR	0 60	x						0	0	0
(2) ANDREAS WOLF CHAIR	0 60	x		×				0	0	0
(3) DEBORAH J PATTERSON SECRETARY	0 60	x		x				0	0	0
(4) WALLER F MCGUIRE PRESIDENT	0 60	x		×				0	0	0
(5) SCOTT R DOLAN DIRECTOR	0 60	x						0	0	0
(6) GERALD L EARLY DIRECTOR	0 60	x						0	0	0
(7) CAROLYN G FARRELL VICE-CHAIR	0 60	х		x				0	0	0
(8) ALISON NICHOLS FERRING DIRECTOR	0 60	×						0	0	0
(9) SCOTT BENSINGER DIRECTOR	0 60	×						0	0	0
(10) CAROLINA DIAZ-SILVA DIRECTOR	0 60	x						0	0	0
(11) PATRICK J ECKELKAMP DIRECTOR	0 60	x						0	0	0
(12) JENNIFER GEMBERLING DIRECTOR	0 60	x						0	0	0
(13) THOMAS F SCHLAFLY DIRECTOR	0 60	x						0	0	0
(14) LAURA J SHAUGHNESSY DIRECTOR	0 60	x						0	0	0
(15) NINA NORTH-MURPHY DIRECTOR	0 60	x						0	0	0
(16) KIKU OBATA DIRECTOR	0 60	x						0	0	0
(17) MATTHEW P VILLA TREASURER	0 60	×						0	0	0
										Form 990 (2018)

Form 990 (2018)												Page 8
Part VII Section A. Officers, Directors	s, Trustees, K	ey Em	ploy	ees	, ar	ld Hig	the	st Compensated	Employees	(conti	nued)	
(A) Name and Title	(B) Average hours per week (list any hours for related	than c is b	one b	ox, u in of tor/t	t ch unle: ficer rust	and a	son a	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportabl compensat from relate organizatio (W- 2/109	ion ed ons	(F Estim amount o compen from organizat	ated of other isation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/109 MISC)	9-	relat organiz	ted
18) MICHAEL A WOLFF	0 60	x						0		0		
DIRECTOR	<u> </u>	····^						5				
(19) DARRYL SAGEL	0 60	x						0		о		
DIRECTOR (20) JAMES T TYRRELL												
DIRECTOR	0 60	×						0		О		(
(21) WILLIAM JACKSON	0 60									\rightarrow		
CFO		 		X				0		0		1
1b Sub-Total		<u> </u>	<u> </u>		1	<u> </u> ▶						
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)	II, Section A				1			0		0		
2 Total number of individuals (including bu of reportable compensation from the org-	t not limited to				/e) v	vho re	ceiv	ed more than \$100	,000			
3 Did the organization list any former offic	cor director or t	ructoo	kov			0 0r h	hab				Yes	No
line 1a? If "Yes," complete Schedule J for				•	•	•••			• •	3		No
4 For any individual listed on line 1a, is the organization and related organizations gr individual									he 	4		No
5 Did any person listed on line 1a receive of services rendered to the organization?If							-			5		No
Section B. Independent Contractors	5											
1 Complete this table for your five highest from the organization Report compensat	compensated in									mpens	ation	
Name and	(A) business address							Descript	(B) tion of services		(C Comper	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

	990 (2018)							Page 9
Part								
	Check ıf Schedule O contains	a respo	nse or note to any	(this Part VIII (A) revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	L (D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaigns	1a			I		1	
unts	b Membership dues	1 b	203,305					
ons, Gifts, Grants Similar Amounts	c Fundraising events .	1c	116,110					
^{ts} , I	d Related organizations	1d						
Gif	e Government grants (contributions)	1e						
ns, Sim	f All other contributions, gifts, grants,							
er S	and similar amounts not included above	1f	680,155					
tributio Other	g Noncash contributions included							
Contributions, and Other Sim	ın lınes 1a - 1f \$							
an C	h Total. Add lines 1a-1f	• •	►		999,570			
٦۴			Business	G Code				
Program Service Revenue	2a	_						
Å	b							
AC e	с ———							
Ę.	d							
E	e	_						
ogra	f All other program service revenue	!						
ž	9 Total. Add lines 2a–2f	•	►					
	3 Investment income (including divic similar amounts)	empt bo	nd proceeds		123,63	8		123,638
	5 Royalties		▶ (II) Personal	• 				
	6a Gross rents	•	(II) Personal	-				
	b Less rental expenses							
	c Rental income or			-				
	(loss)							
	d Net rental income or (loss)		• • • •					
	(I) Securi	ties	(II) Other	_				
	7a Gross amount from sales of							
	assets other than inventory							
	b Less cost or			-				
	other basis and sales expenses							
	C Gain or (loss)							
	d Net gain or (loss)		•					
	8a Gross income from fundraising ev	ents						
Jue	(not including \$ 116,110 contributions reported on line 1c)							
۲ د	See Part IV, line 18		C)				
Re	b Less direct expenses	Ь	11,343	3				
Other Revenue	c Net income or (loss) from fundrai		ents 🕨		-11,34	3		-11,343
0fl	9a Gross income from gaming activit See Part IV, line 19	les						
		a						
	b Less direct expenses	ь						
	c Net income or (loss) from gaming	activiti	es 🕨					
	10aGross sales of inventory, less returns and allowances							
		a						
	b Less cost of goods sold	Ь		-				
	c Net income or (loss) from sales of	ו invent [:]	ory 🕨					
	Miscellaneous Revenue		Business Code					
	11a]				
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d	• •	►	1				
	12 Total revenue. See Instructions							
			• • • •		1,111,86	5	0	0 112,295

Form **990** (2018)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any	line in this Part IX 🔒	<u>.</u>		<u> 🗆</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	626,601	626,601	5	
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, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
i	a Management				
I	b Legal				
•	c Accounting	13,200		13,200	
(d Lobbying				
•	e Professional fundraising services See Part IV, line 17				
1	Investment management fees	26,196		26,196	
į	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,885			1,885
12	Advertising and promotion	13,612			13,612
13	Office expenses	6,046			6,046
14	Information technology	6,347			6,347
15	Royalties				
16	Occupancy				
17	Travel	3,879		86	3,793
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,540		4,540	
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 Schedule O)				
	a PRINTING AND PUBL	26,348		616	25,732
	b MEETINGS/RECEPTIONS	10,145			10,145
	c SHIPPING	8,770			8,770
	d				
	e All other expenses	7,294		1,990	5,304
25	Total functional expenses. Add lines 1 through 24e	754,863	626,601	46,628	81,634
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here 🕨 🗌 ıf following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

Part X Balance Sheet

		Check if Schedule O contains a response or not	te to any	line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments	1,251,110	2	1,595,392		
	3	Pledges and grants receivable, net	• •		1,000	3	1,000
	4	Accounts receivable, net	• •			4	
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio	ated emp Ified pers	loyees Complete ons (as defined under		5	
ts	7	contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net	(see inst	ructions) Complete		6	
Assets	8	Inventories for sale or use		-		8	
As	9			• -		9	
		Prepaid expenses and deferred charges .		· ·		9	
	IUa	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	ь	Less accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities			6,635,223	11	6,807,346
	12	Investments-other securities See Part IV, line	11 .	🗄		12	
	13	Investments—program-related See Part IV, line	e 11 .	. –		13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	6,668	15	4,700		
	16	Total assets.Add lines 1 through 15 (must equ	al line 34	4)	7,894,001	16	8,408,438
	17	Accounts payable and accrued expenses		·		17	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		۲		20	
(0	21	Escrow or custodial account liability Complete F			624,677	21	647,577
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ab		persons Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	irties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	o related thırd partıes,	127,476	25	122,429	
	26	Total liabilities.Add lines 17 through 25	•		752,153	26	770,006
Fund Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets	58), che and 34.	eck here ▶ 🗹 and	4,014,232	27	4,669,143
3al:	28	Temporarily restricted net assets			3,127,616	28	2,969,289
ld f	29	Permanently restricted net assets		F		29	
un:		Organizations that do not follow SFAS 117	(ASC 95	58),			
Assets or F	30	check here > and complete lines 30 th Capital stock or trust principal, or current funds				30	
ete	31	Paid-in or capital surplus, or land, building or eq				31	
4 55	32	Retained earnings, endowment, accumulated inc	come, or	other funds		32	
Net /	33	Total net assets or fund balances			7,141,848	33	7,638,432
Ż	34	Total liabilities and net assets/fund balances .			7,894,001	34	8,408,438
							E

Form	990	(2018)
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	556 (2010)				raye IZ
Pa	tXI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,111,865
2	Total expenses (must equal Part IX, column (A), line 25)	2			754,863
3	Revenue less expenses Subtract line 2 from line 1	3			357,002
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	,141,848
5	Net unrealized gains (losses) on investments	5			139,582
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		7	,638,432
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🛛 🗆 Cash 🗹 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	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?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b		

Form **990** (2018)

Additional Data

Software ID:

Software Version:

EIN: 43-1541947

Name: THE LIBRARY FOUNDATION FOR THE BENEFIT OF ST LOUIS PUBLIC LIBRARY

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O THE SLPL FOUNDATION ENGAGES IN ACTIVITIES THAT FOCUS PUBLIC ATTENTION ON THE ST LOUIS PUBLIC LIBRARY'S PROGRAMS AND SERVICES AND THE NEED FOR PRIVATE, PHILANTHROPIC SUPPORT THE SLPL FOUNDATION STAFF ARE COMMUNITY ADVOCATES, DEVELOPING PARTNERSHIPS TO FURTHER THE LIBRARY'S MISSION AND BUILD COMMUNITY SUPPORT FOR LIBRARY PROGRAMS AND SERVICES THESE ACTIVITIES INCLUDE MANAGING AN ANNUAL FUND AS OF SEPTEMBER 30, 2019, THE SLPL FOUNDATION'S ANNUAL FUND HAD GIFTS FROM 1,084 BUSINESSES, FOUNDATIONS, AND INDIVIDUAL DONORS IN ADDITION TO MANAGING THE ANNUAL FUND, THE LIBRARY FOUNDATION MANAGED INVESTED FUNDS USED FOR SLPL PROGRAMS, PROJECTS, AND COLLECTIONS IN 2019, THE SLPL FOUNDATION HELD STEWARDSHIP EVENTS FOR FRIENDS OF THE LIBRARY SO THE LIBRARY SO THE UNDRAISING EVENT TO SUPPORT THE LIBRARY'S EARLY CHILDHOOD LITERACY PROGRAMS AND SERVICES THE SLPL FOUNDATION PROMOTED THE ST LOUIS PUBLIC LIBRARY THROUGH A QUARTERLY E-NEWSLETTER TO 3,500, SOCIAL MEDIA POSTS, AND PRINT AND RADIO ADVERTISING IN ADDITION TO THE ABOVE ACCOMPLISHMENTS, THE SLPL FOUNDATION SOLICITED GIFTS FOR THE LIBRARY THROUGH DIRECT MAIL, FUNDRAISED FOR A CAPITAL PROJECT TO INSTALL NEW TECH SPACES IN NEIGHBORHOOD LOCATIONS, AND HELPED IDENTIFY AND SECURE COMMUNITY PARTNERSHIPS TO PROMOTE LIBRARY PROGRAMMING

efile GRAPHIC print - DO NO				nt - DO NOT PROCESS As Filed Data -				DLN: 9	DLN: 93493230024900		
SCHEDULE A Public Charity Status and Public Support					OMB No 1545-0047						
(For	m 990		Con		rganization is a sect				2018		
990I	EZ)				4947(a)(1) nonexe ► Attach to Form 9				2010		
		the Treasury		► Go to	www.irs.gov/Form9				Open to Public Inspection		
Nam	e of th	ne organiza						Employer identific	i		
		PUBLIC LIBRA	FOR THE BENE RY	F11				43-1541947			
	rt I organiz				us (All organization: e it is (For lines 1 thro			See instructions.			
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).			
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))				
3		A hospital o	or a cooperat	ive hospital ser	vice organization descr	ribed in section	170(b)(1)(A)(iii).			
4		A medical r name, city,		nızatıon operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's		
5			ation operate (iv). (Comple		t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170		
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).			
7	\checkmark	An organiza section 17	ation that nor '0(b)(1)(A)	mally receives (vi). (Complete	a substantial part of its Part II)	s support from a	governmental u	init or from the gener	al public described in		
8		A commun	ty trust desc	ribed in sectior	n 170(b)(1)(A)(vi)	(Complete Part I	Ι)				
9					escribed in 170(b)(1) ee instructions Enter f				ege or university or a		
10		from activit	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/3% actions—subject to cert ess taxable income (le omplete Part III)	ain exceptions, a	and (2) no more	than 331/3% of its si			
11		An organiza	ation organize	ed and operated	d exclusively to test for	r public safety S	ee section 509	(a)(4).			
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a			
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo						
b		manageme	nt of the sup		ervised or controlled in ation vested in the san and C.						
С					supporting organization ions) You must com				ated with, its		
d		Type III n functionally	on-function integrated	ally integrate The organizatio	d. A supporting organi n generally must satisf t IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orgai			
е		Check this	box if the org	, anızatıon recei	ved a written determin	ation from the I		ре I, Туре II, ⊤уре II	I functionally		
f	Enter			on-functionally organizations	integrated supporting	organization					
g	Provid	de the follow	ung informati	on about the su	pported organization(s)					
	(i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (v) Amount of (vi) organization organization in your governing document? monetary support other s			(vi) Amount of other support (see instructions)							
						Yes	No				
Tota	1										
									·		

1

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 Part II (b)(1)(A)(ix)(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (b) 2015 (c) 2016 (d) 2017 (a) 2014 (e) 2018 (f) Total (or fiscal year beginning in) ► Gifts, grants, contributions, and 1,214,152 1,652,997 559,618 732,884 999,570 5,159,221 membership fees received (Do not include any "unusual grant ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to 65,000 283,181 65,000 65,000 65,000 543,181 the organization without charge 1,279,152 797,884 5,702,402 1,936,178 624,618 1,064,570 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on 1,459,170 line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from 4,243,232 line 4 Section B. Total Support Calendar year (a)2014 (b)2015 (c)2016 (d)2017 (e)2018 (f)Total (or fiscal year beginning in) ▶ 1,279,152 1,936,178 624.618 797.884 1,064,570 5,702,402 Amounts from line 4 Gross income from interest, dividends, payments received on 125,818 110,678 110,672 116,691 123,638 587,497 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain 10 or loss from the sale of capital 36,036 8,910 10,855 55,801 assets (Explain in Part VI) Total support. Add lines 7 through 11 6,345,700 10 12 Gross receipts from related activities, etc. (see instructions) 12 6.849 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here \ldots \ldots \ldots \ldots \triangleright \blacktriangleright Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 66 870 % 15 Public support percentage for 2017 Schedule A, Part II, line 14 15 73 140 % 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶☑ and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b

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

17a 10%-facts-and-circumstances test-2018. 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 gualifies as a publicly supported organization

h 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

supported organization

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

instructions

▶ 🗆

▶□

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

(Complete only if you checked the box on line 10 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.)

50	ection A. Public Support	quanty and a				,	
	Calendar vear						
	(or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
T	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
2	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(-) 2014	(1-) 2015	(-) 2010	(1) 2017	(-) 2010	
	(or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
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						
С	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							
	loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
13	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) oi	ganization,
	check this box and stop here	2			,		_ ▶
	-	Cumport Doveo	-				
	ection C. Computation of Public 9			aaluman (f))		1 1	
15	Public support percentage for 2018 (lin		•	column (T))		15	
16	Public support percentage from 2017 S	Schedule A, Part II	II, line 15			16	
Se	ction D. Computation of Invest	ment Income	Percentage			•	
17	Investment income percentage for 201			lıne 13, column (f))	17	
18				on lung 14	0 15 10 more +	18	0 17 10 201
	331/3% support tests-2018. If the						
	more than 33 1/3%, check this box and s						
b	b 33 1/3% support tests-2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is						
	not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20		-	-				▶ □
	Private foundation. If the organization	оп ана пот спеск а	1 box on inte 14, 1	.эа, ог тэр, спеск			<u> </u>

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (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) 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 3a Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied h the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? C If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported h organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections С 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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 5a (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, (i) the reasons for each such action, (ii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a 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? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 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. 6 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) 7 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) 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as 9a 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. 9a 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. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in C which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings) 10b

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?				
		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>				
		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax				
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard				

Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- a 🦳 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
- c 📋 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

1

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		
substantially all of its activities	2a	ſ
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the		ĺ

- organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- 3 Parent of Supported Organizations Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - **b** Did the 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*

Schedule A (Form 990 or 990-EZ) 2018

2b

3a

Зb

Yes

No

Yes

1

2

No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Page 6

Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (continue	ed)					
Section D - Distributions		<u> </u>	Current Year					
1 Amounts paid to supported organizations to accomplish	exempt purposes							
excess of income from activity	2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons						
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval require	d)							
6 Other distributions (describe in Part VI) See instruction	ons							
7 Total annual distributions. Add lines 1 through 6								
 8 Distributions to attentive supported organizations to whether details in Part VI) See instructions 	nich the organization is respon	sive (provide						
9 Distributable amount for 2018 from Section C, line 6								
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018					
Distributable amount for 2018 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions								
3 Excess distributions carryover, if any, to 2018								
a From 2013								
b From 2014								
c From 2015. . <th< td=""><td></td><td></td><td></td></th<>								
e From 2017								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
h Applied to 2018 distributable amount								
i Carryover from 2013 not applied (see instructions)								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2018 from Section D, line 7								
\$								
a Applied to underdistributions of prior years								
b Applied to 2018 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions								
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions								
7 Excess distributions carryover to 2019. Add lines 3j and 4c								
8 Breakdown of line 7								
a Excess from 2014								
b Excess from 2015.								
c Excess from 2016								
d Excess from 2017								
e Excess from 2018								

Schedule A (Form 990 or 990-EZ) (2018)

Page 8

Part VI 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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation							
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	SPECIAL EVENT - 2014 AMOUNT \$ 36,036 2015 AMOUNT \$ 8,910 2016 AMOUNT \$ 5,520 RAFFLE - 2016 AMOUNT \$ 5,335							

		int - DO NOT PROCESS As Fi	led Data -			D		230024900
	HEDULE D m 990)	Supplemer	ntal Financial	Statements				o 1545-0047
·	tment of the Treasury	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.						018 n to Public
	al Revenue Service		<u>ov/Form990</u> for the	latest information.	1-			spection
THE		ION FOR THE BENEFIT			Emp	oloyer id	entification	number
	ST LOUIS PUBLIC LIE	^{BRARY} zations Maintaining Donor Advi	and Funda on Otha	. Cimilar Euroda a		541947		
Fe		te if the organization answered "Ye				ounts.		
	•	<u> </u>	(a) Donor ad			(b)Fund	s and other	accounts
1	Total number at	end of year						
2		of contributions to (during year)						
3		of grants from (during year)						
4	Aggregate value	·						
5	organization's p	ation inform all donors and donor adviso roperty, subject to the organization's ex-	clusive legal control?					Yes 🗌 No
6		ation inform all grantees, donors, and do uses and not for the benefit of the donor					rmissible	Yes 🗌 No
Pa	rt II Conser	vation Easements. Complete if th	he organization answ	vered "Yes" on Forr	n 990	, Part IV	/, lıne 7.	
1	Purpose(s) of co	onservation easements held by the orga	nızatıon (check all that	apply)				
	Preservatio	on of land for public use (e g , recreation	n or education)	Preservation of an	histor	ically imp	ortant land a	area
	Protection	of natural habitat		Preservation of a	certifie	d historic	structure	
	Preservation	on of open space						
2		2a through 2d if the organization held a e last day of the tax year	qualified conservation	contribution in the fo	rm of a		ation at the End o	of the Year
а	Total number of	conservation easements			2a			
b	Total acreage re	stricted by conservation easements			2b			
С	Number of conse	ervation easements on a certified histori	ic structure included in	(a)	2c			
d		ervation easements included in (c) acqu n the National Register	ured after 7/25/06, and	not on a historic	2d			
3		ervation easements modified, transferre	ed, released, extinguish	ed, or terminated by	the or	ganızatıor	n during the	
4	Number of state	es where property subject to conservation	on easement is located	▶				
5		zation have a written policy regarding t			of viola	- ations		
5	and enforcemen	it of the conservation easements it hold	s?				🗌 Yes	□ No
6	▶	eer hours devoted to monitoring, inspec						
7	Amount of expe	nses incurred in monitoring, inspecting,	handling of violations,	and enforcing conser	vation	easemen	ts during the	e year
8		ervation easement reported on line 2(d)) above satisfy the requ	irements of section 1	70(h)(4)(B)(ı)	—	_
9	and section 170 In Part XIII, des	(n)(4)(B)(II)? scribe how the organization reports cons	servation easements in	Its revenue and expe	nse sta	atement,	Yes and	L No
	the organization	and include, if applicable, the text of the 's accounting for conservation easemen	nts					
Par		zations Maintaining Collections te If the organization answered "Ye			er Si	milar As	ssets.	
1a	If the organizati art, historical tre	ion elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	16 (ASC 958), not to re public exhibition, educ	port in its revenue sta ation, or research in f				
b	If the organizati historical treasu	ion elected, as permitted under SFAS 11 ires, or other similar assets held for pub its relating to these items	16 (ASC 958), to report	ın ıts revenue staten				
(-	led on Form 990, Part VIII, line 1				▶\$		
(1	ii)Assets included	ın Form 990, Part X						
2	If the organizati	ion received or held works of art, histori hts required to be reported under SFAS			ncıal g			
а	-	ed on Form 990, Part VIII, line 1	, , s			▶\$		
b		in Form 990, Part X				► \$		
-		•				-		

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

Cat No 52283D Schedule D (Form 990) 2018

e Other .

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Sch	edule D (Form 990) 2018							Page 2
Pai	t III Organizations Maintaining Col	ections of Art, I	Historio	al Trea	sures, or Othe	er Similar A	ssets (cont	nued)
3	Using the organization's acquisition, accessior items (check all that apply)	, and other records	, check a	ny of the	following that are	e a significant i	use of its coll	ection
а	Public exhibition		d	🗌 Loa	an or exchange p	rograms		
b	Scholarly research		e	🗌 Otl	her			
С	Preservation for future generations							
4	Provide a description of the organization's coll Part XIII	ections and explain	how the	y further t	the organization's	exempt purpo	se in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					sımılar	🗌 Yes	
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		-m 990,	Part IV,	line 9, or repo	rted an amou	unt on Forn	1 990, Part
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	an or other intermed	liary for	contributio	ons or other asse	ts not	🗌 Yes	☑ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table		۵	mount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1 f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	scrow or	custodial account	liability?	🗹 Yes	
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	on has bee	en provided in Pa	rt XIII	\checkmark	
Pa	art V Endowment Funds. Complete if	the organization	answere	ed "Yes"	on Form 990, F	Part IV, line 1	10.	
		(a)Current year	(b)Pr	ior year	(c)Two years bad			Four years back
	Beginning of year balance	1,076,097		1,073,226	1,017,5	509	946,987	972,029
	Contributions	43,469		41,501	. 58,2	217	74,185	-19,572
	Net investment earnings, gains, and losses	43,409		41,501		.1/	74,105	
	Grants or scholarships							
е	Other expenditures for facilities and programs			36,000				
f	Administrative expenses	9,992		2,630	2,5	502	3,663	5,470
g	End of year balance	1,109,574		1,076,097	1,073,2	226 1	,017,509	946,987
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g	, column	(a)) held as	I	I	
а	Board designated or quasi-endowment 🕨							
Ь	Permanent endowment 🕨 100 000 %							
с	Temporarily restricted endowment >							
	The percentages on lines 2a, 2b, and 2c shou	d equal 100%						
За	· · · · · · · · · · · · · · · · · · ·	sion of the organizat	tion that	are held a	and administered	for the		
	organization by (i) unrelated organizations						3a(i)	Yes No
	(ii) related organizations						3a(ii)	
b	If "Yes" on 3a(II), are the related organization	s listed as required	on Scheo	dule R?			3b	
4	Describe in Part XIII the intended uses of the	organızatıon's endo	wment fu	unds				<u> </u>
Pa	rt VI Land, Buildings, and Equipmer							
	Complete if the organization answ Description of property (a) Cost or oth			Part IV, basis (other				0. ook value
	(investme						(4) 0	
1 a	Land							
b	Buildings							
С	Leasehold improvements				-			
d	Equipment							

Total. Add lines 1a through 1e (C	olumn (d) must equal Form 990, Part X,	column (B), line 10(c)) ►
iotan naa mies ra anoagn re (e		

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Schedule D (Form 990) 2018				Page 3
Part VII Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.	ganızat	ion ansv	vered "Yes" on Form	1 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b) Book value		lethod of valuation nd-of-year market value
(1) Financial derivatives	•			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	►			
Complete if the organization answered 'Yes' on Form	-			
(a) Description of investment	(b) Bo	ok value		lethod of valuation nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes'	on Forn	n 990, Pa	rt IV, line 11d See Fo	 prm 990, Part X, line 15
(a) Description				(b) Book value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answe	 ered 'Ye	 es' on Fo	rm 990, Part IV, lın	► ne 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability		(b) B	ook value	
(1) Federal Income taxes				
DUE TO AFFILIATE (2)			122,429	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

 Total. (Column (b) must equal Form 990, Part X, col (B) line 25)
 Image: 122,429

 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

Sche	dule D (Form 990) 2018				Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem			turn	
1	Complete if the organization answered 'Yes' on Form 990, Part Total revenue, gains, and other support per audited financial statements			1	1,262,790
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	• •		-	1,202,790
- a	Net unrealized gains (losses) on investments	2a	139,582		
b	Donated services and use of facilities	2b	135,302		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d		1	
e	Add lines 2a through 2d			2e	139,582
3				3	1,123,208
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	• •			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	I		
b	Other (Describe in Part XIII)	4b	-11,343	1	
c	Add lines 4a and 4b		,	4c	-11,343
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,111,865
-	t XII Reconciliation of Expenses per Audited Financial Statem			-	
i di	Complete if the organization answered 'Yes' on Form 990, Part				
1	Total expenses and losses per audited financial statements			1	766,206
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
Ь	Prior year adjustments	2b		1	
с	Other losses	2c		1	
d	Other (Describe in Part XIII)	2d		1	
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	766,206
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 🛛 .	4a			
b	Other (Describe in Part XIII)	4b	-11,343	1	
с	Add lines 4a and 4b			4c	-11,343
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).		5	754,863
Pa	t XIII Supplemental Information			· · · · ·	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Addıtıonal Data Table	

Page 4

ormation (continued)
Explanation

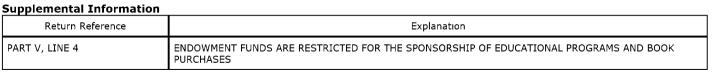
Schedule D (Form 990) 2018

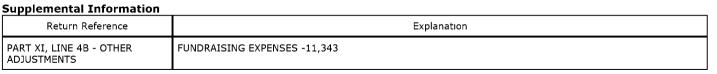
Additional Data

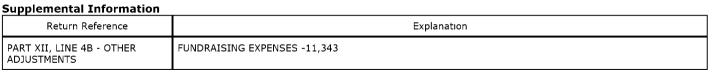
Software ID: Software Version: EIN: 43-1541947 Name: THE LIBRARY FOUNDATION FOR THE BENEFIT OF ST LOUIS PUBLIC LIBRARY

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	THE FOUNDATION HOLDS INVESTMENTS ON BEHALF OF THE ST LOUIS PUBLIC LIBRARY







efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 934							I: 93493230024900		
	IEDULE G		laguZ	lemental Information Regarding					OMB No 1545-0047
(For	m 990 or 990-EZ)			ndraising or Gaming Activities					2018
		Co	mplete if the organiz	ation answ	ered "Yes"	on Form 990, Part IV, lines n \$15,000 on Form 990-EZ, l	17, 18, or 1	9, or if the	
-	tment of the Treasury al Revenue Service			► Atta	ch to Form	990 or Form 990-EZ.			Open to Public Inspection
	e of the organization		Go to www	rs gov/ro	rm990 tor	instructions and the latest ii	ntormation	Employer ide	ntification number
	LIBRARY FOUNDATION T LOUIS PUBLIC LIBRA		E BENEFIT					43-1541947	
Ра	rt I Fundraising	a Activi	ties.Complete If	the oraa	nization	answered "Yes" on Fo	orm 990,	Part IV, line 1	
		-	ire not required	-			,	,	
1	Indicate whether the	organiza	tion raised funds t	hrough an	y of the f	ollowing activities Check	all that a	pply	
а	Mail solicitations					e 🗌 Solicitation of nor	n-governm	ient grants	
b	Internet and ema	il solicitat	tions		t	f 🗌 Solicitation of gov	ernment (grants	
с	Phone solicitation	S			ç	g 🔲 Special fundraisin	g events		
d	In-person solicitat	tions							
2a	Did the organization I	have a wi	ritten or oral agree	ement with	n any ind	vidual (including officers,	, directors	, trustees	
	, , ,		, ,	,		on with professional fund	2		es 🗆 No
b	If "Yes," list the ten h to be compensated at				ndraisers) pursuant to agreements	s under wi	nich the fundrais	er is
(i) N	lame and address of in or entity (fundraiser		(ii) Actıvıty	fundrai cust cont) Did iser have ody or trol of butions?	(iv) Gross receipts from activity	(or r fundra	nount paid to etained by) hiser listed in col (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Tota	I	ľ		•	►				

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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	dule G (Form 990 or 990-EZ) 2018				Page 2
Ра	rt II Fundraising Events. Completion #15,000 of fundraising of				
	than \$15,000 of fundraising e gross receipts greater than \$		gross income on Form	1990-EZ, lines I and e	SD. LIST EVENTS WITH
		(a)Event #1	(b) Event #2	(c)Other events	(d)
					Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
ue			((,	
(en					
Кеvение	1 Gross receipts	116,110			116,110
-					
	2 Less Contributions	116,110			116,110
	4 Cash prizes				
	5 Noncash prizes				
Direct Expenses					
	6 Rent/facility costs				
å.	7 Food and beverages				
ш т	8 Entertainment				
lireo	9 Other direct expenses	11,343			11,343
Δ	10 Direct expense summary Add lines 4	11,343			
	11 Net income summary Subtract line 10				-11,343
Par	t III Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	IV, line 19, or reported	1 more than \$15,000
<i>(</i>)	,				
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
уvе					···· (-//
å	1 Gross revenue				
s					
JSe	2 Cash prizes				
Expenses	3 Noncash prizes				
					+
ы С	4 Rent/facility costs				
Direct	- Other direct evinences				
	5 Other direct expenses				<u> </u>
		│	Yes %	Yes %	
	6 Volunteer labor	No No	Νο	No No	
	7 Direct expense summary Add lines 2	through 5 in column (d)		•	
	y Direct expense summary Add mes 2	through 5 m column (u)			
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	n (d)	.	
9	Enter the state(s) in which the organizat	ion conducts gaming activ	ities		
a	Is the organization licensed to conduct g				
b	If "No," explain		these states.		
10a	Were any of the organization's gaming li	censes revoked, suspende	d or terminated during the	e tax year?	🗌 Yes 🗌 No
b	If "Yes," explain				
					J

Sche	dule G (Form 990 or 990-EZ) 2018					F	Page 3
11	Does the organization conduct gai	ning activities with nonmembers	57		🗌 Yes		
12	Is the organization a grantor, ben formed to administer charitable ga		member of a partnership or other entity		□ Yes		
13	Indicate the percentage of gaming	activity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of th	e person who prepares the organ	nization's gaming/special events books and re	ecords			
	Name 🕨						
	Address 🕨						
15a	Does the organization have a cont revenue?	ract with a third party from who	om the organization receives gaming		🗌 Yes		
b			anization Þ \$ and th	e			
	amount of gaming revenue retain	ed by the third party 🕨 \$					
С	If "Yes," enter name and address	of the third party					
	Name 🕨						
	Address 🕨						
16	Gaming manager information						
	Name Þ						
	Gaming manager compensation •	[,] \$					
	Description of services provided	,					
	Director/officer	Employee	☐ Independent contractor				
17	Mandatory distributions						
а	Is the organization required under retain the state gaming license?	state law to make charitable di	stributions from the gaming proceeds to		🗌 Yes		
b	Enter the amount of distributions	required under state law distribu	ited to other exempt organizations or spent		iea		
	in the organization's own exempt	activities during the tax year \blacktriangleright	\$				
Pa			ions required by Part I, line 2b, column licable. Also provide any additional infor				s. –

Return Reference

Explanation

Schedule G (Form 990 or 990-EZ) 2018

efile GRAPHIC print	- DO NOT PROCESS	As Filed Data -					DL	N: 934932300249	00
Note: To capture the	full content of this	document, please se	lect landscape mode	e (11" x 8.5") whe	en printing.			OMB No. 1545 0047	
Schedule I (Form 990)	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.								
Department of the Treasury Internal Revenue Service	(Attach to Form ▶ Attach to Form <u>w.irs.gov/Form990</u> for	990.				Open to Public Inspection	
Name of the organization THE LIBRARY FOUNDATION OF ST LOUIS PUBLIC LIBR/	ARY						Employer identifi 43-1541947	cation number	
Part I General In	formation on Gran	ts and Assistance							
the selection criteria	used to award the gran	ts or assistance?	the grants or assistance, t e of grant funds in the Un			ce, and		🗌 Yes 🔽	No
		mestic Organizations a II can be duplicated if add	nd Domestic Governme ditional space is needed	nts. Complete if the o	rganization answered "Yes	" on Forr	n 990, Part IV, line	e 21, for any recipient	
(a) Name and address organization or government	of (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)			(h) Purpose of gran or assistance	nt
(1) ST LOUIS PUBLIC LIE 1301 OLIVE STREET ST LOUIS, MO 63103	3RARY 43-1361325	MUNI LIB DIST	626,601			N/A		SUPPORT THE ST LOUIS PUBLIC LIBRARY'S OPERATIONS AND CAPITAL PROJECTS	
2 Enter total number of	of section 501(c)(3) and	government organizations	listed in the line 1 table .						1
3 Enter total number of	f other organizations lis	ted in the line 1 table .			<u> </u>		► <u></u>		
For Paperwork Reduction Ac	t Notice, see the Instruct	ions for Form 990.		Cat No 50055	5P		Sc	hedule I (Form 990) 201	8

Schedule I (Form 990) 2018

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 assist	ance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.						
Return Reference	Explanation					
PART I, LINE 2	THE LIBRARY FOUNDATION IS ORGANIZED FOR THE PURPOSE OF SUPPORTING THE ACTIVITIES OF THE ST LOUIS PUBLIC LIBRARY GRANT FUNDS ALLOCATED ARE USED TO DIRECTLY SUPPORT THE ST LOUIS PUBLIC LIBRARY'S OPERATIONS AND CAPITAL PROJECTS THE LIBRARY RECEIVES A MONTHLY STATEMENT FROM THE COMMERCE BANK TRUST DEPARTMENT WHICH SHOWS THE USE OF THE FOUNDATION'S TRANSFERS FOR DEBT SERVICE THIS STATEMENT CAN BE PROVIDED TO THE FOUNDATION FOR PERIODIC REVIEW					

Schedule I (Form 990) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493230024				
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury	Complete to pro Form 990 o	vide information for or 990-EZ or to prov Attach to Form	on to Form 990 or 990-EZ r responses to specific questions on ide any additional information. n 990 or 990-EZ. <u>90</u> for the latest information.	OMB No 1545-0047 2018 Open to Public Inspection
Name Settine Employer THE LIBRARY FOUNDATION FOR THE BENEFIT 43-154194 OF ST LOUIS PUBLIC LIBRARY 43-154194			r identification number 47	
990 Schedule O, Su	pplemental Informatio	n	L	

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE LIBRARY'S CFO PERFORMS A DETAILED REVIEW OF THE COMPLETED 990, AND THE FINAL RETURN IS REVIEWED WITH THE DIRECTOR OF THE FOUNDATION PRIOR TO SUBMISSION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY THE FORMS ARE REVIEWED FOR ANY POTENTIAL CONFLICTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE FURNISHED UPON WRITTEN REQUEST