** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	or th	e 2021 calendar year, or tax year beginning and	enaing		
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name	Doing business as		43-18639	<u>77 </u>
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	1640 S. LINDBERGH BLVD.		(314)994	-3300
	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,834,577.
	Amer	ded cm TOTITE MO 62121 2509		H(a) Is this a group re	
F	Appli			for subordinates	
_	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{}$	Tav.av	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	1	list. See instructions
		te: > WWW.FOUNDATION.SLCL.ORG	021	H(c) Group exemption	
		forganization: X Corporation Trust Association Other	I Voor	 	State of legal domicile: MO
	art I	Summary	L Teal	or formation, ±555 N	1 State of legal dominione, F10
	1	Briefly describe the organization's mission or most significant activities: THE I	ZOIINID A	TTON SIIPPORT	רכ ייוד כיי
မွ	'	LOUIS COUNTY LIBRARY BY GENERATING PRIVAT			
ă					
ēr	2	Check this box if the organization discontinued its operations or dispos		1 1	35
30	3			3	35
∞ ≪	4	Number of independent voting members of the governing body (Part VI, line 1b)			0
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			20
Activities & Governance	6	Total number of volunteers (estimate if necessary)			0.
Aci	7a			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		
	١_			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		894,786. 0.	1,753,180.
ē	9	Program service revenue (Part VIII, line 2g)			7 110
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		42,564.	-7,110.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,573.	<u>-7,837.</u>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		931,777.	1,738,233.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,000.	20,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		258,050.	250,349.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă×	. b	Total fundraising expenses (Part IX, column (D), line 25) 287,19		5.40 FFF	E 40 E E 4
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		540,555.	542,571.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		818,605.	812,920.
_	19	Revenue less expenses. Subtract line 18 from line 12		113,172.	925,313.
Net Assets or	4		Ве	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		4,407,125.	5,247,898.
T. As	21	Total liabilities (Part X, line 26)		412,032.	327,492.
يِّج	22	Net assets or fund balances. Subtract line 21 from line 20		3,995,093.	4,920,406.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules		•	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Observation of all and		Data	
Sig		Signature of officer		Date	
Hei	e	LAURA TAYLOR, CHIEF FINANCIAL OFFICER			
		Type or print name and title		Data I E	DTIN
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Pai		DEIDRA A. DOERR, CPA DEIDRA A. DOERR,	CPA 1	.1/29/23 self-employ	
	parer	Firm's name KERBER, ECK & BRAECKEL LLP		Firm's EIN ▶	43-0352985
Use	Only	Firm's address ONE SOUTH MEMORIAL DR. STE 900			
		SAINT LOUIS, MO 63102		Phone no. 31	4-231-6232
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

. u	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE MISSION OF THE ST. LOUIS COUNTY LIBRARY IS TO PROVIDE THE	
	RESOURCES AND SERVICES TO ENRICH MINDS, ENHANCE LIVES AND EXPAND PERSPECTIVES. THE LIBRARY FOUNDATION IS COMMITTED TO KEEPING OUR	
	PUBLIC LIBRARY SYSTEM STRONG AND VIBRANT, THEREBY ENSURING A BRIGHTER	
2	Did the organization undertake any significant program services during the year which were not listed on 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 If "Yes," describe these changes on Schedule O.	_ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 127,993 • including grants of \$) (Revenue \$	
	A GOAL OF THE FOUNDATION IS TO ENRICH THE LIBRARY'S EDUCATIONAL	
	MISSION. SLCL HAS PARTNERED WITH SEVEN ST. LOUIS AREA HOSPITALS AND	
	CLINICS: SSM DEPAUL HEALTH CENTER, ST. CLARE, MISSOURI BAPTIST, ST.	
	MARY'S, ST. LUKE'S, MERCY HOSPITAL SOUTH, AND MERCY HOSPITAL ST. LOUIS	
	IN 2021, EVERY BABY BORN AT THOSE HOSPITALS RECEIVES A BAG FILLED WITH	
	A BOARD BOOK, A CARDINALS BEANIE, A VOUCHER FOR TWO CARDINALS TICKETS,	
	AS WELL AS INFORMATION ON EARLY LITERACY AND A ST. LOUIS COUNTY LIBRARY	Y
	CARD. AN INVITATION IS TIED ONTO THE BAG, AND IF PARENTS FILL OUT THE	
	CARD, THE BABY IS INVITED BACK TO THE LIBRARY AROUND HIS/HER FIRST	
	BIRTHDAY FOR A CELEBRATION WHERE HE/SHE WILL RECEIVE ANOTHER BOOK TO	
	ADD TO HIS/HER PERSONAL LIBRARY.	
4b	(Code:) (Expenses \$ 34 , 898 • _ including grants of \$) (Revenue \$	
	EXCEL ADULT HIGH SCHOOL OFFERS ST. LOUIS RESIDENTS AGED 23 AND OLDER	
	THE CHANCE TO EARN A HIGH SCHOOL DIPLOMA AND CAREER CERTIFICATE,	
	OPENING THE DOOR TO NEW JOB OPPORTUNITIES.	
4c	(Code:) (Expenses \$37,740. including grants of \$) (Revenue \$	}
	THE FOUNDATION FURTHER PROMOTES READING BY HOSTING EVENTS WITH NOTED	
	AUTHORS.	
	Other program conjuga (Deceribe on Schodule O.)	
4 0	Other program services (Describe on Schedule O.) (Expenses \$ 239, 131. including grants of \$ 20,000.) (Revenue \$)	
	Total program service expenses \(\begin{array}{c} \ 239,131 \cdots \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		7.7	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		37
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		- v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		- v
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		- v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	۱.,		₩
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_
f	3			₩
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			₩
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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			
	, 30 0	111		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		125
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		125
10		16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		125
17		47		X
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		 ^
10		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	16	- 71	
19	,	40		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a		20a 20b		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41	27	l

Page 4

Form 990 (2021) ST. LOUIS COUNTY LIBRARY FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b		_		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	10		

Page 5

O21) ST. LOUIS COUNTY LIBRARY FOUNDATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	, , , , , , , , , , , , , , , , , , , ,	a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		_		37
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	-			х
L	financial account in a foreign country (such as a bank account, securities account, or other financial account, let \(\text{N} \)	ount)?	<u>4a</u>		Λ
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco	unto (FDAD)			
52		unts (FBAN).	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or				
	any contributions that were not tax deductible as charitable contributions?	-	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions				
	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 service	s provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re-	equired			
	to file Form 8282?		7c		X
d	<u> </u>	d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f -		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by		7h		
8			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Pid the agree of a green pid the greek and the state of the distribution and the state of 10000		9a		
			9b		
10	Section 501(c)(7) organizations. Enter:				
а)a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities)b			
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders <u>1</u>	1a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	•			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10.	1	12a		
	,	2b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.		104		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
-		Bb			
С		Вс			
	Did the consciention receive any property for indeed to mind on towning and in the tarrian.		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on net investment includes the section 4968 excise tax on the section 4968 excise tax on the section 4968 excise tax of tax o	come?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	′			
	·		17		
	If "Yes," complete Form 6069.			000	

ST. LOUIS COUNTY LIBRARY FOUNDATION 43-1863977 Form 990 (2021) 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 on 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 35 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 on Schedule O. 35 **b** Enter the number of voting members included on 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, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 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 Х b Each committee with authority to act on behalf of the governing body? 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 on 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? 10a 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? 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 on 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 **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on 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? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on 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? 16b Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed NONE
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 Own website X Another's website X Upon request Other (explain on Schedule O)
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

20 S \mathbf{L}

tate the name, address, and telephone number of the person who possesses the organization's books and records		
AURA TAYLOR - (314)994-3300		
640 S. LINDBERGH BLVD., ST LOUIS, MO 63131-3598		

statements available to the public during the tax year.

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

V Observations in a single contraction of the single contraction of th

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		l than c	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an tee)	compensation	compensation	amount of
	week		T			T	,	from the	from related	other
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e 0r	stee			nsateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	ım bei		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	ь	Key employee	est co loyee	ıer			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) BRIAN DAVIES	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) JIM WOOD	1.00									
TREASURER		Х		Х				0.	0.	0.
(3) LINDA LEGG	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) GERALD JEHLING	1.00									
VICE PRESIDENT (RESIGNED AS OF DEC-2		Х		Х				0.	0.	0.
(5) JODI ALFERMANN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) LAURA DIERBERG AYERS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) SARAH BOWMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) APOLLO CAREY	1.00								_	_
DIRECTOR (AS OF NOV-21)		Х						0.	0.	0.
(9) CHRIS CHORLINS	1.00								_	_
DIRECTOR (AS OF AUG-21)		Х						0.	0.	0.
(10) MARY GIRA	1.00									_
DIRECTOR		Х						0.	0.	0.
(11) LISA HANLY	1.00									
DIRECTOR		Х						0.	0.	0.
(12) SUSAN HEINSZ	1.00									
DIRECTOR (AS OF AUG-21)	1	Х						0.	0.	0.
(13) JAMES HOFFMEISTER	1.00									
DIRECTOR	1	Х						0.	0.	0.
(14) NEIL JAFFE	1.00									
DIRECTOR (RESIGNED AS OF DEC-21)	1 00	X						0.	0.	0.
(15) KAREN JORDAN	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(16) DAVID KEHM	1.00									_
DIRECTOR	1 00	Х	-		_			0.	0.	0.
(17) PAULA KNIGHT	1.00	,,								•
DIRECTOR (AS OF AUG-21)		Х						0.	0.	0.

Form **990** (2021)

(A)	(B)			((C)			(D)	(E)		(F)	
Name and title	Average	/ al a		Pos	itior			Reportable	Reportable		Estimate	ed
	hours per	box	, unle	ss per	son i	than o	n an	compensation	compensation		amount o	of
	week		cer ar	id a di	irecto	or/trus	tee)	from	from related		other	
	(list any hours for	irecto						the	organizations	,	compensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC) 1099-NEC)	′	from the organizati	
	organizations	ruste	al trustee		99/	mpen		1099-NEC)	1099-1120)		and relate	
	below	Individual trustee or director	Institutional t	ie i	Key employee	Highest compensated employee	er				organizatio	
	line)	Indiv	Instit	Officer	Key e	High	Former				_	
(18) BILL LUSTER	1.00											
DIRECTOR (AS OF NOV-21)		Х						0.	C	١.		0.
(19) BRAD MCLAURY	1.00											
DIRECTOR		Х						0.	C	١. (0.
(20) MAURICE QUIROGA	1.00											
DIRECTOR		Х						0.	C	١.		0.
(21) STEVE RHOADES	1.00											
DIRECTOR (RESIGNED AS OF DEC-21)		Х						0.	C	١.		0.
(22) JOANN SANDIFER	1.00											
DIRECTOR		Х						0.	C	١.		0.
(23) AMANDA SCHMITT	1.00											
DIRECTOR		Х						0.	C	١.		0.
(24) THOMAS SMITH	1.00											
DIRECTOR		Х						0.	C	١.		0.
(25) KRISTEN SORTH	1.00											
DIRECTOR		Х						0.	C	١.		0.
(26) KRISTIN THOMPSON	1.00											
DIRECTOR (RESIGNED AS OF DEC-21)		X						0.		١.		0.
1b Subtotal								0.		١.		0.
c Total from continuation sheets to Part VI	, Section A							0.		١.		0.
d Total (add lines 1b and 1c)							<u> </u>	0.	C).		0.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization												0
										_	Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for se	uch individual									.	3	X
4 For any individual listed on line 1a, is the su	-		-					•	-			
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a	ccrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch <u>r</u>	oers	on					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	at received more than \$	100,000 of comper	nsati	on from	
the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)		_	(C)	
Name and business	address	N	ONE	<u> </u>				Description of s	ervices	Co	ompensation	<u> </u>
							_					
							_					
							-					
							\dashv					
2 Total number of independent contractors (in	•	ot lin	nited	to t	_	_	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation ZACONTE	T 3.7	TTT	шΤ) TAO		TTT	Emc			990 (2221

(A) Name and title Average hours per week (list any hours for related organizations below line) (A) Name and title Average hours per week (list any hours for related organizations below line) (A) Name and title Average hours per week (list any hours for related organizations below line) (A) Average hours per week (list any hours for related organizations below line) (A) Average hours per week (list any hours for related organizations below line) (A) Average hours per week (list any hours for related organizations below line) (A) Average hours per week (list any hours for related organizations below line) (A) Average hours per week (list any hours for related organization (W-2/1099-MISC) (A) (B) Average hours per week (list any hours from the organization (W-2/1099-MISC) (W-2/109-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1	Form 990 ST - LOUI:	5 COUNTY	<u> </u>	ıΤΕ	KA	K Y	Г	ΟŪ	INDATION	43-186	3911
(A) Name and title (B) Name and title (A) Name and title (B) Name and title (C) Name and title (Name and title	Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est	Compensated Employe	es (continued)	
Name and title									1	· '	(F)
Dours Per week (list any hours for related organizations Per week (list any hou							1		1		
Per Week (Ist any hours for related organization (W2/1099-MISC) W2/1099-MISC) week (Ist any hours for related organization (W2/1099-MISC) week (W2/1099-MISC) week organization (W2/1099-MISC) week organization and related organization and related organization (W2/1099-MISC) week organization and related organization and related organization (W2/1099-MISC) week organization and related organization (W2/1099-MISC) week organization and related organization and related organization (W2/1099-MISC) week organization and related organization (W2/1099-MISC) week organization (W2/1099-MISC) week organization and related organization (W2/1099-MISC) week organization and related organization (W2/1099-MISC) week organizatio	Name and title	1	(cl					Iv)		•	
week (list ary hours for related organizations with the property of the pr		1	,01			a.		.,,	4		
(list arry list arry lis							- e				
1.00			for				l og		1		•
1.00			direc				d em			(** 2) 1000 111100)	
1.00			e or	stee			sate		(** 2/ 1000 111100)		
1.00		1	truste	al tru:		yee	m per				
1.00			dual	rigi		od m	stco	-E			g
1.00		1	Indivi	Institu	Office	Key e	Highe	Form			
DIRECTOR (RESIGNED AS OF APR-21)	(27) NGUYEN VIOLETTE	1.00									
1.00 X	DIRECTOR (RESIGNED AS OF APR-21)		х						0.	0.	0.
X	(28) LOUANN WILCOX	1.00									
1.00	DIRECTOR		Х						0.	0.	0.
X	(29) BILL BRADLEY	1.00									
330 MARY ENGELBREIT	DIRECTOR		Х						0.	0.	0.
X	(30) MARY ENGELBREIT	1.00								-	
31) EDIE HARRIS	DIRECTOR		Х		L			L	0.	0.	0.
1.00 X	(31) EDDIE HARRIS	1.00									
X	DIRECTOR		Х						0.	0.	0.
1.00 X 0. 0. 0. 0. 0. 0.	(32) JULIUS HUNTER	1.00									
X	DIRECTOR		Х						0.	0.	0.
1.00 X	(33) RIDLEY PEARSON	1.00								_	_
X	DIRECTOR		Х						0.	0.	0.
1.00 X 0. 0. 0. 0 0 0 0 0 0 0		1.00									
DIRECTOR X 0. 0. 0. 0		1 00	Х						0.	0.	0.
		1.00								•	•
	DIRECTOR		X						0.	0.	0.
			-								
			1								
			1								
			1								
			1								
				_			_				
			-								
			-	<u> </u>	-		<u> </u>	_			
			}								

43-1863977

		Check if Schedule O	contains	a response o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
Siα	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b.			1b	180.757.				
2 5		Fundraising events		1c	180,757. 192,225.	-			
Fts,					172,225.	-			
ig ig		Related organizations				-			
ns,		Government grants (contri		1e					
e ë	f	All other contributions, gifts,			200 100				
Β̈́Ę		similar amounts not included	above		<u>380,198.</u>	-			
d it	g	Noncash contributions included in	lines 1a-1f	1g \$	56,167.				
<u>ဒိ မ</u>	h	Total. Add lines 1a-1f				1,753,180.			
					Business Code				
ė	2 a								
Σ̈́	b								
Se	С								
e a	d								
Program Service Revenue	е								
P.	f	All other program service	revenue						
	g	Total. Add lines 2a-2f							
	3	Investment income (includ							
		other similar amounts)				32,747.			32,747.
	4	Income from investment of				,			,
	5	Royalties							
	Ū	rioyanico		(i) Real	(ii) Personal				
	6 2	Gross rents	6a	(7	(.,,	-			
	U a	Gross rents Less: rental expenses	6b			1			
		Rental income or (loss)	6c			-			
	ا	Net rental income or (loss)							
		Gross amount from sales of		Securities	(ii) Other				
	<i>i</i> a		· -	0,000.	(ii) Other				
		assets other than inventory	7a 3	0,000.		-			
•	D	Less: cost or other basis	ے ا ۔۔ا	0 0 5 7					
ğ l		and sales expenses	7b 0	9,05/.					
Revenue		Gain or (loss)				20 055			20 055
<u>~</u>		Net gain or (loss)				-39,857.			-39,857.
ther	8 a	Gross income from fundraisin	ng events	(not					
ō		including \$192							
		contributions reported on	,	I	10 650				
		Part IV, line 18			18,650.	-			
	b	Less: direct expenses		8b	26,487.				
	С	Net income or (loss) from	fundraisi	ng event <u>s</u>	_	-7,837.			-7,837.
	9 a	Gross income from gamin	g activiti	es. See					
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	С	Net income or (loss) from	gaming a	ctivities	>				
	10 a	Gross sales of inventory, I	ess retur	ns					
		and allowances		10a					
	b	Less: cost of goods sold							
		Net income or (loss) from							
,					Business Code				
Miscellaneous Revenue	11 a								
ane Dig	b								
eke	С			_					
disc. B	d	All other revenue							
2		Total. Add lines 11a-11d			>				
	12	Total revenue. See instruction	ns		>	1,738,233.	0.	0.	-14,947.

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 20,000. 20,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 182,483. 182,483. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 67,866. Other employee benefits 67,866. 9 10 Payroll taxes 11 Fees for services (nonemployees): 19,289. 19,289. Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 3,832. 3,832. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 18,756. 11,821. 6,935. Advertising and promotion 12 1,226. 1,226. 13 Office expenses 12,765. 12,765. Information technology 14 15 Royalties 16 Occupancy 521. 521. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 2,706. 2,706. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 13,367. 13,367. Depreciation, depletion, and amortization 22 1,961. 1,961. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 228,108. 228,108. PROGRAM SUPPLIES IN-KIND PROGRAM SUPPLIE 124,290. 100,923. 23,367. 90,731. 90,731. GRANT FULFILLMENT EXPEN 18,472. 6,547. 25,019. d MISCELLANEOUS e All other expenses _ 812,920. 439,762. 85,960. 287,198. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

Pal	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,360,830.	1	2,631,332.		
	2	Savings and temporary cash investments			720,264.	2	2,423,847.
	3	Pledges and grants receivable, net		195,155.	3	115,379.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	B			98,573.	9	50,649.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	47,855.			
	b	Less: accumulated depreciation	21,164.	32,303.	10c	26,691.	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed	4,407,125.	16	5,247,898.		
	17	Accounts payable and accrued expenses		403,045.	17	327,492.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
ia p		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X	8,987.	25	0.
	06	of Schedule D Total liabilities. Add lines 17 through 25			412,032.	25 26	327,492.
	26	Organizations that follow FASB ASC 958, cl		<u> </u>	412,032.	20	521,4526
S		and complete lines 27, 28, 32, and 33.	IECK HEI				
ĕ	27				553,248.	27	656 492.
sala	28	Net assets with donor restrictions	3,441,845.	28	656,492. 4,263,914.		
Ē		Organizations that do not follow FASB ASC	0,111,010				
Ē		and complete lines 29 through 33.	000, 0110				
ō	29	Capital stock or trust principal, or current fund	ls			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		3,995,093.	32	4,920,406.	
~	33	Total liabilities and net assets/fund balances			4,407,125.	33	5,247,898.
	, 55	. Staapintios and not abouto/faira balarious			=,==:,===		-, = -, , , , , ,

Form **990** (2021)

Form	1 990 (2021) ST. LOUIS COUNTY LIBRARY FOUNDATION	43-1863	977	Pag	_{je} 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	2 3	.,738 812 925	2,9: 5,3:	20. 13.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10 4	.,920),4	
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.		Yes	No
2a	• • • • • • • • • • • • • • • • • • • •		2a		X
	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	on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	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: Separate basis The consolidated basis Both consolidated and separate basis	basis,			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				37
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?		_		ı
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	aan i	(0004)
			⊦orm	9 9 U (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization LOUIS COUNTY LIBRARY FOUNDATION 43-1863977 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, 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).) 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1234816.	1429028.	1116935.	894,786.	1753180.	6428745.
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						0-0606-
	the organization without charge					592,002.	
	Total. Add lines 1 through 3	1766472.	1961892.	1684472.	1457594.	2345182.	9215612.
5	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,						0.50 0.54
	column (f)						969,854.
	Public support. Subtract line 5 from line 4.						8245758.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017 1766472.	(b) 2018	(c) 2019 1684472.	(d) 2020	(e) 2021	(f) Total 9215612.
	Amounts from line 4	1/004/2.	1961892.	10044/2.	1457594.	2345182.	9213012.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	17 222	12 776	7/ 25/	12 561	-10,942.	165 004
	and income from similar sources	17,232.	42,776.	74,354.	42,304.	-10,942.	165,984.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						9381596.
	Total support. Add lines 7 through 10	ata (aga inatu atia	, ma\			12	23,337.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			iourth or fifth toy y			25,557.
13	organization, check this box and stop	-		•			ightharpoonup
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	87.89 %
	Public support percentage from 2020					15	95.70 %
	33 1/3% support test - 2021. If the o						-
	stop here. The organization qualifies	-					, 37
b	33 1/3% support test - 2020. If the o		~				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te						. —
b	10% -facts-and-circumstances test	-	-		-		
	more, and if the organization meets th	ū				•	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	>
18	Private foundation. If the organization		-		•		

Part III | 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	·				16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	>
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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		
O.L.		
3b		
3с		
_		
4a		
4b		
4c		
5a		
F1.		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
le A (Forr	n 990)	2021

Par	t IV	Supporting Organizations (continued)			
		(Community)		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
Sect	ion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sect	ion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	suppo	orted organizations played in this regard.	3		
Sect	ion E	E. Type III Functionally Integrated Supporting Organizations			
1		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 governmental entity (see instance)	truction	s).	ı
2		ties Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		at of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" 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.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
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		
c	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 0.015 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 0.035.	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 0.85 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-function	nally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınizations _{(continu}	ıed)	
Secti	on D -	Distributions				Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported			
	organi	zations, in excess of income from activity			2	
3	Admir	istrative expenses paid to accomplish exempt purpose	s of supported organizations	S	3	
4	Amou	nts paid to acquire exempt-use assets			4	
5	Qualif	ed set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other	distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive			
	(provid	de details in Part VI). See instructions.			8	
9	Distrib	outable amount for 2021 from Section C, line 6			9	
10	Line 8	amount divided by line 9 amount		T	10	
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distrib	outable amount for 2021 from Section C, line 6				
2	Under	distributions, if any, for years prior to 2021 (reason-				
	able c	ause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
а	From	2016				
b	From	2017				
С	From	2018				
d	From	2019				
е	From	2020				
f	Total	of lines 3a through 3e				
g	Applie	d to underdistributions of prior years				
h	Applie	d to 2021 distributable amount				
i_	Carry	over from 2016 not applied (see instructions)				
j	Rema	nder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	outions for 2021 from Section D,				
	line 7:	\$				
a	Applie	d to underdistributions of prior years				
b	Applie	d to 2021 distributable amount				
С	Rema	nder. Subtract lines 4a and 4b from line 4.				
5		ning underdistributions for years prior to 2021, if				
	-	ubtract lines 3g and 4a from line 2. For result greater				
		ero, explain in Part VI. See instructions.				
6	Rema	ning underdistributions for 2021. Subtract lines 3h				
	and 4	o from line 1. For result greater than zero, explain in				
		I. See instructions.				
7		s distributions carryover to 2022. Add lines 3j				
	and 4					
8		down of line 7:				
		s from 2017				
		s from 2018				
		s from 2019				
d	Exces	s from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

ST. LOUIS COUNTY LIBRARY FOUNDATION 43-1863977

Or gariiza	ganization type (check one).					
Filers of:		Section:				
Form 990	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Check if	your organization is	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	eneral 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					
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.				
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 certify requirements of Schedule B (Form 990).				

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Name of organization Employer identification number

ST. LOUIS COUNTY LIBRARY FOUNDATION

43-1863977

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,000,000 .	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
2		\$\$	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
3		\$53,362.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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 Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ST. LOUIS COUNTY LIBRARY FOUNDATION

43-1863977

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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		
		- - - - \$			

Name of organization Employer identification number

T. LO	UIS COUNTY LIBRARY FOUN			43-1863977	
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	through (e) and the following line en	try. For organizations		
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info.	once.) \$	
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
L					
		(e) Transfer of gif	t		
	Transferee's name, address, an	<u>d ZIP + 4</u>	Relationship of to	ransferor to transferee	
	,				
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
L					
		(e) Transfer of gif	t		
_	Transferee's name, address, an	<u>d ZIP + 4</u>	Relationship of to	ransferor to transferee	
(a) No. from		<u> </u>			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
		(e) Transfer of gif	t		
		1715 4	5		
	Transferee's name, address, an	<u>a ziP + 4</u>	Relationship of ti	ransferor to transferee	
(a) No. from	(h) Democratical	(a) 11a a - 6 - 150	7.0.5	equiphion of horn wife in 1-1-1	
Part I	(b) Purpose of gift	(c) Use of gift	(a) De	scription of how gift is held	
		-			
-					
	(e) Transfer of gift				
	Tropoforosia nome addise	d 7ID + 4	Dolationahin st.	ranafarar ta transferas	
-	Transferee's name, address, an	u	neiauonsnip of ti	ransferor 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.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

ST. LOUIS COUNTY LIBRARY FOUNDATION **Employer identification number** 43-1863977

		(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 wr	riting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's ex	cclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply)	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
	Number of conservation easements included in (c) acquired aft	*	
	listed in the National Register		2d
	Number of conservation easements modified, transferred, relea		
	year >		
4	Number of states where property subject to conservation ease	ment is located >	_
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statem	nents that describes the
	organization's accounting for conservation easements.		
Par	Organizations Maintaining Collections of A		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
	If the organization elected, as permitted under FASB ASC 958,		
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in f	furtherance of public
	service, provide in Part XIII the text of the footnote to its financ	ial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furt	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	
	the following amounts required to be reported under FASB ASC	C 958 relating to these items:	
		o ood rolating to those items.	
	Revenue included on Form 990, Part VIII, line 1	_	> \$

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d
a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 1c Id Amount 1c Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Thire years back (e) Four years back of Contributions c Net investment earnings, gains, and losses 0 1, 089, 1,414, 426, 402, 402, 402, 402, 402, 403, 404, 404, 405, 405
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
recomplete the preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1 f Ending balance 1 f Ending balance 2 bistributions during the year 1 f Inding balance 3 if Inding balance 4 if Inding balance 6 Distributions during the year 1 f Inding balance 2 if Ending balance 3 if Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back becontributions c Net investment earnings, gains, and losses 0 1,089, 1,414, 426, 402, 402, 402, 404, 404, 404, 404, 404
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is geginning balance Amount Additions during the year Distributions during the year in Part XIII. Check here if the explanation has been provided on Part XIII in Distributions of year balance Distributions of year balance
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance 1b If 1
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year f Ending balance 1b If 1
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
on Form 990, Part X? Yes No
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic Ic Id Ic Id Id Id Id
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic Ic Id Ic Id Id Id Id
Reginning balance Composition Composit
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Contributions c Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 59,655. 59,655. 59,655. 58,566. 57,152. 56,726. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 1 de
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Contributions c Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 59,655. 59,655. 59,655. 58,566. 57,152. 56,726. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 1 de
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
f Ending balance
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back beginning of year balance 59,655. 58,566. 57,152. 56,726. 56,324. b Contributions
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 59,655. 58,566. 57,152. 56,726. 56,324. b Contributions
1aBeginning of year balance(a) Current year(b) Prior year(c) Two years back(d) Three years back(e) Four years backbContributions59,655.58,566.57,152.56,726.56,324.cNet investment earnings, gains, and losses0.1,089.1,414.426.402.dGrants or scholarships0.1,089.1,414.426.402.eOther expenditures for facilities and programs0.1,089.1,414.426.402.fAdministrative expenses0.59,655.59,655.58,566.57,152.56,726.gEnd of year balance59,655.59,655.58,566.57,152.56,726.2Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:aBoard designated or quasi-endowment
1a Beginning of year balance 59,655. 58,566. 57,152. 56,726. 56,324. b Contributions 0. 1,089. 1,414. 426. 402. c Net investment earnings, gains, and losses 0. 1,089. 1,414. 426. 402. d Grants or scholarships 0. 1,089. 1,414. 426. 402. e Other expenditures for facilities and programs 0. 1,089. 1,414. 426. 402. f Administrative expenses 0. 59,655. 59,655. 58,566. 57,152. 56,726. g End of year balance 59,655. 59,655. 58,566. 57,152. 56,726. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 59,655. 59,655. 59,655. 59,655. 58,566. 57,152. 56,726. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 59,655. 59,655. 59,655. 58,566. 57,152. 56,726. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 59,655. 59,655. 59,655. 58,566. 57,152. 56,726. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 59,655. 59,655. 59,655. 58,566. 57,152. 56,726. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment
and programs f Administrative expenses g End of year balance 59,655. 59,655. 58,566. 57,152. 56,726. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment
f Administrative expenses g End of year balance 59,655. 59,655. 59,655. 58,566. 57,152. 56,726. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment
g End of year balance 59,655. 59,655. 58,566. 57,152. 56,726. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment
a Board designated or quasi-endowment %
b Permanent endowment ▶ %
c Term endowment \(\begin{array}{c} \
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization
Voc. No.
~ ⁻ /-
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b
4 Describe in Part XIII the intended uses of the organization's endowment funds.
Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation
1a Land
b Buildings
c Leasehold improvements d Equipment 7,755. 7,755.
40 400 01 464 40 006
e Other 40,100. 21,164. 18,936. Total. Add lines 1a through 1e. (Column (d) must equal Form 990 Part X column (B) line 10c.) 26,691.

Schedule D (Form 990) 2021

	Complete if the organization answered "Yes"	on Form 990, Part IV, line	TTD. See Form 990, Part X, line 12.	
(a) D	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	alue
1) Fir	ancial derivatives			
2) Clo	sely held equity interests			
3) Ot	ner			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (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 990, Part IV, line		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	Col. (b) must equal Form 990. Part X. col. (B) line 13.)			
(9)	Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(9) 「otal. (Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15. (b) Book va	ılue
(9) Total. (Part	Other Assets. Complete if the organization answered "Yes"			ılue
(9) Fotal. (Part	Other Assets. Complete if the organization answered "Yes"			ılue
(9) Fotal. (Part (1) (2)	Other Assets. Complete if the organization answered "Yes"			ılue
(9) Fotal. (Part (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"			ılue
(9) Fotal. (Part (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"			alue
(9) Total. (Part (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"			alue
(9) Total. (Part (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"			alue
(9) Total. (Part (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"			alue
(9) Fotal. (Part (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"			alue
(9) Fotal. (Part (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a)	Description	(b) Book va	alue
(9) Fotal. (Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal.	Column (b) must equal Form 990, Part X, col. (B) line	Description	(b) Book va	alue
(9) Fotal. (Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal.	Column (b) must equal Form 990, Part X, col. (B) line Other Assets. (a)	Description	(b) Book va	alue
(9) Fotal. (Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. Part	Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes"	Description	(b) Book va	
(9) Fotal. (Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. Part	Column (b) must equal Form 990, Part X, col. (B) line Complete if the organization answered "Yes" Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book va	
(9) Fotal. (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. Part	Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes"	Description	(b) Book va	
(9) Fortal. (1) (2) (3) (4) (5) (6) (7) (8) (9) Fortal. Part (1) (2)	Column (b) must equal Form 990, Part X, col. (B) line Complete if the organization answered "Yes" Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book va	
(9) Fotal. (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. Part (1) (2) (3)	Column (b) must equal Form 990, Part X, col. (B) line Complete if the organization answered "Yes" Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book va	
(9) Fotal. (Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. Part 1. (1) (2) (3) (4)	Column (b) must equal Form 990, Part X, col. (B) line Complete if the organization answered "Yes" Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book va	
(9) Fotal. (Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. Part 1. (1) (2) (3) (4) (5)	Column (b) must equal Form 990, Part X, col. (B) line Complete if the organization answered "Yes" Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book va	
(9) Fotal. (Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (1) (2) (3) (4) (5) (6)	Column (b) must equal Form 990, Part X, col. (B) line Complete if the organization answered "Yes" Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book va	
(9) Fotal. (Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (1) (2) (3) (4) (5) (6) (7)	Column (b) must equal Form 990, Part X, col. (B) line Complete if the organization answered "Yes" Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book va	
(9) Fotal. (Part (1) (2) (3) (4) (5) (6) (7) (8) Fotal. Part (1) (2) (3) (4) (5) (6) (7) (8)	Column (b) must equal Form 990, Part X, col. (B) line Complete if the organization answered "Yes" Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book va	
(9) Fotal. (Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (1) (2) (3) (4) (5) (6) (7) (8) (9)	Column (b) must equal Form 990, Part X, col. (B) line Complete if the organization answered "Yes" Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 2 15.) on Form 990, Part IV, line	(b) Book va	

Par	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	9
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.			
1	Total revenue, gains, and other support per audited financial statements			1	2,352,890.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	592,002.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	26,487.		
е	Add lines 2a through 2d			2e	618,489.
3	Subtract line 2e from line 1			3	1,734,401.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	, , , , , , , , , , , , , , , , , , , ,		3,832.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	3,832.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,738,233.
Pal	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	tetur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				1 400 500
1	Total expenses and losses per audited financial statements			1	1,427,577.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1	F00 000		
а			592,002.		
b	•				
С			26 407		
	Other (Describe in Part XIII.)		26,487.		610 400
_	Add lines 2a through 2d			2e	618,489.
3	Subtract line 2e from line 1			3	809,088.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	2 022		
	Investment expenses not included on Form 990, Part VIII, line 7b		3,832.		
	Other (Describe in Part XIII.)			4.	2 027
	Add lines 4a and 4b			4c	3,832. 812,920.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	012,920.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV lines 1h	and 2h: Part V. line 4	· Dort \	/ line 2: Dart VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			, rait /	N, III le Z, Fait XI,
111162	20 and 4b, and Fart Air, lines 20 and 4b. Also complete this part to provide any add	uitionai imom	iation.		
PAF	RT V, LINE 4:				
THE	E LARGEST PORTION OF THE ENDOWMENT FUNDS A	RE TO E	BE USED FOR	CH	ILDREN'S
EDU	JCATION AND PROGRAMMING. A SMALLER PORTIO	N IS DE	ESIGNATED F	OR '	THE
PUF	RCHASE OF COLLECTION MATERIALS DEALING WIT	H GRIE	7.		
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
DIE	RECT FUNDRAISING EXPENSE				26,487.
D	OM VII I IVO OD OMUDD 10 TUGOVIDUM				
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
דית	DECH EINDDAICING EVDENCE				26 107
דדת	RECT FUNDRAISING EXPENSE				26,487.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021	ST.	LOUIS	COUNTY	LIBRARY	FOUNDATION	43-1863977	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Inform	nation	(continued))				

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

ST. LOU	IS COUNTY LIBRARY 1	FOUI	'ADA	TION	43-1863	977				
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not										
required to complete this part.										
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e Solicitation of non-government grants b X Internet and email solicitations f Solicitation of government grants c X Phone solicitations g X Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	(iii) Did rundraiser ve custody control of ntributions? (iv) Gross recei		(v) Amount paid to (or retained by) 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.			utions	or has been notified	it is exempt from re	gistration				

43-1863977 Page 2 ST. LOUIS COUNTY LIBRARY FOUNDATION Schedule G (Form 990) 2021 Part II 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 FOUNDATION NONE (add col. (a) through FUND THE NEE col. (c)) (event type) (event type) (total number) 210,875. 210,875. 1 Gross receipts 192,225. 192,225. 2 Less: Contributions 18,650. 18,650. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 13,426. 13,426. 7 Food and beverages 8 Entertainment 13,061. 13,061 9 Other direct expenses 26,487. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) -7,837.Part III 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor 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)

Schedule G	(Form 990)	2021
Scriedule a	(1 01111 330	2021

b If "No," explain: _

b If "Yes," explain:

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sch	ledule G (Form 990) 2021 ST. LOUIS COUNTY LIBRARY FOUNDATION 43-1	1863977	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
14	Efficient the frame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	, in 100, onto hame and address of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
L			
K.	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$ Supplemental Information Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.		01 401
Га	•• · · · · · · · · · · · · · · · · · ·	t III, lines 9,	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	(Form 990)	ST.	LOUIS	COUNTY	LIBRARY	FOUNDATION	43-1863977	Page 4
Part IV	(Form 990) Supplemental Inform	mation	(continued)					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for the latest information.

2021

OMB No. 1545-0047

Open to Public Inspection

Name of t	he organization ST. LOUIS	COUNTY L	IBRARY FOUN	DATION				$\begin{array}{c} \textbf{Employer identification number} \\ 43-1863977 \end{array}$
Part I	General Information on Grants a	nd Assistance						
crite	es the organization maintain records or assister a used to award the grants or assister in Part IV the organization's processing the control of the control	stance?						
Part II	Grants and Other Assistance to recipient that received more than	Domestic Organiz	ations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST LOUI	IS COUNTY LIBRARY	43-6003246		20,000.	0.			STAFF RECOGNITION AND
<u></u>	D COOMIT BIBLIANT	13 333213		20,000.	,			
	er total number of section 501(c)(3) a	•		e line 1 table				\

(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 noncash assistanc
rt IV Supplemental Information. Provide the information	n required in Part I, line	e 2; Part III, column	h (b); and any other ad	ditional information.	
RT I, LINE 2:					
E CHIEF FINANCIAL OFFICER OF T	HE ST. LOUI	S COUNTY I	LIBRARY IS	RESPONSIBLE	
R MONITORING THE GRANT FUNDS G					
RSON MONITORS SPENDING DONE BY	THE LIBRAR	Y AND ENSU	URES THAT T	HE GIFTED	
NDS ARE USED BY THE LIBRARY FO	R THE SPECI	FIC PURPOS	SES OUTLINE	D IN THE	
ANTS.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization ST. LOUIS COUNTY LIBRARY FOUNDATION Employer identification number 43-1863977

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contrib		•	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		25,250.	COST OF PRO	ODUCI	101	1
6	Cars and other vehicles							<u> </u>
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
	Archaelesiaelartifoeta							
2 4 25	Other (VACATION PACK)	X	1	21,219.	FM7/			
25 26	Other (MEDIA SPONSOR)	X	2	7,550.				
20 27	Other (BOARD MEETING)	X	1	1,148.				
	Other (GUITAR)	X	1	1,000.				
<u>20 </u>	Number of Forms 8283 received by the organiz				<u></u>			
	for which the organization completed Form 828							
	Tel Willer and organization completed from eze	50, r a.r. v, D	onee hermoug				Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I lines 1 throug	h 28 that it		100	
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?			William Circ roquillou to bo ut		30a		Х
h	If "Yes," describe the arrangement in Part II.					554		
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribut	ions?	31		Х
	Does the organization hire or use third parties of	-	•	•				
JEU	contributions?					32a		х
h	If "Yes," describe in Part II.					JEG		
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked.			
	describe in Part II.	2.3.1.1. (0) 101	,po or proporty	.s. mish solalili (a) lo olloc				

Schedule M	1 (Form 990) 2021 ST. LOUIS COUNTY LIBRARY FOUNDATION 43-18639// Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
-	

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ST. LOUIS COUNTY LIBRARY FOUNDATION

Employer identification number 43-1863977

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:			
READING AND LITERACY. THIS IS ACCOMPLISHED THROUGH PROGRAMS WHICH GIVE			
FREE BOOKS TO PRESCHOOL-AGED AND DISADVANTAGED CHILDREN, THROUGH THE			
READ ST. LOUIS PROGRAM, WHICH IS A CITY-COUNTY WIDE READING INITIATIVE,			
AND BY BRINGING IN MAJOR AUTHORS TO SPEAK ABOUT THEIR WORKS.			
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:			
FUTURE.			
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:			
THE MISSION OF THE ST. LOUIS COUNTY LIBRARY IS TO PROVIDE THE RESOURCES			
AND SERVICES TO ENRICH MINDS, ENHANCE LIVES AND EXPAND PERSPECTIVES.			
THE LIBRARY FOUNDATION IS COMMITTED TO KEEPING OUR PUBLIC LIBRARY			
SYSTEM STRONG AND VIBRANT, THEREBY ENSURING A BRIGHTER FUTURE.			
EXPENSES \$ 239,131. INCLUDING GRANTS OF \$ 20,000. REVENUE \$ 0.			
FORM 990, PART VI, SECTION B, LINE 11B:			
THE BOARD OF DIRECTORS IS PROVIDED A COPY OF THE 990 PRIOR TO FILING.			
FORM 990, PART VI, SECTION B, LINE 12C:			
CONFLICT OF INTEREST DECLARATIONS ARE MADE BY THE MEMBERS OF THE GOVERNING			
BODY ON AN ANNUAL BASIS. THEY MUST ACKNOWLEDGE IN WRITING THAT THEY HAVE			
REVIEWED THE INFORMATION THEY HAVE PROVIDED FROM PREVIOUS YEARS AND THAT			
THEY ARE IN COMPLIANCE WITH THE POLICY.			

Schedule O (Form 990) 2021 Page **2**

Name of the organization ST. LOUIS COUNTY LIBRARY FOUNDATION	Employer identification number 43-1863977
THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INT	EREST POLICY ARE
AVAILABLE UPON WRITTEN REQUEST BY THE PUBLIC. THE FORMS 99	0 FROM THE PRIOR
AND CURRENT YEAR ARE POSTED ON THE WEBSITE. THE FINANCIAL	STATEMENTS FOR
THE LIBRARY FOUNDATION ARE INCLUDED IN THE CONSOLIDATED AU	DITED FINANCIAL
STATEMENTS FOR THE ST. LOUIS COUNTY LIBRARY DISTRICT. THE	ANNUAL AUDIT
REPORT FOR THE ST. LOUIS COUNTY LIBRARY DISTRICT IS POSTED	ON ITS OWN
WEBSITE (WWW.SLCL.ORG).	

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print ST. LOUIS COUNTY LIBRARY FOUNDATION 43-1863977 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1640 S. LINDBERGH BLVD. return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 63131-3598 ST. LOUIS, MO Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 Form 990-T (trust other than above) 06 12 Form 990-T (corporation) LAURA TAYLOR • The books are in the care of ▶ 1640 S. LINDBERGH BLVD. - ST LOUIS, MO 63131-3598 Telephone No. \triangleright (314) 994-3300 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)