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# Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

► The organization may have to use a copy of this return to satisfy state reporting requirements Inspection 2009, and ending For the 2009 calendar year, or tax year beginning 20 D Employer identification number C Name of organization REGIONAL BUSINESS COUNCIL B Check if applic Please use IRS 43-1913803 Doing Business As label or Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 7701 FORSYTH BOULEVARD (314) 225-2100 Initial return Sec Specific City or town, state or country, and ZIP + 4 SAINT LOUIS, MO 63105-1875 1,987,979. Amended G Gross receipts \$ return Applicatio pending F Name and address of principal officer: KATHLEEN OSBORN H(a) is this a group return for No Yes FORSYTH BLVD ST LOUIS, MO 63105 H(b) Are all affiliates included Yes Nο If "No," attach a list (see instructions) X | 501(c)(3 ) ◀ (insert no ) 4947(a)(1) or Website: ► WWW.STLRBC.ORG H(c) Group exemption number MO Form of organization Х Corporation Trust Other > L Year of formation 2001 M State of legal domicile Summary Part I Briefly describe the organization's mission or most significant activities: TO UNITE AND ENGAGE MEMBERS TO ACT ON HIGH-IMPACT BUSINESS, CIVIC AND Governance PHILANTHROPIC AFFAIRS FOR THE BETTERMENT OF THE ST. LOUIS REGION. 2 If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 117 **Activities &** 117 Number of independent voting members of the governing body (Part VI, line 1b) 10 Total number of employees (Part V, line 2a) 500 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 . . . **Current Year** Prior Year 2,010,808 1,952,973. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 0 Ο. 60,664 35,006. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,071,472 1,987,979. Grants and similar amounts paid (Part IX, column (A), line 4) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12), 673,148 515,539. 13 Benefits paid to or for members (Part IX, column (A), Ο. 14 661,315. Salaries, other compensation, employee benefits (Part IX, column (A), lines-600,830 15 Professional fundraising fees (Part IX, column (A), line 1 4 Y . 1.8 Ō. b Total fundraising expenses, Part IX, column (1), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 112415 1 Dept. BB Total expenses Add lines 13-17 (must equal Part IX, column (A) III 981,091 852,506. 2,255,069 2,029,360. -183,597-41,381. Revenue less expenses. Subtract line 18 from line 12. s or Beginning of Year End of Year 2,190,993 2,490,380. 20 Total assets (Part X, line 16) 919,493 1,254,538. 21 Total liabilities (Part X, line 26) 1,235,842. 1,271,500 22 Net assets or fund balances. Subtract line 21 from line 20, Part II Signature Block Under penalties of perjuly, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and ballef, it is true correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Date Check if Preparer's identifying number Preparer's (see instructions) P00437219 Paid signature employed Preparer's RUBINBROWN LLP 43-0765316 Firm's name (or yours EIN

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.\*

May the IRS discuss this return with the preparer shown above? (see instructions)

ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105

Form **990** (2009)

314-290-3300

X Yes

G17

Phone no

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 278,796. including grants of \$ 70,593 ) (Revenue \$

4e Total program service expenses ▶

1,901,402.

Form **990** (2009)

Form 9	90 (2009) 43-1913803		ı	age 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
•	Schedule C, Part II	4	x	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
Ū	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
•	complete Schedule D, Part III			Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	8		
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	_		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9		
10	quasi-endowments? If" Yes," complete Schedule D, Part V	4.0		Х
44	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	10		
11	VII, VIII, IX, or X as applicable		x	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11		
•	Schedule D, Part VI.			
_	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
_	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's separate or consolidated final data statements for the tax year include a roomlote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
12	complete Schedule D, Parts XI, XII, and XIII.	12		X
124	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No	12		
127	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		<del></del>
		14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		
17		47		Х
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
4.0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18_		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

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Part	Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			١
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	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			١
	24b through 24d and complete Schedule K. If "No," go to question 25	24a	_	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	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) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			٠,,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			٠,,
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			ν,
	Part N	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		X
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			v
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			v
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	_		v
	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,			١,,
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	197 Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2009)

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Par	t V . Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			ł
_	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 10			ł
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			1
	Prohibited Tax Shelter Transaction?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
_	gifts were not tax deductible?	6b		
	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			X
	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		<del></del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		x
	required to file Form 8282?	7c		<u> </u>
	- · ·			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
46-	amounts due or received from them.)	120		<del>-</del>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
D	in res, enter the amount of tax-exempt interest received of accided duffing the year   120			

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.

Sect	ion A. Governing Body and Management			
			Yes	No
а	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?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		Х
114	Desribe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		-	
·	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a	Х	
a b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ı va	· · · · · · · · · · · · · · · · · · ·	16a		Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
b	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?	16h		_
Sect	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed NONE REQUIRED			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):		. – – –	<b>-</b> -
18	available for public inspection. Indicate how you make these available. Check all that apply.	o or iiy)		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	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:   KATHLEEN OSBORN 7701 FORSYTH BLVD SAINT LOUIS, MO 63105-1875	e		
	organization: AATHEEEN OSBORN 7701 FORSTILL BEVD SATIN BOOTS, MO 05105-1075			

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

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

- 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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

_	_			
		Check this box if the orga		
		♠ = = 1. Ab!= b =!£ Ab= = = = =	 	 <b>.</b>

(A) Name and Title	(B) Average	Posi	tion (		C)	that app	nlv)	( <b>D</b> ) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DOUGLAS ALBRECHT										
DIRECTOR	2.00	Х						0.	0.	0
JAMIE AUFFENBERG								1		
DIRECTOR	2.00	Х						0.	0.	0
JOYCE BLACKWELL	1									
DIRECTOR	2.00	Х						0.	0.	0
JOSEPH BLOMKER										
DIRECTOR	7 2.00	Х						0.	0.	0
ROBERT G BRINKMAN										
DIRECTOR	2.00	Х						0.	0.	0
MARK BURKHART										
DIRECTOR	2.00	Х						0.	o.	0
WILLIAM H T BUSH	1									
DIRECTOR	2.00	Х						0.	0.	0
JOHN CAPPS										
DIRECTOR	7 2.00	Х						0.	0.	0
JAMES G CASTELLANO										
DIRECTOR	7 2.00	X						0.	0.	0
MAXINE CLARK								-		-
DIRECTOR / VICE CHAIR	2.00	Х		Х				0.	0.	. 0
LAWRENCE A COLLETT					$\Box$					
DIRECTOR	7 2.00	X						0.	0.	0
S. BRYAN COOK							_			
DIRECTOR	2.00	X						0.	0.	0
DEANNA DAUGHHETEE										
DIRECTOR	2.00	Х						0.	o	0
CLARK S DAVIS	1				t -	$\vdash$	<del>                                     </del>			
DIRECTOR	2.00	Х						0.	0.	0
MICHAEL A DECOLA	<u> </u>				$\vdash$		$\vdash$			
DIRECTOR / CHAIRMAN	2.00	Х		х				0.	o.	0
DENNY DENARVAEZ	1				┢					
DIRECTOR	2.00	Х						0.	0.	0
JSA						L				Form <b>990</b> (2009)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	yee	es,	and I	ligl	nest Compensat	ed Employees (d	continued)
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average hours per week	ndividual trustee or director	institutional trustee	Officer	Rey employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ARNOLD W DONALD										
DIRECTOR	2.00	Х						0.	0.	0.
THOMAS P DUNNE SR										
DIRECTOR	2.00	Х						0.	0.	0.
L.B. ECKELKAMP JR										
DIRECTOR / PAST CHAIR	2.00	Х						0.	0.	0.
TODD H EPSTEN										
DIRECTOR	2.00	Х						0.	0.	0.
DOUGLAS R FABICK										
DIRECTOR	2.00	Х						0.	0.	0.
JOHN H FERRING IV										
DIRECTOR	2.00	Х						0.	0.	0.
JEFFREY L FOX										
DIRECTOR	2.00	Х						0.	0.	0.
ROBERT S GOLDSTEIN										
DIRECTOR	2.00	X						0.	0.	0.
AUGUST HAGER III										
DIRECTOR	2.00	Х						0.	0.	0.
FREDERICK O HANSER										
DIRECTOR	2.00	X				l		0.	0.	0.
CARL HAUSMANN										
DIRECTOR	2.00	Х						0.	0.	0.
SHAUN R HAYES										
DIRECTOR	2.00	Х						0.	0.	0.
ROBERT R HERMANN JR										
DIRECTOR	2.00	Х	L	L_	L			0.	0.	0.
1b Total . CONTINUED AT SCHEDULE J-							▶	270,046.		79,156.
<ol><li>Total number of individuals (including but no</li></ol>	limited to t	hacal	lieto	d al	hau	al wh	~ ~	cowad mara than	\$100 000 in	

reportable compensation from the organization 1

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated			
_	employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for			
	services rendered to the organization? If "Yes" complete Schedule I for such person	5		Х

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2. Total number of independent contractors (including but not limited to those	listed above) who received	

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

Form **990** (2009)

JSA

Page 9

Par	t VII	Statement of Revenue		43-1913803		<u>_</u>
			(A) Total revenue	(B) Related or exempt function revenue	revenue (	(D) Revenue scluded from tax under sections 12, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b	Federated campaigns				
gift ar 8	d	Related organizations 1d	_			{
ii.ii	e	Government grants (contributions) 1e				
utio er 8	f	All other contributions, gifts, grants,				
g t		and similar amounts not included above . 1,352,973	_			}
P P	g	Noncash contributions included in lines 1a-1f \$1,034	<del>_</del>			
	h	Total. Add lines 1a-1f				
Program Service Revenue		Business Cod	<u>e</u>			
leve	2a					
£ 9	ь					
Ž	С		<u> </u>			
Š	d		<u> </u>			
гап	e			<u> </u>	- "	
ē.	f	All other program service revenue	+			
_	g	Total. Add lines 2a-2f	0.			
	3	Investment income (including dividends, interest, and	35 006			35 006
		other similar amounts). ATTACHMENT 6			-	35,006.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties · · · · · · · · · · · · · · · · · · ·				
	_		-			}
	6a	Gross Rents	┥			
	b	Less: rental expenses	7			
	d d	Rental income or (loss)	0			
		(i) Secunties (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7			i
	Ь	Less cost or other basis	7			{
	~	and sales expenses				
	ြင	Gain or (loss)				
	d	Net gain or (loss)	0.			
ā	8a	Gross income from fundraising				1
Other Revenue		events (not including \$				j
ě		of contributions reported on line 1c)				
Œ		See Part IV, line 18 a	4			į
he	b	Less direct expenses b				
ō	С	Net income or (loss) from fundraising events	0.		<del></del>	
	9a	Gross income from gaming activities.				
		See Part IV, line 19				
	b	Less: direct expenses b	0.	<u> </u>		
		Net income or (loss) from gaming activities	- 0.			
	10a	Gross sales of inventory, less returns and allowances				
	١.		╡			
	b	Less: cost of goods sold	0	· · · · · · · · · · · · · · · · · · ·		
		Miscellaneous Revenue Business Cod		-		
	11a					
	b		·   · · · · · · · · · · · · · · · · · ·			
	ء ا					
	ď	All other revenue				
	e	Total. Add lines 11a-11d	0.			
	12	Total Revenue. See instructions				35,006

# Part IX .Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete	te column (A) but are	not required to comp	olete columns (B), (C), a	nd (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	515,539.	515,539.		
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	349,202.	296,838.	45,396.	6,968.
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	248,168.	248,168.		
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	9,027.	8,124.	903.	
9	Other employee benefits	26,117.	23,505.	2,612.	
10	Payroll taxes	28,801.	25,921.	2,880.	
11	Fees for services (non-employees)				
а	Management	0.			
b	Legal	22,194.	22,194.		
c	Accounting	19,571.	13,308.	3,914.	2,349.
d	Lobbying	159,216.	159,216.		
е	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	3,457.	2,973.	346.	138.
g	Other	186,023.	184,273.	1,250.	500.
12	Advertising and promotion	72,322.	58,562.	8,600.	5,160.
13	Office expenses	26,173.	17,834.	5,212.	3,127.
14	Information technology	735.	500.	147.	88.
15	Royalties	0.	70.004	7.076	
16	Occupancy	80,780.	72,804.	7,976.	
17	Travel	1,008.	911.	97.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.	142,085.	8,108.	
19	Conferences, conventions, and meetings	150,193.	142,005.	0,100.	
20	Interest	0.			·
21	Payments to affiliates	63,989.	51,191.	12,798.	
22	Depreciation, depletion, and amortization	12,083.	9,666.	2,417.	
23	Insurance	12,000.		2/11/1	
24	Other expenses Itemize expenses not covered above (Expenses grouped together			ļ	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
	PRINTING	32,179.	32,179.		
	POSTAGE AND SHIPPING	6,399.	5,259.	1,140.	
	DUES	5,570.	4,456.	1,114.	
	TELEPHONE	4,151.		4,151.	
е	SUBSCRIPTIONS/PUBLICATIONS	2,206.	2,206.		
f	All other expenses	4,257.	3,690.	567.	10 222
	Total functional expenses. Add lines 1 through 24f	2,029,360.	1,901,402.	109,628.	18,330.
26	Joint Costs. Check here ▶ 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				

PAGE 10

Part X	, Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	245.	1_	74.
2	Savings and temporary cash investments	1,067,416.	2	1,874,914.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key		ľ	
-	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		l	
<u></u>	Part II of Schedule L		6	
Assets 8		·	7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or 10a 319,946.			<del>" " " " " " " " " " " " " " " " " " " </del>
İ	other basis. Complete Part VI of Schedule D			
	Less: accumulated depreciation	111,981.	10c	47,992
11	Investments - publicly traded securities	1,021,356.	11	567,400
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	<del> </del>
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	-10,005.		0
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,190,993.		2,490,380
17	Accounts payable and accrued expenses		17	0
18	Grants payable		18	
19	Deferred revenue	760,000.	19	1,040,500
20	Tax-exempt bond liabilities		20	_,,
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 21 22	Payables to current and former officers, directors, trustees, key			<del></del> , , , , , , , , , , , , , , , , , ,
ءَ'  <del>ق</del>	employees, highest compensated employees, and disqualified			
<u> </u>	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	<del>" '</del>
25	Other liabilities. Complete Part X of Schedule D	159,493.	25	214,038
26	Total liabilities. Add lines 17 through 25	919,493.		1,254,538
	Organizations that follow SFAS 117, check here ▶ and	32371333	20	1,201,000
S	complete lines 27 through 29, and lines 33 and 34.			
듩 27	Unrestricted net assets		27	
<u>r</u> 28	Temporarily restricted net assets		28	
일 29	Permanently restricted net assets		29	
or Fund Balances	Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
Assets	Paid-in or capital surplus, or land, building, or equipment fund		31	
8 32	Retained earnings, endowment, accumulated income, or other funds	1,271,500.	32	1,235,842
33	Total net assets or fund balances	1,271,500.	33	1,235,842
34	Total liabilities and net assets/fund balances	2,190,993.	34	2,490,380

Form **990** (2009)

Ρa	rt XI, Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O	į		
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			
За	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?	3a		X
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.	3b		
		Form	990	(2009

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

REGIONAL BUSINESS COUNCIL

43-1913803

REGI	ONAL BUS	INESS COUNCI	L						43-19	13803
Part	Reaso	n for Public Char	r <mark>ity Status</mark> (All organ	izations m	ust comp	lete this	part.) Se	e instruc	tions.	
The or	ganızatıon i	not a private foun	idation because it is: (F	or lines 1	through 11,	check on	ly one bo	x.)	-	
1	A churcl	, convention of chi	urches, or association (	of churches	s described	ın sectio	n 170(b)(	1)(A)(i).		
2	A schoo	described in secti	on 170(b)(1)(A)(ii). (At	tach Sched	ule E.)					
3	A hospit	al or a cooperative	hospital service organ	ızation des	cribed in <b>se</b>	ction 170	(b)(1)(A)	(iii).		
4	A medic	al research organ	ization operated in co	njunction	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
	hospital	s name, city, and st	tate							
5	An orga	nization operated t	or the benefit of a col	lege or un	iversity ow	ned or o	perated t	y a gove	ernmental	unit described in
	section	170(b)(1)(A)(iv). (C	Complete Part II.)							
6	A federa	l, state, or local go	vernment or governme	ental unit de	escribed in s	section 1	70(b)(1)(	A)(v).		
7 🖸	An orga	nization that norma	ally receives a substan	tial part of	its support	t from a 🤉	governme	ental unit	or from t	the general public
_	describe	d in section 170(b)	<b>)(1)(A)(vi).</b> (Complete F	Part II.)						
8 _	A comm	unity trust describe	ed in section 170(b)(1)	( <b>A)(vi).</b> (Co	mplete Par	t II.)				
9 _			ally receives: (1) more							
	receipts	from activities rela	ated to its exempt fun	ctions - su	bject to ce	ertain exc	eptions,	and (2) r	no more t	han 331/3% of its
	support	from gross invest	tment income and un	related bu	siness taxa	able inco	me (less	section	511 tax)	from businesses
_	acquired	by the organizatio	n after June 30, 1975.	See section	n 509(a)(2	). (Comp	lete Part I	II.)		
10 📙	An orga	nization organized	and operated exclusive	ely to test fo	or public saf	ety.See s	section 5	09(a)(4).		
11 _	An orga	nization organized	and operated exclus	ively for th	ne benefit	of, to pe	erform the	e functio	ns of, or	to carry out the
			oublicly supported orga					•	•	
			at describes the type o							
_		Type I <b>b</b>	^'		e III - Fund	-	-			pe III - Other
e			ertify that the organiz				•			•
	-		tion managers and oth	er than on	e or more	publicly :	supported	d organiz	ations de	scribed in section
		) or section 509(a)	• •							
f		-	d a written determina	tion from 1	the IRS tha	at it is a	Type I, T	ype II, o	r Type III	supporting
	•	tion, check this bo								
g		•	s the organization acce	epted any g	lift or contri	bution fro	om any of	the		
		persons?			_					<u> </u>
			y or indirectly controls		_	ether wit	n person	s descrit	ped in (ii)	
		• •	erning body of the sup		anization					. 11g(i)
		-	person described in (i) a							. 11g(ii)
			y of a person described		•		· · · · ·			. [11g(iii)]
h (C) N =			nation about the suppo	<del>,                                      </del>	<u> </u>	(3.0.4.		4.31	- 44	(-ii) A
	me of suppor organization	ed (ii) EIN	(iii) Type of organization (described on lines 1-9	in col (i) lis	sted in your		ou notify	organizat	s the tion in col	(vii) Amount of support
	J		above or IRC section (see instructions))	governing	document?	col (i)	of your port?	(i) organı	zed in the S.?	į
			(see instructions))	Yes	No	Yes	No	Yes	No No	
	<del></del>			1.00		1.63			.,,	
			-							
							_			
						ĺ				
		<del>-   - · · · -</del>			<del> </del>	<b> </b>		<u> </u>		
<u> </u>			<u> </u>			<u> </u>	<del>                                     </del>			
Total						!				
			<del></del>			•			<u> </u>	

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

Sched	dule A (Form 990 or 990-EZ) 2009			43-	-1913803		Page 2
Par	Support Schedule for Or (Complete only if you check	ganizations De ked the box on	escribed in Soline 5, 7, or 8	ections 170(to of Part I.)	o)(1)(A)(iv) aı	nd 170(b)(1)(#	(vi)
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,977,756	2,076,610	2,021,272	2,010,808	1,952,973.	10,039,419
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,977,756.	2,076,610	2,021,272.	2,010,808.	1,952,973.	10,039,419.
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						
6	shown on line 11, column (f)  Public support. Subtract line 5 from line 4.				· · · · · · · · · · · · · · · · · · ·		10,039,419
	tion B. Total Support	<u> </u>				<u>.</u> .	10,033,413
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,977,756	2,076,610.	2,021,272	2,010,808.	1,952,973.	10,039,419.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,506.	60,229.	89,514.	60,664	35,006.	274,919
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						10,314,338.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	0
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>	<u> </u>				
	tion C. Computation of Public Sup			44 1 40-		TI	97.33%
	Public support percentage for 2009 (li		•			14	97.33%
15	Public support percentage from 2008						
16a	331/3% support test - 2009. If the c	•					F.7
_	this box and stop here. The organizati	•		_			• • • • • •
b	331/3% support test - 2008. If the check this box and stop here. The org						
170	10%-facts-and-circumstances test - 2	•	•				
1 7 a	or more, and if the organization me						
	Part IV how the organization meets						-
	organization			_	-		<b>▶</b>
b	10%-facts-and-circumstances test -						and line
-	15 is 10% or more, and if the organization	-					
	Explain in Part IV how the organizati						
	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

Schedule A (Form 990 or 990-EZ) 2009

# 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.)

<u>Sec</u>	tion A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						, <del></del>
	membership fees received. (Do not include						
	any "unusual grants ")						
2	Gross receipts from admissions, merchandise	<del>-</del>					
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose					1	
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			i			
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3	<del></del>	1		-		
, 4	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of				ĺ		
	\$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
•	line 6.)						
Sec	tion B. Total Support		·	<u> </u>		<b></b>	<u> </u>
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6					, ,	
	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				ļ		
_	Add lines 10a and 10b			· · · · · · · · · · · · · · · · · · ·			
11	Net income from unrelated business			<u> </u>			
• •	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on		<del>                                     </del>			-	
12	Other income. Do not include gain or			-			
	loss from the sale of capital assets						
13	(Explain in Part IV.)		<del>                                     </del>		<del>                                     </del>	<del> </del>	
13						1	
1.4	and 12.)	the organization	n's first second	third fourth	fifth tox was a	e a coston Ent	(0)(3)
14	organization, check this box and stop here.	-			•		
500	tion C. Computation of Public Supp			<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	••••
15	Public support percentage for 2009 (line 8,			mn (f))		15	%
16	Public support percentage from 2008 Scheo					16	<u>%</u>
	tion D. Computation of Investment					1 10 1	
17	Investment income percentage for 2009 (lin			13 column /f\\		17	%
	Investment income percentage for 2009 (in					18	
18	33 1/3% support tests - 2009. If the org						
ıJa	17 is not more than 33 1/3%, check the						
L	33 1/3% support tests - 2008. If the orga						
U	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of			-	•		
~ U	are remember in the organization of			, .Ju, or 19L	, oncor and by	4 000 111011	

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

## **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions

OMB No 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	Section 501(c)(4), (5), or (6) or	organizations: Complete Part III.	ax), tileti		
	ame of organization	·	<del>     .</del>	Employer identi	fication number
REC	GIONAL BUSINESS COU	UNCIL		43-19	13803
Pa	rt I-A Complete if the	organization is exempt under	section 501(c) or	r is a section 527 organ	nization.
1		ne organization's direct and indirect			
2	-				
3	· ·			·	
9	Volunteer nours				
Pa	t I-B Complete if the	organization is exempt under	section 501(c)(3).	·	
1	Enter the amount of any e	excise tax incurred by the organization	on under section 49	955 ▶ \$	
2		excise tax incurred by organization i			
3	•	d a section 4955 tax, did it file Forn	•	· · · · · · · · · · · · · · · · · · ·	
4a	Was a correction made?		, ,, _, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes No
b	If "Yes," describe in Part IV				
Pa		organization is exempt under			).
1	Enter the amount directly	expended by the filing organization	n for section 527 ex		
2	Enter the amount of the fil	ing organization's funds contributed	d to other organizati	ions for section	
	527 exempt function activ	ıtıes		<b>▶</b> \$	
3		penditures. Add lines 1 and 2. En			
	line 17b				
4		file Form 1120-POL for this year? .			Yes No
5		es and employer identification numb			
		anization listed, enter the amount			
		eived that were promptly and direc			
	segregated fund or a politic	cal action committee (PAC). If addit	ional space is need	ed, provide information in	Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Ivaille	(b) Address	(C) LIN	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
	<del></del>				
	<del></del>				
					<u> </u>
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

JSA
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Schedule C (Form 990 or 990-EZ) 2009

Sch	edule C (Form 990 <u>or 990-EZ)</u> 2009	42-73	913603	Page 2
Pa	Complete if the organization under section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elect	tion
		belongs to an affiliated group. checked box A and "limited control" provisi	ons apply.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a		public opinion (grass roots lobbying)	12,500.	
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	146,716.	
C	Total lobbying expenditures (add lines 1	a and 1b)	159,216.	
d	Other exempt purpose expenditures		1,870,144.	
е		l lines 1c and 1d)	2,029,360.	
f	Lobbying nontaxable amount. Enter the			
	columns.		251,468.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	:	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25	6% of line 1f)	62,867.	
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-		_
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-		
j	If these is an amount other than zero on	either line 1h or line 1i, did the organization file	Form 4720 reporting	

#### 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total				
2 a Lobbying non-taxable amount	240,464.	252,331.	262,753.	251,468.	1,007,016.				
b Lobbying ceiling amount (150% of line 2a, column (e))					1,510,524.				
c Total lobbying expenditures	134,422.	97,871.	133,242.	159,216.	524,751.				
d Grassroots nontaxable amount	60,116.	63,083.	65,688.	62,867.	251,754.				
e Grassroots ceiling amount (150% of line 2d, column (e))					377,631.				
f Grassroots lobbying expenditures	25,000.	450.		12,500.	37,950.				

Schedule C (Form 990 or 990-EZ) 2009

Yes

Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	For	m 576	8		
		(a	)			(b)	
		Yes	No		Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
_	referendum, through the use of Volunteers?						
a b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		-				
C	Media advertisements?		$\neg \neg$				
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?					_	
f	Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities? If "Yes," describe in Part IV						
j	Total. Add lines 1c through 1						
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(	C)(5)	Or S	ection			
ı a	501(c)(6).	<u> </u>	, 01 3	CCLIOI	•		
	33.(6)(5)			•	•	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?						
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? .	<u></u>		<u></u>	3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501						
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A,	line	3 is a	nswe	red		
	"Yes."  Dues, assessments and similar amounts from members			• T			
1 2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of p			1			
2	expenses for which the section 527(f) tax was paid).	Ontic	aı				
а	Current year			2a			
b	Carryover from last year	• •		2b			
c	Total	• • •		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne .				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyır	ng				
	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)			4			
5				5			
Pa	t IV Supplemental Information				_	<del> </del>	
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C,	line :	5, and	l Part	II-B,	line 1	
Also	, complete this part for any additional information.						
							<del>-</del>

Schedule C (F	orm 990·or 990-EZ) 2009	43-1913803	Page 4
Part IV	Supplemental Information (continued)		
GIT V	Suppliented intermediate (commission)		
			·
•			
	·		
			<b></b>
			·

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

► 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.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

REG	IONAL BUSINESS COUNCIL		43-1913803
Pai	tl Organizations Maintaining Donor Adv the organization answered "Yes" to Fo	rised Funds or Other Similar Funds or rm 990, Part IV, line 6.	Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
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 and donor a	dvisors in writing that the assets held in do	onor advised
	funds are the organization's property, subject to the	<u> </u>	
6	Did the organization inform all grantees, donors, a		
	used only for charitable purposes and not for the b		
	purpose conferring impermissible private benefit?	<u> </u>	Yes No
Pai	t II Conservation Easements. Complete if	the organization answered "Yes" to Fo	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., recre	eation or pleasure) Preservation o	f an historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easement		1 11 11
С	Number of conservation easements on a certified	, ,	
d	Number of conservation easements included in (c		
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or termina	ated by the organization during
_	the tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy regard		
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservation ease	ements during the year
_	Amount of an agent and an agent to the district to the state of the st	-Non-condition for the condition	
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easemer	nts during the year
0	▶\$ Does each conservation easement reported on lin	a 2/d) above esticts the requirements of accompanies	
8	•	• •	
9	170(h)(4)(B)(i) and 170(h)(4)(B)(II)?		
3	balance sheet, and include, if applicable, the text of		·
	the organization's accounting for conservation easi	<del>-</del>	ai statements that describes
Pai			Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S	SEAS 116 not to report in its revenue st	atement and halance sheet works of
	art, historical treasures, or other similar assets he	eld for nublic exhibition, education, or rese	earch in furtherance of public service.
	provide, in Part XIV, the text of the footnote to its fi		
b	If the organization elected, as permitted under S		
	historical treasures, or other similar assets held provide the following amounts relating to these iter	nor public exhibition, education, or researchs:	arch in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
_	following amounts required to be reported under S		2000 for illianolal gain, provide the
а	Revenues included in Form 990, Part VIII, line 1.		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		
	,		·

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

Schedule D (Form 990) 2009

3 Using the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)  3 Using the organization's accussion, accession, and other records, check any of the following that are a significant use of as collection times (check all that apply):  a Public exhibition	Sched	ule D (Form 990) 2009		43-	1913803	Page <b>2</b>
collection terms (check all that apply):  a	Par	III. Organizations Maintaining Colle	ections of Art, Histo	rical Treasures, o	or Other Similar A	ssets (continued)
Preservation for future generations  Proselvation of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, 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.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV.  Is a list the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV.  Is a list the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV.  Is a list the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV.  Is a list the organization include an amount on Form 990, Part XV, line 21?  Amount  Amount  Is a list the organization include an amount on Form 990, Part XV, line 21?  Is a list the organization include an amount on Form 990, Part XV, line 21?  Is a list the organization include an amount on Form 990, Part XV, line 21?  Is a list the organization include an amount on Form 990, Part XV, line 21?  Is a list the organization include an amount on Form 990, Part XV, line 10.  Is a list the organization include an amount on Form 990, Part XV, line 10.  Is a list the organization include an amount on Form 990, Part XV, line 10.  Is a list the organization include an amount on Form 990, Part XV line 10.  Is a list the organization selected includes and list the organization by the organization include and administered for the organization by:  Is a list the organization include an amount	а	collection items (check all that apply):  Public exhibition	d _	Loan or excha	ange programs	significant use of its
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 answered "Yes" to Form 990, Part IV.  Fart IV.  1a Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X.  1b If "Yes," explain the arrangement in Part XIV and complete the following table:  C. Beginning balance.  1 to d. Additions during the year.  C. Beginning balance.  1 to d. Part IV.  Distributions during the year.	_		· L			
Part XIV.  5 During the year, did the organization solot 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? Collection?	C	<del>-</del>		h 4h 4 4h		
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 answered "Yes" to Form 990, Part IV   Secretary   Viline 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 XIV and complete the following table:    Complete the following table	4		onections and explain	now they further the	e organization's exe	impt purpose in
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	_					
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 93, 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   f "Yes," explain the arrangement in Part XIV and complete the following table:   C   Beginning balance	5					
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?						
included on Form 990, Part X?	Par	IV, line 9, or reported an amoun	t on Form 990, Part	ne organization ai X, line 21.	nswered "Yes" to I	Form 990, Part
c Beginning balance . 1c		ıncluded on Form 990, Part X?				
c Beginning balance d Additions during the year 1 to bitrivious during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 10. 2 Did the organization of the organization answered "Yes" to Form 990, Part IV, line 10. 3 Describe in Part XIV the intended uses of the organization that are held and administered for the organization by: 3 Describe in Part XIV the intended uses of the organization's endowment funds.  Describe in Part XIV the intended uses of the organization's endowment funds.  Describe in Part XIV the intended uses of the organization's endowment funds.  Describe in Part XIV the intended uses of the organization's endowment funds.  Describe in Part XIV the intended uses of the organization's endowment funds.  Describe in Part XIV the intended uses of the organization's endowment funds.  Describe in Part XIV the intended uses of the organization's endowment funds.  Describe in Part XIV the intended uses of the organization's endowment funds.  Describe in Part XIV the intended uses of the organization's endowment funds.  Describe in Part XIV the intended uses of the organization's endowment funds.  Describe in Part XIV the intended uses of the organization's endowment funds.  Describe in Part XIV the intended uses of the organization's endowment funds.  Describe in Part XIV the intended uses of the organization's endowment funds.  Describe in Part XIV the intended uses of the organization's endowment funds.  Describe in Part XIV the intended uses of the organization's endowment funds.  Describe in Part XIV the intended uses of the organization's endowment funds.  Describe in Part XIV the intended uses of the organization's endowment f	U	ii res, explain the arrangement in rait Arv	and complete the foil	Owing table	A	mount
d Additions during the year . 1d	c	Beginning balance				
e Distributions during the year						-
f Ending balance	-					
Did the organization include an amount on Form 990, Part X, line 21?  If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.  Beginning of year balance b Contributions   (a) Current Year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Fo	f					
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.  1a Beginning of year balance (a) Current Year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back	2 a	<del>-</del>		<u> </u>		Yes No
Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.    A Beginning of year balance   (a) Current Year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four year						
(a) Current Year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (e) Four years back   (d) Three years back   (e) Four years back   (e) F			<del></del>	red "Yes" to Form	990. Part IV. line	10.
1a Beginning of year balance						
b Contributions	1a			<del></del>		<u>``</u>
c Net investment earnings, gains, and losses						
and losses						
e Other expenditures for facilities and programs		I				
e Other expenditures for facilities and programs	d	Grants or scholarships				
and programs						
f Administrative expenses		and programs				
g End of year balance	f	Administrative expenses				
Provide the estimated percentage of the year end balance held as:  a Board designated or quasi-endowment ▶						
Board designated or quasi-endowment ▶	_		ar end balance held as	<u> </u>	<u></u>	······································
b Permanent endowment ▶	а					
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.  (ii) related organizations.  (iii) related organizations.  (iii) related organizations.  (iii) related organizations.  (iii) 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.  Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  4 Describe in Part XIV the intended uses of the organization's endowment funds.  2 Description of investment  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  4 Description of investment  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  4 Description of investment  (d) Book value  4 Description of investment  (d) Book value	ь	<del>-</del>				
organization by: (i) unrelated organizations	С	Term endowment ▶ %				
organization by: (i) unrelated organizations. (ii) related organizations. (iii) related organizations.  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.  Description of investment  (a) Cost or other basis (investment) (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value  1a Land  b Buildings  c Leasehold improvements 319,946 271,954 47,992.  d Equipment e Other  Other	За	Are there endowment funds not in the poss	ession of the organiza	ition that are held a	nd administered for	the
(ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		organization by:	_			Yes No
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?		(i) unrelated organizations				3a(i)
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.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value		(ii) related organizations				3a(ii)
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (b) Buildings	b	If "Yes" to 3a(II), are the related organization	is listed as required on	Schedule R?		3b
Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (b) Buildings	4	Describe in Part XIV the intended uses of th	e organization's endov	vment funds.		
Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (c) Accumulated depreciation  (d) Book value	Par				K, line 10.	
b Buildings          c Leasehold improvements       319,946       271,954       47,992         d Equipment          e Other		Description of investment			1 ' '	(d) Book value
c Leasehold improvements	1 a					
d Equipment	b					
e Other · · · · · · · · · · · · · · · · · · ·	С			319,946	271,954	47,992.
	d	Equipment				
Total Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	е	Other				
Total Act lines 14 through 16. (Column (4) mast equal 1 cm 550, 1 at 14, column (5), into 10(5).).	Tota	. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part	X, column (B), line 1	0(c).) ▶	47,992.

Schedule D (F		000 0 177 1	15 1515005	Fage 3
Part VII				
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion. let value
Financial de	erivatives			
	d equity interests			
-				
				<u> </u>
<b></b>				
		· <u></u>		
<b></b>				<del></del> -
	15 200 5 14 15 10			<del></del>
	(b) must equal Form 990, Part X, col (B) line 12)	area 000 Dart V lin	- 10	· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments - Program Related. See F			
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	tet value
·				
<del></del>				
Total (Column	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, li	ne 15		
utik		Description		(b) Book value
	(-/	D 00011P1.011		(b) Book value
<del></del>			<u>-</u>	
	· · · · · · · · · · · · · · · · · · ·			
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	(b) must equal Form 990, Part X, col (B) line 15)		<u></u>	· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities. See Form 990, Part X	, line 25.	<u> </u>	
1.	(a) Description of liability	(b) Amount		
Federal inco				
DEFERRE	COMPENSATION	214,038.		
				,
			1	
-		•	1	
			1	
			1	
			1	
			†	
T-1-1 (O :	(h) must soud for 200 Park V and (D) ( 201 )	214,038.	1	
i otal. (Column	(b) must equal Form 990, Part X, col (B) line 25)	214,030.	1	

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.

Schedule

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o D (Form 990) 2009 43-1913803

	e D (Form 990) 2009 ·		Page 4
Part	XI . Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nent	s
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1_	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Part			
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• •	
a	Net unrealized gains on investments		
b	Donated services and use of facilities 2b	$\neg$	
c	Recoveries of prior year grants 2c	$\neg$	
ď	Other (Describe in Part XIV)	$\neg$	
e	Add lines 2a through 2d	_	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	`∵	
•	Investment expenses not included on Form 990, Part VIII, line 7b.		
a			
b	Other (Describe in Part XIV.)		4-
_		• • -	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		•
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	
1	Total expenses and losses per audited financial statements	├	.1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a		
þ	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIV)		_
	Add lines 2a through 2d	-	2e
3	Subtract line 2e from line 1	• •  -	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIV.)	_	
C	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	L	_5
Part	XIV Supplemental Information		
and 2b	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 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. Art to provide any additional information	lso co	omplete <b></b>
<b>_</b>			

Part XIV Supplemental Information (continued)

# SCHEDULEI (Form 990)

Department of the Treasury

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

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

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Open to Public 2009 Inspection

Department of the fleasury Internal Revenue Service	•		► Attach to Form 990.				Inspection
Name of the organization		į				Employer identification number	n number
REGIONAL BUSINESS COUNCIL						43-1913803	
Part I General Information on Grants and Assistance	and Assista	nce					
1 Does the organization maintain records to substantiate the	to substantiate		amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	nce, the grantees' e	ligibility for the grants	_	[
the selection criteria used to award the grants or assistance?	grants or assist	ance?					X Yes No
2 Describe in Part IV the organization's pr	ocedures for r	nonitoring the u	ise of grant funds in the	e United States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	to Governme	ents and Orga	and Organizations in the United States. Complete if the organization answered "Yes" to	ited States. Comp	lete if the organiza	ation answered "Ye	s" to \$5 000 11se
Part IV and Schedule I-1 (Form 990) if additional	any recipien 990) if additi	onal space is needed	needed	. Circon tills box ii			<b>A</b>
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSTRUCTION CAREERS CENTER							
6330 KNOX INDUSTRIAL DRIVE	43-1931231	501(C)(3)	40,000.				OPERATIONAL SUPPORT
INSIGHT ST LOUIS / ST LOUIS CORP DIVERSITY							
1 NORTH BRENTWOOD SUITE 510	20-3983119	501(C)(3)	29,626.				OPERATIONAL SUPPORT
KIPP INSPIRE							
2647 OHIO AVENUE ST LOUIS, MO 63118	01-0916759	501(C)(3)	50, 500				OPERATIONAL SUPPORT
ST LOUIS UNIVERSITY	T						
1 GRAND BLVD ST LOUIS, MO 63113	43-0654872	501(C)(3)	5,100.				OPERATIONAL SUPPORT
SPRINGBOARD TO LEARNING/YOUNG AUDIENCES							
3547 OLIVE STREET ST LOUIS, MO 63103	43-1202003	501(C)(3)	20,000.				OPERATIONAL SUPPORT
ST LOUIS BOARD OF EDUCATION							
801 N. 11TH STREET ST LOUIS, MO 63101	43-6003220	SCHOOL BD	50,000				OPERATIONAL SUPPORT
ST LOUIS CHARTER SCHOOL							
5279 FYLER AVENUE ST LOUIS, MO 63139	43-1844448	501(C)(3)	50,000				OPERATIONAL SUPPORT
ST LOUIS INTERNSHIP PROGRAM							
4232 FOREST AVENUE ST LOUIS, MO 63108	43-1741784	501(C)(3)	20,000				OPERATIONAL SUPPORT
TEACH FOR AMERICA							
10185	13-3541913	501(C)(3)	75,000.				INNER CITY TEACHERS
ST LOUIS METRO MINORITY BUSINESS DEV COUN.							
308 N 21ST STREET ST LOUIS, MO 63103	43-1243120	501(C)(3)	10,500.				OPERATIONAL SUPPORT
UNITED WAY OF GREATER ST LOUIS							
910 N 11TH STREET ST LOUIS, MO 63101	43-0714167	501(C)(3)	50,285				SUPPORT FOR AGENCIES
FOREST PARK FOREVER							
5595 GRAND DRIVE ST LOUIS, MO 63112	43-1427062	501(C)(3)	30,550				OPERATIONAL SUPPORT
2 Enter total number of section 501(c)(3) and government or	and governme	nt organizations				•	16
3 Enter total number of other organizations	s					<b>A</b>	0
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Act Notice, se	e the Instructic	ons for Form 990.			Schec	Schedule I (Form 990) 2009
ASI							

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (f) Description of non-cash assistance. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) SIGN AN AGREEMENT STATING THE PURPOSE OF THE GIFT, THE DETAILS OF HOW THE FOR EVERY GIFT THE REGIONAL BUSINESS COUNCIL ALLOCATES WE ASSURE THAT THE STATUS OF THE PROJECT AND ASSIGNS AN RBC STAFF OR BOARD MEMBER TO SERVE Ø PROVIDED TO RBC. FOR GIFTS OVER \$5,000, RBC STAFF CLOSELY MONITORS THE ORGANIZATION RECEIVING THE FUNDS IS PROPERLY INCORPORATED, MANAGED BY BOARD OF DIRECTORS, FILES REGULAR FINANCIAL STATEMENTS, AND MAINTAINS THE RBC AND THE RECIPIENT JOINTLY (d) Amount of non-cash assistance FUNDS PROVIDED ARE TO BE USED AND THE TIMING OF THE REPORTS TO BE Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant (b) Number of recipients WRITTEN RECORDS OF ITS ACTIVITIES. AS LIAISON TO THE RECIPIENT. MONITORING OF GRANTS - PART I (a) Type of grant or assistance Part IV Part III

Schedule I (Form 990) 2009

PAGE 29

# SCHEDULE I-1 (Form 990)

Department of the Treasury

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

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2009

Open to Public Inspection

Schedule I-1 (Form 990) 2009 DPERATIONAL SUPPORT DPERATIONAL SUPPORT OPERATIONAL SUPPORT DPERATIONAL SUPPORT (h) Purpose of grant or assistance **Employer identification number** Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 43-1913803 (g) Description of non-cash assistance (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) 6,450 5,048 20,000 25,000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 23-0326513 43-1363303 43-0653605 43-1582098 (b) EIN 755 SOUTH PRICE ROAD ST LOUIS, MO 63124 3701 GRANDEL SQUARE ST LOUIS, MO 63108 REGIONAL BUSINESS COUNCIL REGIONAL ARTS COMMISSION OF ST LOUIS 9761 CLAYTON ROAD ST LOUIS, MO 63124 6138 DELMAR BLVD ST LOUIS, MO 63112 (a) Name and address of organization or government URBAN LEAGUE OF METRO ST LOUIS ST LOUIS POLICE FOUNDATION Name of the organization AIM HIGH

V 09-6.1

PAGE 30

Page 2	(f) Description of non-cash assistance	-	•	,									Schedule I-1 (Form 990) 2009
I (Form 990), Part III.)	(e) Method of valuation (book, FMV, appraisal, other)												
43-1913803 United States (Schedule	(d) Amount of non-cash assistance												
43- ividuals in the Uni	(cash grant)												
Assistance to Ind	(b) Number of recipients												
Schedule 1-1 (Form 990) 2009  Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)													
Schedule I-Part II													

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# **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

REGIONAL BUSINESS COUNCIL

**Employer identification number** 43-1913803

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	1		
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		v	
_	explain	1b	X	_
2			Х	
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Λ.	
2	Indicate which, if any of the following the organization uses to establish the componention of the			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
		.		
	Compensation committee  X Written employment contract X Independent compensation consultant X Compensation survey or study			
	——————————————————————————————————————			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	Ι.		
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		L

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

Schedule J (Form 990) 2009

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

Schedule J (Form 990) 2009

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	$\vdash$							
		(b) Breakdown	(b) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	⊟	264,046.	1	9,000	65,917.	13,239.	349,202.	
KATHLEEN OSBORN (ii)	Ē							
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JSA 9F12911 43-1913803 Schedule J (Form 990) 2009

Part III Supplemental Information  Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part or any additional information
CLUB MEMBERSHIP AND DEFERRED COMPENSATION
LINE 1A AND 4B SCHEDULE J PART I
LINE 1A RBC PAID \$4,040 FOR DUES TO A LUNCHEON/DINNER CLUB THAT IS IN
THE SAME BUILDING AS THE ORGANIZATION'S OFFICE. DURING THE TAX YEAR, THE
EXECUTIVE DIRECTOR USED THIS MEMBERSHIP EXCLUSIVELY FOR RBC BUSINESS (NO
PERSONAL USE).
DEFERRED COMPENSATION
SCHEDULE J, PART 1, LINE 4B
LINE 4 B THE EXECUTIVE DIRECTOR, KATHLEEN OSBORN, ACCRUED A NONVESTED
BENEFIT OF \$39,607 UNDER A DEFINED CONTRIBUTION FORMULA. THIS AMOUNT IS
NOT PAID UNTIL VESTED AND IS AN UNSECURED OBLIGATION OF RBC.

Schedule J (Form 990) 2009

#### **SCHEDULE J-2** (Form 990)

# **Continuation Sheet for Form 990**

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

Name of the Organization

REGIONAL BUSINESS COUNCIL

Employer identification number 43-1913803

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I

Employees	(7)	Т —					_			
(A) Name and title	(B) Average hours	Posit	tion (c	C) heck		that app	oly)	(D) Reportable	(E) Reportable	(F) Estimated
	per week	Individual trustee or director		Officer	_	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations
KATHLEEN HIGGINS										
DIRECTOR	2.00	Х	$\sqcup$	_				0.	0.	0
DAVID H HOFFMANN DIRECTOR	2.00	х						0.	0.	0
BRUCE B HOLLAND							[			
DIRECTOR	2.00	X						0.	0.	0
GERARD J HOWE DIRECTOR	2.00	Х						0.	0.	0
STEPHEN C JONES										
DIRECTOR	2.00	Х						0.	0.	0
NEVADA A KENT IV				$\dashv$						
DIRECTOR	2.00	Х						0.	0.	0
ALOIS J KOLLER JR DIRECTOR	2.00	х						0.	0.	0
TODD J KORTE										
DIRECTOR	2.00	X		l			ŀ	0.	0.	0
KENNETH KRANZBERG										
DIRECTOR	2.00	Х	l l					0.	0.	0
PATRICK L LARMON										
DIRECTOR	2.00	Х					<u></u>	0.	0.	0
STEVEN F LEER	]									
DIRECTOR	2.00	Х		_				0.	0.	0
DONN LUX DIRECTOR	2.00	х						0.	0.	0
DENNIS A MATHEIS										
DIRECTOR	2.00	Х						0.	0.	0
TERRANCE M MCCARTHY										
DIRECTOR	2.00	Х						0.	0.	0
P JOSEPH MCKEE III										
DIRECTOR	2.00	Х		_				0.	0.	0
PETER C MCLOUGHLIN							١.,			
DIRECTOR	2.00	Х		_				0.	0.	0
S WHITAKER MEYER		i								•
DIRECTOR / VICE CHAIR	2.00	Х		Х	_			0.	0.	0
RICHARD H MILES								[	_	_
DIRECTOR DAMILICATIONS	2.00	Х	$\sqcup$	$\dashv$				0.	0.	0
ROBERT D MILLSTONE	2 22	,,				į			_	^
DIRECTOR MOWREAV	2.00	Х			_			0.	0.	0
KEVIN D MOWBRAY DIRECTOR	2 00	,,		- 1					_	^
JAMES J MURPHY JR	2.00	Х	$\vdash$	-	_			0.	0.	0
UAMES U MUKPHI UK	I	I	1 1	- 1				l l		

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

Schedule J-2 (Form 990) 2009

#### **SCHEDULE J-2** (Form 990)

# **Continuation Sheet for Form 990**

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

Name of the Organization

REGIONAL BUSINESS COUNCIL

Employer identification number 43-1913803

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I

Employees (A) Name and title	(B) Average hours	Posi	ion (		C) :k all	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	per week	or director	·	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations
JOHN R MUSGRAVE DIRECTOR / GENERAL COUNSEL	2.00	Х		Х				0.	0.	(
BRENDA NEWBERRY DIRECTOR / VICE CHAIR	2.00	х		Х				0.	0.	(
ELIZABETH NIEDRINGHAUS DIRECTOR	2.00	Х						0.	0.	(
FREDERICK J OERTLI DIRECTOR	2.00	X						0.	0.	(
ROBERT L PLUMMER DIRECTOR	2.00	x				ļ		0.	0.	
JOHN K PRUELLAGE DIRECTOR	2.00	X						0.	0.	
VICTOR L RICHEY JR DIRECTOR	2.00	X						0.	0.	
RODGER O RINEY DIRECTOR	2.00	X						0.	0.	
STEVEN C ROBERTS		<b> </b>								
DIRECTOR GEORGE C ROMAN	2.00	X						0.	0.	
DIRECTOR MICHAEL ROSS	2.00	Х						0.	0.	
DIRECTOR JOSEPH D RUPP	2.00	Х		Х				0.	0.	
DIRECTOR RICHARD A SAUGET	2.00	Х					-	0.	0.	
DIRECTOR STEVEN SCHANKMAN	2.00	Х						0.	0.	
DIRECTOR RANDY SCHILLING	2.00	Х						0.	0.	
DIRECTOR BILL SHANER	2.00	Х						0.	0.	-
DIRECTOR ELLEN SHERBERG	2.00	Х			_		_	0.	0.	
DIRECTOR GREGORY R SMITH	2.00	Х			-			0.	0.	
DIRECTOR DAVE SPENCE	2.00	Х		-			_	0.	0.	
DIRECTOR MICHAEL H STAENBERG	2.00	Х	_		<u> </u>			0.	0.	-
DIRECTOR KENNETH STEINBACK	2.00	Х			_			0.	0.	
DIRECTOR	2.00	X						0.	0.	

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

Schedule J-2 (Form 990) 2009

#### **SCHEDULE J-2** (Form 990)

#### **Continuation Sheet for Form 990**

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization REGIONAL BUSINESS COUNCIL Employer identification number

43-1913803

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I

Employees	(B)			((	<u></u>			(D)	(E)	(F)
(A) Name and title	Average hours	Posit	ion (			that app	ply)	Reportable	Reportable	Estimated
	per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations
JOSEPH J STEINER										
DIRECTOR	2.00	X						0.	0.	0
DAVID L STEWARD										
DIRECTOR	2.00	Х			ļ			0.	0.	0
JOHN P STUPP JR								_	_	_
DIRECTOR	2.00	Х	Щ		<u> </u>			0.	0.	0
KENNETH H SUELTHAUS		١							•	
DIRECTOR	2.00	X	Ш				<u> </u>	0.	0.	0
DONALD SUGGS		١							•	
DIRECTOR	2.00	Х						0.	0.	0
ANTHONY R TERSIGNI DIRECTOR		,,							0	_
JIM M THEISS	2.00	Х				<u> </u>		0.	0.	0
DIRECTOR	2.00	X						0.	0.	0
ANTHONY THOMPSON	2.00	<u> </u>	$\vdash$	-				0.	0.	0
DIRECTOR	2.00	X						0.	0.	0
JOHN M TRACY	2.00	<del>  ^</del>	-	-				0.	0.	
DIRECTOR / VICE CHAIR	2.00	X		x			}	0.	0.	О
SANDRA VAN TREASE	2.00	<del>  ^`</del>	Н		$\vdash$	<del></del>	├	· · ·		
DIRECTOR	2.00	X						0.	0.	О
STEVE C WALLI		<del>                                     </del>					<u> </u>			<u> </u>
DIRECTOR	2.00	X						0.	0.	0
TODD WEAVER		†	H				_			
DIRECTOR	2.00	X						0.	0.	0
PATRICIA D WHITAKER		<u> </u>	H							
DIRECTOR	2.00	X					l	0.	0.	0
SCOTT J WILSON										
DIRECTOR	2.00	X						0.	0.	0
ROBERT WITTERSCHEIN										
DIRECTOR	2.00	X						0.	0.	0
MICHAEL A ZAMBRANA										
DIRECTOR	2.00	Х		L				0.	0.	0
ANDREW ARMSTRONG										
DIRECTOR	2.00	X					<u> </u>	0.	0.	0
PETER F BENOIST										
DIRECTOR / TREASURER	1.00	X		Х				0.	0.	0
J. JOSEPH BURGESS										
DIRECTOR	2.00	X		L	ota	ļ		0.	0.	0
GERALD CARLSON										_
DIRECTOR	2.00	X	<u> </u>	<u> </u>		ļ	<u> </u>	0.	0.	0
W. THOMAS CHULICK									_	_
DIRECTOR	2.00	X	L	<u> </u>	L_			0.	0.	0

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

Schedule J-2 (Form 990) 2009

#### **SCHEDULE J-2** (Form 990)

### **Continuation Sheet for Form 990**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

Name of the Organization

REGIONAL BUSINESS COUNCIL

**Employer identification number** 43-1913803

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I

Employees									<del></del>	
(A) Name and title	(B) Average hours	(C) Position (check all that apply)						( <b>D)</b> Reportable	(E) Reportable	<b>(F)</b> Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations
PARKER B CONDIE, JR DIRECTOR	2.00	Х						0.	0.	0
SANJIV DAS			_	_						
DIRECTOR	2.00	Х				<u> </u>	_	0.	0.	0
CRAIG S DESNOYER DIRECTOR	2.00	Х						0.	0.	0
GARY W DOUGLASS			_	_			$\vdash$			
DIRECTOR	2.00	Х						0.	0.	0
CATHERINE A FRENCH										
DIRECTOR	2.00	Х						0.	0.	0
SUSAN W GRAHAM										
DIRECTOR	2.00	Х						0.	0.	0
PAUL GUTTERREZ	0 00	١								•
DIRECTOR	2.00	Х			-		_	0.	0.	0
WENDY HENRY DIRECTOR	2.00	Х						0.	0.	0
RODNEY KINZINGER	2.00							0.	0.	
DIRECTOR	2.00	X						o.	0.	0
MICHAEL W KRAMER	2.00	_ ^						· ·	· ·	
DIRECTOR	2.00	X						0.	0.	0
PETER B KROMBACH		<del></del>		_	<u> </u>		<del> </del>			
DIRECTOR	2.00	Х						0.	0.	0
PHIL KOEN										· <u>-</u> .
DIRECTOR	2.00	Х						0.	0.	0
ROMAN T KULICH										
DIRECTOR	2.00	Х			L			0.	0.	0
VIRGINIA MCDOWELL									_	_
DIRECTOR	2.00	Х						0.	0.	0
DUNCAN MCNABB		١								^
DIRECTOR	2.00	X			<u> </u>	<u> </u>	_	0.	0.	0
ROGER D MILLER	2 00	, ,							0	0
DIRECTOR JAMES V O'DONNELL	2.00	Х				-	_	0.	0.	0
DIRECTOR	2.00	Х						0.	0.	0
ROBERT O'LOUGHLIN	2.00				-		-			
DIRECTOR	2.00	х						o.l	0.	0
ROBERT REEG				_			-			
DIRECTOR	2.00	Х						0.	0.	0
SALLY H ROTH								-		
DIRECTOR	2.00	Х			Ī			0.	0.	0
JAMES M SANGER		$\vdash$				l -	T -			
OWNED II DAMORK				l .						

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

Schedule J-2 (Form 990) 2009

#### SCHEDULE J-2 (Form 990)

## **Continuation Sheet for Form 990**

OMB No 1545-0047

2009
Open to Public

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

Name of the Organization

REGIONAL BUSINESS COUNCIL

Employer identification number 43-1913803

Part I Continuation of Officers, I	Directors, i	rust	es	, K	ey	⊨mp	ю	ees, and High	iest Compensa	ted
Employees (A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MSC)	other compensation from the organization and related organizations
RICHARD SEMS										
DIRECTOR	_ 2.00	Х						0.	0.	0
DONALD SMITH DIRECTOR	2.00	Х						0.	0.	0
KEVIN DEMOFF DIRECTOR	2.00	х						0.	0.	0
DEREK W GLANVILL DIRECTOR	2.00	Х						0.	0.	O
KATHLEEN OSBORN EXECUTIVE DIRECTOR	40.00			Х				270,046.		79,156
	<del></del>	t —	$\vdash$	Ι	T	<del> </del>		-		

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

Schedule J-2 (Form 990) 2009

# SCHEDULE O (Form 990)

# **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

Department of the Treasury Internal Revenue Service

Name of the organization

REGIONAL BUSINESS COUNCIL

Employer identification number

43-1913803

ATTACHMENT 1

GOVERNANCE - GOVERNING BODY AND POLICIES

PART VI SECTIONS A & B

ITEM 2: PATRICIA D WHITAKER; RICHARD H MILES --

FAMILY RELATIONSHIP

ITEM 7A-B: MEMBERS RBC MEMBERS DO NOT RECEIVE TANGIBLE BENEFITS FROM THE ORGANIZATION AND DUES ARE CONSIDERED CHARITABLE CONTRIBUTIONS. RBC HAS TWO CLASSES OF VOTING MEMBERS REGULAR MEMBERS AND ASSOCIATE MEMBERS. BOTH TYPES OF MEMBERS ARE DIRECTORS BY VIRTUE OF THEIR MEMBERSHIP AND MAY VOTE ON ADMISSION OF NEW MEMBERS, ELECTION OF OFFICERS AND OF THE MEMBERS OF THE EXECUTIVE COMMITTEE.

ITEM 11-11A FORM 990: THE EXECUTIVE COMMITTEE REGULARLY REVIEWS THE INTERNAL FINANCIAL STATEMENTS AND THE ORGANIZATION'S ACTIVITIES

THROUGHOUT THE YEAR. THE FINANCIAL STATEMENTS ARE FINALIZED BEFORE THE FORM 990 IS PREPARED. RBC DISCUSSES THE FORM 990 AT A BOARD MEETING AND IT IS AVAILABLE TO ANY MEMBER UPON REQUEST. THE FORM 990 IS PREPARED IN COLLABORATION WITH OUTSIDE PROFESSIONALS WHO HAVE EXPERTISE IN TAX-EXEMPT ORGANIZATIONS. A DRAFT OF THE RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR BEFORE REVIEW AND SIGNATURE BY ANOTHER OFFICER.

ITEM 12: CONFLICT OF INTEREST POLICY THE POLICY APPLIES TO MEMBERS,
DIRECTORS OR OFFICERS AND EMPLOYEES. THEY ARE RESPONSIBLE FOR SELF

Employer identification number 43-1913803

ATTACHMENT 1 (CONT'D)

IDENTIFICATION AND DISCLOSURE OF ACTUAL OR POTENTIAL CONFLICTS TO THE EXECUTIVE COMMITTEE. THE PERSON WITH THE POTENTIAL CONFLICT DOES NOT PARTICIPATE IN THE DECISION WHETHER THERE IS A CONFLICT. THE DISINTERESTED MEMBERS OF THE EXECUTIVE COMMITTEE ADVISE WHETHER A TRANSACTION SHOULD BE AUTHORIZED, APPROVED OR RATIFIED.

ITEMS 13 & 14 WHISTLEBLOWER AND DOCUMENT RETENTION POLICIES. FORMAL POLICES WERE ADOPTED AND PUT IN THE STAFF MANUAL IN 2009.

ITEM 15 DETERMINATION OF COMPENSATION DESCRIPTION OF THE PROCESS -- ALL PAY IS BASED ON MARKET AND MERIT. ANNUAL EVALUATIONS ARE CONDUCTED FOR ALL EMPLOYEES. THE EVALUATIONS CONSIDER PERFORMANCE AND PROGRESS TOWARDS PREVIOUSLY ESTABLISHED GOALS.

THE EXECUTIVE DIRECTOR REPORTS ON THE OVERALL ACHIEVEMENTS OF THE ORGANIZATION. THE CHAIR THEN REVIEWS THIS REPORT AND DISCUSSES THE DETAILS WITH THE EXECUTIVE DIRECTOR. THE REPORT IS THEN DISCUSSED AT THE EXECUTIVE COMMITTEE, COMMITTEES AND THE FULL BOARD.

RBC MONITORS THE COMPENSATION PAID FOR SIMILAR POSITIONS. AS DEEMED APPROPRIATE BY THE CHAIR, A COMPENSATION REVIEW REGARDING THE EXECUTIVE DIRECTOR IS CONDUCTED FROM TIME TO TIME. THE EXECUTIVE DIRECTOR AND RBC ENTER INTO AN EMPLOYMENT AGREEMENT.

POSITIONS TO WHICH THE PROCESS APPLIES -- THE GENERAL REVIEW PROCESS

Employer identification number 43-1913803

ATTACHMENT 1 (CONT'D)

APPLIES TO EMPLOYEES. ADDITIONAL POLICIES DESCRIBED ABOVE APPLY TO THE EXECUTIVE DIRECTOR.

YEAR(S) WHEN THIS PROCESS WAS LAST UNDERTAKEN -- THE EVALUATION PROCESS IS ONGOING. COMPARABLE SALARY INFORMATION IS CONSIDERED ANNUALLY. THE LAST COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR WAS IN 2009. THE MOST RECENT EMPLOYMENT AGREEMENT WAS SIGNED IN 2008.

GOVERNANCE - DISCLOSURE

PART VI

ITEM 19 POSTING OF DOCUMENTS RBC MAKES AVAILABLE TO ALL MEMBERS ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS. ALL NEW MEMBERS RECEIVE COPIES OF THESE DOCUMENTS AND ARE

EDUCATED ON THEIR ROLES AND RESPONSIBILITIES AS BOARD MEMBERS. FINANCIAL

STATEMENTS ARE DISTRIBUTED AT BOARD AND EXECUTIVE BUSINESS MEETINGS.

FURTHER, ALL DOCUMENTS ARE AVAILABLE UPON A REASONABLE REQUEST.

STATEMENT OF FUNCTIONAL EXPENSES

PART IX - LINE 19 - MEETINGS

THE AMOUNT ON LINE 19 "CONFERENCES, CONVENTIONS AND MEETINGS" PERTAINS
TO NUMEROUS MEETINGS CONDUCTED IN THE COURSE OF THE EXEMPT FUNCTION
PROGRAMS OF RBC. THE MAJORITY OF THESE MEETINGS ARE HELD IN THE ST.
LOUIS VICINITY TO ADVANCE THE RBC PROGRAMS AND INITIATIVES.

ATTACHMENT 2

Employer identification number 43-1913803

#### FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 2 (CONT'D)

#### 4A PROGRAM SERVICE

EDUCATION - TO SUPPORT EDUCATIONAL PROGRAMS AND INITIATIVES

DISADVANTAGED YOUTH IN THE ST. LOUIS PUBLIC SCHOOL SYSTEM AND

SUPPORT COLLEGES AND UNIVERSITIES IN THE 16-COUNTY

REGION THROUGH A HIGHER EDUCATION COLLABORATION.

UNIVERSITIES AND COLLEGES

- DEVELOPED A HIGHER EDUCATION COLLABORATION, FEATURING
  OUTREACH TO 14 COLLEGES AND UNIVERSITIES TO BETTER CONNECT
  STUDENTS AND FACULTY TO THE BUSINESS COMMUNITY.
- CONNECTED 100 STUDENTS FROM THE SCHOOLS OF BUSINESS

  AND ENGINEERING AT 14 REGIONAL COLLEGES AND UNIVERSITIES

  WITH A MEMBER TO PROVIDE PROFESSIONAL MENTORING.
- HOSTED 2 NETWORKING EVENTS AND 2 PROFESSIONAL DEVELOPMENT SESSIONS FOR MENTOR NETWORK STUDENTS AND THEIR PEERS REACHING 75 TO 150 STUDENTS AT EACH EVENT.
- DEVELOPED A SPECIAL OUTREACH TO STUDENTS IN ENGINEERING PROFESSIONS TO FACILITATE THEIR ENTRANCE INTO THE WORKFORCE.

K-12

- PROVIDED \$50,000 IN SEED FUNDING TO THE NEWLY

Schedule O (Form 990) 2009-

Page 2

Name of the organization
REGIONAL BUSINESS COUNCIL

Employer identification number 43-1913803

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 2 (CONT'D)

ESTABLISHED KNOWLEDGE IS POWER PROGRAM (KIPP)
ST. LOUIS SCHOOL.

- TRANSITIONED ST. LOUIS PUBLIC SCHOOL

  STUDENTS FROM THE CONSTRUCTION CAREERS CENTER INTO COLLEGES

  FOR CONSTRUCTION INDUSTRY-RELATED DEGREES OR APPRENTICESHIPS.

  PROVIDED ONE-ON COACHING AS WELL AS FUNDING FOR BUS FARE,

  MEALS, AND CURRICULUM DEVELOPMENT.
- -CONTRIBUTED \$50,000 TO TEACH FOR AMERICA TO IMPROVE STUDENT ACHIEVEMENT IN URBAN EDUCATION, PROVIDED FUNDS FOR CLASSROOM SUPPLIES FOR 5 CORPS MEMBER TEACHERS.
- AWARDED ONGOING CAPACITY BUILDING GRANT TO TEACH FOR AMERICA PROVIDED ONE-ON-ONE MENTORING TO STAFF MEMBERS.
- HELPED RETAIN YOUNG TALENT IN THE REGION'S MARKET PLACE
  THROUGH HOSTING A NETWORKING AND CAREER FAIR FOR TEACH
  FOR AMERICA CORPS MEMBERS AND ALUMNI.
- -ALLOCATED \$35,000 TO THE BLACK LEADERSHIP ROUNDTABLE TO

  ANALYZE THE ACHIEVEMENT GAP AMONG AFRICAN-AMERICAN STUDENTS

  AND THEIR COUNTERPARTS IN ORDER TO IDENTIFY SOLUTIONS

  TO ELIMINATE THE GAP

Employer identification number 43-1913803

#### FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 2 (CONT'D)

- -WORKED CLOSELY WITH THE BLACK LEADERSHIP ROUNDTABLE TO ENCOURAGE COLLABORATION WITH SCHOOLS AND COMMUNITY GROUPS ON WAYS TO IMPROVE STUDENT ACHIEVEMENT.
- -PARTIALLY FUNDED POSITION WITHIN ST. LOUIS PUBLIC SCHOOLS
  TO WORK CLOSELY WITH THE SPECIAL ADMINISTRATIVE BOARD.
- PROVIDED \$50,000 TO THE ST. LOUIS PUBLIC SCHOOL DISTRICT FOR THE DEVELOPMENT AND IMPLEMENTATION OF A LEADERSHIP AND TRAINING PROGRAM.
- WORKED WITH SPECIAL ADMINISTRATIVE BOARD ON SUPPORTING
  THE ST. LOUIS PUBLIC SCHOOL SYSTEM.
- PARTICIPATED IN ONGOING COMMUNITY FORUMS FOR PROVIDING INPUT INTO THE DISTRICT'S LONG-RANGE PLAN.
- -INDIVIDUAL MEMBERS CONTRIBUTED TIME AND RESOURCES TO BOARD SERVICE WITHIN ORGANIZATIONS SUPPORTING HIGH-QUALITY EDUCATIONAL OPTIONS.
- -PROVIDED SUPPORT AND ANALYSIS TO COMMUNITY

  PARTNERS IN THE DEVELOPMENT OF A REPORT ON READINESS OF

  GRADUATING HIGH SCHOOL STUDENTS.

Page 2

Name of the organization REGIONAL BUSINESS COUNCIL

Employer identification number 43-1913803

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3

#### 4B PROGRAM SERVICE

REGIONAL ISSUES - TO PROVIDE FUNDING AND BUSINESS EXPERTISE
REGIONAL ISSUES THAT AFFECT THE OVERALL ECONOMIC
VIABILITY AND QUALITY OF LIFE OF THE REGION SUCH AS
ADEQUATE TRANSPORTATION INFRASTRUCTURE.

- COMMITTED \$200,000 TO LAMBERT-ST. LOUIS INTERNATIONAL AIRPORT TO DEVELOP SIGNAGE AND LANDSCAPING FOR THE BEAUTIFICATION OF THE AIRPORT.
- HAVE EDUCATED HUNDREDS OF CITIZENS THROUGHOUT THE STATE OF MISSOURI ON TRANSPORTATION INFRASTRUCTURE NEEDS THROUGH THE FORMATION OF THE MISSOURI TRANSPORTATION ALLIANCE AND PROVIDED SEED FUNDING OF \$35,000.
- -ALLOCATED \$25,000 TO SUPPORT THE DEVELOPMENT OF THE REGION'S AVIATION INFRASTRUCTURE.
- -DEVELOPED A BUSINESS ADVISORY GROUP TO LAMBERT-ST. LOUIS
  INTERNATIONAL AIRPORT TO ADDRESS NEEDS OF THE BUSINESS
  TRAVELER.
- -GREW THE YOUNG PROFESSIONALS NETWORK, A

Employer identification number 43-1913803

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3 (CONT'D)

WORKFORCE RETENTION PROGRAM, TO MORE THAN 450 MINORITY PROFESSIONALS WORKING IN THE ST. LOUIS REGION.

- -COORDINATED 8 PROFESSIONAL DEVELOPMENT AND CIVIC ENGAGEMENT OPPORTUNITIES FOR MEMBERS OF THE YOUNG PROFESSIONALS NETWORK.
- WORKED WITH REGIONAL MAYORS AND COUNTY EXECUTIVES ON ISSUES WHICH SUPPORT THE ECONOMIC DEVELOPMENT OF THE 16-COUNTY ST. LOUIS REGION.
- -ADVOCATED FOR THE UPGRADE AND MAINTENANCE OF EMERGENCY COMMUNICATION TOOLS FOR FIRST RESPONDERS.
- -ADVOCATED FOR THE EQUAL OPPORTUNITIES FOR MINORITY GROUPS.
- -ADVOCATED FOR INFRASTRUCTURE IMPROVEMENTS IN THE ST. LOUIS REGION.
- -ADVOCATED FOR PROGRAMS TO SUPPORT MINORITY ECONOMIC PROGRESS, WORKED IN COLLABORATION WITH A MYRIAD OF ORGANIZATIONS THAT PROMOTE A DIVERSE WORKFORCE.

Employer identification number 43-1913803

FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3 (CONT'D)

-SUPPORTED ECONOMIC DEVELOPMENT OPPORTUNITIES FOR BUSINESS ATTRACTION AND GROWTH.

-SUPPORTED THE DEVELOPMENT OF MINORITY-OWNED CONSTRUCTION
FIRMS THROUGH AN INCUBATOR PROGRAM WITHIN THE REGIONAL UNION
CONSTRUCTION CENTER.

-WORKED WITH LOCAL CONSTRUCTION COMPANIES, ENCOURAGING MINORITY HIRING, PARTICIPATION AND PROMOTION.

-PROVIDED FUNDING TO INSIGHT TO DEVELOP THE DIVERSITY OF
THE REGION'S WORKFORCE THROUGH OUTREACH TO HISTORICALLY
BLACK COLLEGES AND UNIVERSITIES.

-SUPPORTED GROWTH AND DEVELOPMENT OF THE HISPANIC CHAMBER OF COMMERCE, FOSTERED INCLUSION OF MEMBERS WITHIN THE LARGER BUSINESS COMMUNITY.

-SUPPORTED THE ESTABLISHMENT OF THE BOSNIAN CHAMBER OF COMMERCE AND TRAINING PROGRAMS.

ATTACHMENT 4

Employer identification number 43-1913803

#### FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 4 (CONT'D)

#### 4C PROGRAM SERVICE

PHILANTHROPY - TO INCREASE THE LEVEL OF GIVING AND INVOLVEMENT OF RBC MEMBERS AND THE BUSINESS COMMUNITY IN THE UNITED WAY AND MYRIAD OF OTHER NONPROFIT ORGANIZATIONS.

- -RAISED \$9.7 MILLION FOR THE UNITED WAY OF GREATER ST. LOUIS.
- -DEVELOPED A LEADERSHIP GIVING PROGRAM WITH THE UNITED WAY OF GREATER ST. LOUIS AND PROVIDED SEED FUNDING OF \$50,000 TO BE USED AS MATCHED FUNDS.
- -AWARDED \$162,000 IN GRANTS AND IN-KIND DONATIONS, CONTRIBUTED 200
  VOLUNTEER HOURS TO FIVE NON-PROFITS FOCUSING ON DISADVANTAGED
  CHILDREN AND THE ARTS, CONTRIBUTING TO INCREASED CAPACITY AND
  GREATER EFFICIENCY AND EFFECTIVENESS IN PROGRAM DELIVERY.
- CONNECTED WITH FOUNDATIONS AND CHARITABLE ORGANIZATION TO

  INCREASE OVERALL PHILANTHROPY IN THE REGION AND AMONG MEMBERS.
- -SUPPORTED THE LONG-TERM MAINTENANCE OF FOREST PARK THROUGH A

Page 2

Name of the organization
REGIONAL BUSINESS COUNCIL

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FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 4 (CONT'D)

\$25,000 CONTRIBUTION.

-FUNDED THE DEVELOPMENT OF A COLLABORATIVE STRATEGIC PLAN AND MARKETING PLAN FOR 15 NON-PROFIT ARTS ORGANIZATIONS IN THE ST. LOUIS REGION TO ENHANCE THEIR CAPACITY AND SUSTAINABILITY.

-ENCOURAGE AND FACILITATE MEMBER PARTICIPATION ON BOARDS AND COMMISSIONS.

-PROVIDE EDUCATIONAL PROGRAMMING TO INCREASE AND EXPAND
INVOLVEMENT AND INTEREST IN ISSUES SURROUNDING PHILANTHROPY.

-CONTRIBUTED \$5,000 TO THE ST. LOUIS POLICE FOUNDATION TO SUPPORT UNFUNDED DEPARTMENT NEEDS OF EQUIPMENT AND SAFETY GEAR.

ATTACHMENT 5

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION

GRANTS

EXPENSES

REVENUE

QUALITY OF LIFE- TO IMPROVE THE

70,593.

278,796.

OVERALL QUALITY OF LIFE IN THE

REGION THROUGH SUPPORT OF

ACTIVITIES SUCH AS THE BUSINESS

DIVERSITY INITIATIVE WHICH

MAKES THE REGION A BETTER

Employer identification number 43-1913803

ATTACHMENT 5 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION

GRANTS

EXPENSES

REVENUE

PLACE TO LIVE AND WORK.

TOTALS

70,593

278,796.

FORM 990, PART VIII - INVESTMENT INCOME			ATTACHMENT 6			
<del></del>	(A)	(B)	(C)	(D)		
	TOTAL	RELATED OR	UNRELATED	EXCLUDED		
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV	REVENUE		
INTEREST	35,00	6		35,006		
TOTALS	35,00	<u> </u>		35,006.		