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Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning, 2009, and ending, 20

Form B: Check if applicable (Address change, Name change, etc.) and Form C: Name of organization (ST LOUIS PUBLIC DEVELOPMENT CORPORATION I), D: Employer identification number (43-1561434), E: Telephone number ((314) 231-9400), G: Gross receipts (\$ 751,365), H(a) Is this a group return for affiliates? (Yes X No), H(b) Are all affiliates included? (Yes No), I: Tax-exempt status (X 501(c)(3)), J: Website (WWW.RHCDA.COM), K: Form of organization (X Corporation), L: Year of formation (1990), M: State of legal domicile (MO)

Part I Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement (REMIEDIATING NEIGHBORHOOD BLIGHT), number of members, total revenue (751,365), total expenses (2,440,528), and net assets (8,882,835).

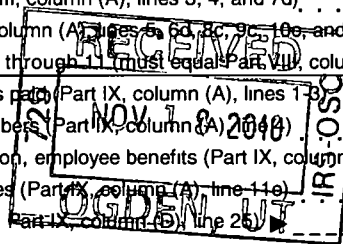
Part II Signature Block: Under penalties of perjury, I declare that I have examined this return... Sign Here: Signature of officer (STEPHEN ACREE, PRESIDENT), Date (11/13/10), Preparer's signature (RUBINBROWN LLP), Date (10-29-10), Preparer's identifying number (100437219), EIN (43-0765316), Phone no (314-290-3300)

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
REMIEDIATING NEIGHBORHOOD BLIGHT

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 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 No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,440,528 including grants of \$ 1,492,288.) (Revenue \$ 710,396)
PDC I PROVIDES FINANCING TO ORGANIZATIONS THAT SUPPLY LOW INCOME HOUSING. PDC I ALSO PROVIDES ASSISTANCE AS THE DEVELOPER OR CO-DEVELOPER OF LOW-INCOME HOUSING PROJECTS AND IS INVOLVED IN THE DEVELOPMENT OF 80 MIXED-INCOME RESIDENTIAL UNITS AND RELATED COMMERCIAL/RETAIL SPACE IN NORTH ST. LOUIS.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 2,440,528.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various organizational requirements and their completion status. Row 12A includes sub-columns for Yes and No.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 21 through 38 regarding grants, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-12b regarding IRS filings, employee reporting, foreign accounts, and tax shelter transactions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official		X
15b	b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE REQUIRED**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **RON KRAUS / RHCDA 611 OLIVE STREET ST. LOUIS, MO 63101**
 314-333-7006

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Total 0 290,774 32,626.

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

Table with 3 rows of questions (3, 4, 5) and Yes/No columns regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

43-1561434

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns 1 a					
	b Membership dues 1 b					
	c Fundraising events 1 c					
	d Related organizations 1 d					
	e Government grants (contributions) 1 e					
	f All other contributions, gifts, grants, and similar amounts not included above 1 f					
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▶		0			
Program Service Revenue	2 a INTEREST INCOME - NOTES RECEIVABLE	Business Code 522292	51,400	51,400.		
	b DEVELOPMENT FEE INCOME	531390	568,996	568,996.		
	c PROFESSIONAL SERVICE FEES	541900	90,000	90,000.		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		710,396			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		10,303.		10,303	
	4 Income from investment of tax-exempt bond proceeds . . . ▶		0.			
	5 Royalties ▶		0			
	6 a Gross Rents	(i) Real				
		(ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶		0			
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶		0			
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less: direct expenses b					
c Net income or (loss) from fundraising events ▶		0.				
9 a Gross income from gaming activities See Part IV, line 19 a						
b Less: direct expenses b						
c Net income or (loss) from gaming activities ▶		0.				
10 a Gross sales of inventory, less returns and allowances a						
b Less: cost of goods sold b						
c Net income or (loss) from sales of inventory ▶		0		0		
Miscellaneous Revenue		Business Code				
11 a FORGIVENESS OF NOTES PAYABLE			30,666		30,666.	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶			30,666			
12 Total Revenue. See instructions ▶			751,365	710,396	0	
					40,969	

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	1,492,288.	1,492,288.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	709,203.	709,203.		
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	500.	500.		
12 Advertising and promotion	0.			
13 Office expenses	112.	112.		
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	24,346.	24,346.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>BAD DEBT EXPENSE</u>	199,672.	199,672.		
b <u>OTHER TAXES AND LICENSES</u>	14,057.	14,057.		
c <u>RENT EXPENSE</u>	350.	350.		
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	2,440,528.	2,440,528.	0	0
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	83,924.	1	69,053.
	2	Savings and temporary cash investments	1,674,909.	2	918,256.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	357,958.	4	418,171.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		10c
	b	Less: accumulated depreciation	10b		10c
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	8,867,409.	13	6,668,034.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,150,893.	15	809,321.
16	Total assets. Add lines 1 through 15 (must equal line 34)	12,135,093.	16	8,882,835.	
Liabilities	17	Accounts payable and accrued expenses	0.	17	350.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties ATCH. 3	2,383,334.	23	352,667.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	182,778.	25	650,000.
	26	Total liabilities. Add lines 17 through 25	2,566,112.	26	1,003,017.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	9,568,981.	27	7,879,818.
	28	Temporarily restricted net assets	0.	28	0.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	9,568,981.	33	7,879,818.	
34	Total liabilities and net assets/fund balances	12,135,093.	34	8,882,835.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990. Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization ST LOUIS PUBLIC DEVELOPMENT CORPORATION I	Employer identification number 43-1561434
-----------------------------------------------------------------------	----------------------------------------------

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state. _____
- 5 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)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii) A family member of a person described in (i) above?	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
ATTACHMENT	1								
Total									2,201,491.

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ►

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ►

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

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	

REGIONAL HOUSING AND COMMUNITY DEVELOPMENT ALLIANCE (RHCDA),	43-1611669	07		X		X		X	2,201,491
--------------------------------------------------------------	------------	----	--	---	--	---	--	---	-----------

BECAUSE TECHNICAL ASSISTANCE CORPORATION, THE SOLE MEMBER OF

ST LOUIS PUBLIC DEVELOPEMENT CORPORATION I, IS ALSO A

509(A) (3) ORGANIZATION THAT SUPPORTS RHCDA

TOTAL AMOUNT OF SUPPORT

2,201,491

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Name of the organization: ST LOUIS PUBLIC DEVELOPMENT CORPORATION I Employer identification number: 43-1561434

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 \$, b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance)

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Yes/No table for 3a(i), 3a(ii), 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
INVESTMENT - C.O.N.E.C.T.	2,154,827.	COST
INVESTMENT - 14TH STREET PTSHP	1,607,734.	COST
DEVELOPMENT LOANS	2,905,473.	COST

Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	6,668,034.	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DUE FROM AFFILIATES	809,321.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	809,321.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
INTEREST PAYABLE	0.
DUE TO AFFILIATES	650,000.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	650,000.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	751,365.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,440,528.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-1,689,163.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-1,689,163.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	-740,923.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d -1,492,288.
e	Add lines 2a through 2d	2e -1,492,288.
3	Subtract line 2e from line 1	3 751,365.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 751,365.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	948,240.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3 948,240.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b 1,492,288.
c	Add lines 4a and 4b	4c 1,492,288.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 2,440,528.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

OTHER RECONCILING ITEMS

SCHEDULE D, PART XII, LINE 2D AND PART XIII, LINE 4B

GRANTS TO AFFILIATIES ARE SHOWN AS REVENUE ON THE AUDITED FINANCIAL STATEMENTS BUT AS EXPENSES ON THE 990.

FIN 48 DISCLOSURE

SCHEDULE D, PART X, LINE 2

ON JANUARY 1, 2009, THE ORGANIZATION ADOPTED RECENTLY ISSUED ACCOUNTING RULES FOR UNCERTAIN INCOME TAX POSITIONS. THESE RULES REQUIRE FINANCIAL STATEMENT RECOGNITION OF THE IMPACT OF A TAX POSITION IF A POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE RULES ALSO PROVIDE GUIDANCE ON MEASUREMENT, DERECOGNITION, CLASSIFICATION, ACCOUNTING IN INTERIM PERIODS, TRANSITION, AND DISCLOSURE REQUIREMENTS FOR UNCERTAIN TAX POSITIONS. THE ADOPTION OF THE NEW RULES HAD NO IMPACT ON THE COMBINED FINANCIAL STATEMENTS. THE ORGANIZATION'S TAX RETURNS FOR TAX YEARS 2006 AND LATER REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				1	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

MONITORING OF GRANT FUNDING

SCHEDULE I, PART I, QUESTION 2

GRANTS MADE ARE TO AFFILIATED ORGANIZATIONS TO SUPPORT PREVIOUSLY

APPROVED RHCDA ACTIVITIES. THE BOOKS OF THESE ORGANIZATIONS ARE

MAINTAINED BY THE RHCDA AND THESE ORGANIZATIONS SHARE COMMON BOARD

MEMBERS WITH EITHER THE RHCDA OR TAC. AS SUCH, ONGOING MONITORING OF

THESE GRANTS IS CONDUCTED BY THE RHCDA.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ST LOUIS PUBLIC DEVELOPMENT CORPORATION I

Employer identification number

43-1561434

ATTACHMENT 2

DISCLOSURE OF RELATIONSHIP AMONG OFFICERS

PART VI, SECTION A, LINE 2

OFFICERS J. DAVID DODSON, STEPHEN ACREE, AND FREDERICK BONASCH SHARE A BUSINESS RELATIONSHIP AS THEY ARE ALL EMPLOYEES OF REGIONAL HOUSING AND COMMUNITY DEVELOPMENT ALLIANCE, A RELATED ORGANIZATION.

GOVERNING BODY REVIEW OF FORM 990

PART VI, A, QUESTION 10

A DRAFT OF THE FORM 990 IS REVIEWED AND APPROVED BY THE REGIONAL HOUSING AND COMMUNITY DEVELOPMENT ALLIANCE FINANCE COMMITTEE BEFORE FILING. THE 990 IS ALSO DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO ITS FILING.

MONITORING OF CONFLICT OF INTEREST POLICY

PART VI, B, QUESTION 12C

ALL BOARD MEMBERS ARE TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM WHEREIN THEY DISCLOSE POTENTIAL AREAS OF CONFLICT OF INTEREST. THIS FORM IS THEN REVIEWED BY THE RHCDA PRESIDENT AND DISTRIBUTED TO ALL BOARD MEMBERS FOR THEIR REVIEW.

RELATED ORGANIZATIONS

SCHEDULE R

REGIONAL HOUSING AND COMMUNITY DEVELOPMENT ALLIANCE IS A NOT-FOR-PROFIT CHARITABLE ORGANIZATION THAT CARRIES OUT ITS MISSION THROUGH SEVERAL

Name of the organization ST LOUIS PUBLIC DEVELOPMENT CORPORATION I	Employer identification number 43-1561434
-----------------------------------------------------------------------	----------------------------------------------

ATTACHMENT 2 (CONT'D)

RELATED ENTITIES. TECHNICAL ASSISTANCE CORPORATION (TAC) AND ST. LOUIS PUBLIC DEVELOPMENT CORPORATION I (PDC I) ARE NOT-FOR-PROFIT AFFILIATES. TAC CARRIES OUT ITS ORGANIZATIONAL PURPOSES PRINCIPALLY THROUGH THE OTHER PDC'S LISTED AND EFFECTIVELY CONTROLS THEIR OPERATIONS. THESE PDC'S ARE ORGANIZED UNDER THE MISSOURI NONPROFIT CORPORATION ACT, BUT ARE NOT CLASSIFIED AS TAX EXEMPT UNDER SECTION 501(C)(3). TAC IS ALSO SOLE OWNER OF GREATER ST. LOUIS LAND DEVELOPMENT FUND, A MISSOURI FOR-PROFIT CORPORATION. OLD NORTH ST. LOUIS HOMES AND PARK EAST HOMES ARE FOR-PROFIT ENTITIES WHOLLY OWNED BY RHCDA.

NO EXCESS BUSINESS HOLDINGS

PART V ITEM 8

GREATER THAN 20% OWNED ENTITIES ARE EITHER NOT OPERATING AN ACTIVE TRADE OR BUSINESS AND/OR THE ACTIVITIES ARE DIRECTLY RELATED TO THE EXEMPT PROGRAMS OF PDC I. THEREFORE, THE SUPPORTING ORGANIZATION DOES NOT HAVE ANY EXCESS BUSINESS HOLDINGS.

ATTACHMENT 3

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: AFFORDABLE HOUSING COMMISSION
 ORIGINAL AMOUNT: 460,000.
 INTEREST RATE: 0.000000
 DATE OF NOTE: 06/20/2005
 MATURITY DATE: 06/30/2020
 REPAYMENT TERMS: LOAN IS FORGIVABLE OVER 15 YEARS, NO INTEREST PAID
 SECURITY PROVIDED: CONTINUING GUARANTEE OF PDC I
 PURPOSE OF LOAN: AFFORDABLE HOUSING

BEGINNING BALANCE DUE	383,334.
ENDING BALANCE DUE	<u>352,667.</u>

Name of the organization ST LOUIS PUBLIC DEVELOPMENT CORPORATION I	Employer identification number 43-1561434
-----------------------------------------------------------------------	----------------------------------------------

ATTACHMENT 3 (CONT'D)

LENDER: ENTERPRISE HOUSING FINANCIAL SERVICES
 ORIGINAL AMOUNT: 459,999.
 INTEREST RATE: 7.000000
 DATE OF NOTE: 07/13/2005
 MATURITY DATE: 09/12/2009
 REPAYMENT TERMS: PRINCIPAL AND INTEREST DUE AT MATURITY
 SECURITY PROVIDED: 1ST POSITION INDEMNITY DEED OF TRUST
 PURPOSE OF LOAN: RESIDENTIAL DEVELOPMENT

BEGINNING BALANCE DUE	2,000,000.
ENDING BALANCE DUE	<u>0.</u>

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>2,383,334.</u>
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>352,667.</u>
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2009

Open to Public
Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

ST LOUIS PUBLIC DEVELOPMENT CORPORATION I

Employer identification number
43-1561434

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
STLPDC NCST ACQUISITIONS, LLC 611 OLIVE STREET, SUITE 1641 ST. LOUIS, MO 63101 43-1561434	DEVELOPMENT	MO	0.	0.	PDC I
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
TECHNICAL ASSISTANCE CORPORATION (TAC) 611 OLIVE STREET, SUITE 1641 ST. LOUIS, MO 63101 43-1553849	DEVELOPMENT	MO	501(C)(3)	11A	N/A
RHCDA 611 OLIVE STREET, SUITE 1641 ST. LOUIS, MO 63101 43-1611669	DEVELOPMENT	MO	501(C)(3)	7	N/A
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----

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

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Table with columns: Transaction type (a-r), Name of other organization (a), Transaction type (b), Amount involved (c), Yes, No. Rows include ST LOUIS PUB DEV CORP XXIX, RHCDA, etc.

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ST LOUIS PUBLIC DEV CORP VII 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63101 43-1669361	DEVELOPMENT	MO	TAC	C CORP	0	0	0.0000
ST LOUIS PUBLIC DEV CORP XII 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63101 43-1713140	DEVELOPMENT	MO	TAC	C CORP	0	0	0.0000
ST LOUIS PUBLIC DEV CORP XIV 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63108 43-1733592	DEVELOPMENT	MO	TAC	C CORP	0.	0	0.0000
ST LOUIS PUBLIC DEV CORP XV 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63101 43-1807683	DEVELOPMENT	MO	TAC	C CORP	0	0	0.0000
ST LOUIS PUB DEV CORP XVI 611 OLIVE STREET, SUITE 1641 ST. LOUIS, MO 63101 43-1798482	DEVELOPMENT	MO	TAC	C CORP	0	0	0.0000
ST LOUIS PUB DEV CORP XVII 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63108 43-1807685	DEVELOPMENT	MO	TAC	C CORP	0	0.	0.0000
ST LOUIS PUBLIC DEV CORP XIX 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63101 43-1854363	DEVELOPMENT	MO	TAC	C CORP	0	0	0.0000
ST LOUIS PUBLIC DEV CORP XX 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63101 43-1903442	DEVELOPMENT	MO	TAC	C CORP	0	0	0.0000
ST LOUIS PUB DEV CORP XXI 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63101 43-1903444	DEVELOPMENT	MO	TAC	C CORP	0	0.	0.0000
ST LOUIS PUB DEV CORP XXII 611 OLIVE STREET, SUITE 1641 ST. LOUIS, MO 63101 43-1945442	DEVELOPMENT	MO	TAC	C CORP	0.	0	0.0000
ST LOUIS PUB DEV CORP XXIII 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63101 48-1281987	DEVELOPMENT	MO	TAC	C CORP	0	0	0.0000
ST LOUIS PUB DEV CORP XXIV 611 OLIVE STREET ST LOUIS, MO 63101 48-1281993	DEVELOPMENT	MO	TAC	C CORP	0	0	0.0000
ST LOUIS PUB DEV CORP XXV 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63101 45-0508993	DEVELOPMENT	MO	TAC	C CORP	0	0	0.0000
ST LOUIS PUB DEV CORP XXVI 611 OLIVE STREET, SUITE ST LOUIS, MO 63101 87-0717246	DEVELOPMENT	MO	TAC	C CORP	0	0	0.0000
ST LOUIS PUB DEV CORP XXVII 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63101 42-1624115	DEVELOPMENT	MO	TAC	C CORP	0.	0	0.0000
ST LOUIS PUB DEV CORP XXVIII 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63101 45-0538352	DEVELOPMENT	MO	TAC	C CORP	0	0	0.0000
BLAIR SCHOOL REDEVELOPMENT C 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63101 43-1262078	DEVELOPMENT	MO	RHCDA	C CORP	0	0	0.0000
PDC COMMERCIAL, INC 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63101 26-1455861	DEVELOPMENT	MO	PDC I	C CORP	0.	0.	100.0000

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ST LOUIS PUB DEV CORP XXIX 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63101 33-1091707	DEVELOPMENT	MO	TAC	C CORP	0	0	0.0000
ST LOUIS PUB DEV CORP VI 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63101 43-1600716	DEVELOPMENT	MO	TAC	C CORP	0.	0	0.0000
ST LOUIS PUB DEV CORP VIII 611 OLIVE STREET, SUITE 1641 ST LOUIS, MO 63101 01-0935618	DEVELOPMENT	MO	TAC	C CORP	0	0	0.0000

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(7)	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	ST LOUIS PUBLIC DEVELOPMENT CORPORATI	Employer identification number
		ST LOUIS PUBLIC DEVELOPMENT CORPORATION I	43-1561434
	Number, street, and room or suite no If a P.O. box, see instructions	611 OLIVE STREET	
File by the due date for filing your return See instructions	611 OLIVE STREET		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
SAINT LOUIS, MO 63101			

Check type of return to be filed (file a separate application for each return)

- | | | |
|----------------------------------------------|------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ RON KRAUS / RHCDA

Telephone No. ▶ 314 333-7006 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 EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2009 or
- ▶ tax year beginning _____, _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**. **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions.	Name of Exempt Organization ST LOUIS PUBLIC DEVELOPMENT CORPORATION I	Employer identification number 43-1561434
	Number, street, and room or suite no. If a P.O. box, see instructions. 611 OLIVE STREET	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions SAINT LOUIS, MO 63101	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

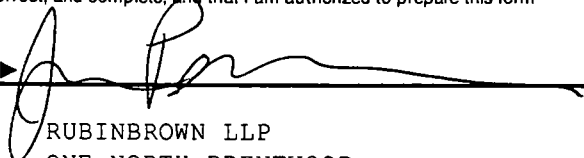
- The books are in the care of RON KRAUS / RHCDA
Telephone No. 314 333-7006 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for 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 EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15/2010.
- For calendar year 2009, or other tax year beginning , and ending .
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension ALL INFORMATION NECESSARY TO COMPLETE AN ACCURATE RETURN IS NOT AVAILABLE AT THIS TIME

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 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 and any amount paid previously with Form 8868.	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title CPA Date 7/26/2010

RUBINBROWN LLP
ONE NORTH BRENTWOOD
SAINT LOUIS, MO 63105