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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

Inspection

A	For t	ne 2010 calendar year, or tax year beginning	and ending		
В	Check	C Name of organization		D Employer identification	tion number
	applica	ble REGIONAL CULTURAL AND PERFORMING AR	TS		
Г	Add char	ress			
F	Nam			43-130	63303
⊢	char		Dagm/gust		03303
	retui Tern	,	Room/suit	•	CO FO11
	Jated	0140 DEDMAK DUVD	L		63-5811
Ļ	retur	City or town, state or country, and ZIP + 4		G Gross receipts \$	<u>4,749,775.</u>
L	tion pend	too S1. LOUIS, MO 63112		H(a) is this a group retu	
	,	F Name and address of principal officer JILL MCGUIRE		for affiliates?	Yes X No
_		SAME AS C ABOVE		H(b) Are all affiliates includ	led? Yes No
<u> 1</u>	Tax-e	xempt status X 501(c)(3) \Box 501(c)() \triangleleft (insert no.) \Box 4947(a))(1) or 52	27 If "No," attach a lis	t (see instructions)
<u>J</u>	Webs	site: WWW.ART-STL.COM		H(c) Group exemption r	number 🕨
K	Form (of organization: X Corporation Trust Association Other	L Yea	ar of formation: 1985 M S	State of legal domicile: MO
	art I		-		
	. 1	Briefly describe the organization's mission or most significant activities PRO	OMOTE A	ND FOSTER ARTS	
Activities & Governance		<u> </u>			-
<u> </u>	2	Check this box if the organization discontinued its operations or dis	sposed of mo	ore than 25% of its not asso	ute
Ž		• — •	sposed of file	1 1	
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
æ	4	Number of independent voting members of the governing body (Part VI, line 1	(0)	4	13
9	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	14
<u> </u>	6	Total number of volunteers (estimate if necessary)		6	0
A C	7 a	Total unrelated business revenue from Part VIII, column (C), Inc. 12	-	7a	17,889.
	<u> </u>	Net unrelated business taxable income from Form 990-T, line RECEIVE	D	7b	-15,045.
				Prior Year	Current Year
Œ	, 8	Contributions and grants (Part VIII, line 1h)	ES-OSC	4,420,021.	4,643,076.
Revenue	9	Program service revenue (Part VIII, line 2g)	'' [&] [57,608.	59,577.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,279.	1,171.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Fre N,	JT 1	49,589.	45,951.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	4,528,497.	4,749,775.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	=/	3,468,026.	2,561,435.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10) -	725,579.	703,331.
Sec	15		' [']	123,319.	
ē	102	Professional fundraising fees (Part IX, column (A), line 11e)	^ ⊢	U •	0.
Expenses		o Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	504 434	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u> </u>	621,434.	631,413.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	4,815,039.	3,896,179.
_,		Revenue less expenses. Subtract line 18 from line 12		-286,542.	853,596.
s or	<u> </u>		<u>_</u> E	Beginning of Current Year	End of Year
	ਰੂ 20	Total assets (Part X, line 16)		4,456,223.	5,139,964.
785	21	Total liabilities (Part X, line 26)		3,920,752.	3,750,897.
ာ ဦး	22	Net assets or fund balances Subtract line 21 from line 20		535,471.	1,389,067.
	art I	Signature Block			
<u> </u>	der per	nalties of perjury, I declare that I have examined this return, including ascompanying sche	dules and state	ments, and to the best of my k	nowledge and belief, it is
		ect, and complete. Declaration of preparer (other than officer) is based on all information of			
		View Willer	- Trinoi propa	1 1 . 0	1
ر ا		Signature of officer		Date Date	
				' /	!
Signal He	ere	JIZL MCGUIRE, EXECUTIVE DIRECTOR Type or print name and title			
<u>_</u>				Date Check] PTIN
		Print/Type preparer's name Preparer's synature		Inf	J PIIN
U Jra	10	BRENT E. MCCLURE CPA		09/28/11 self-employed	<u> </u>
	parer	Firm's name KERBER, ECK & BRAECKEL LLP		Firm's EIN	
Us	e Only	Firm's address ONE MEMORIAL DRIVE STE 950			
		ST. LOUIS, MO 63102		Phone no. 314	4-231-6232
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No
032	001 02	22-11 LHA For Paperwork Reduction Act Notice, see the separate instru	uctions.		Form 990 (2010)

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission.
	THE REGIONAL ARTS COMMISSION WAS FOUNDED IN 1985 TO PROMOTE,
	ENCOURAGE, AND FOSTER THE ARTS AND CULTURAL INSTITUTIONS IN ST. LOUIS
	CITY AND COUNTY AND TO CONTRIBUTE TO THE ECONOMIC DEVELOPMENT OF THE
	AREA THROUGH A STRONG PRESENCE OF THE ARTS. THE MISSION OF THE
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$ _ 3 , 317 , 049 . including grants of \$ _ 2 , 561 , 435 .) (Revenue \$ 59 , 577 .)
	REGIONAL CULTURAL & PERFORMING ARTS DEVELOPMENT COMMISSION RECEIVES AS
	REVENUE 4/15 OF THE TOTAL REVENUE DERIVED FROM THE ST. LOUIS CITY AND
	COUNTY HOTEL/MOTEL SALES TAX. THE COMMISSION DISTRIBUTES THIS REVENUE
	BY FUNDING OR MAKING GRANTS TO NOT-FOR-PROFIT ORGANIZATIONS AND
	ACTIVITIES IN ST. LOUIS CITY AND COUNTY. THE COMMISSION MAKES IT
	POSSIBLE FOR OTHER INSTITUTIONS TO CONTINUE TO PERFORM AND FOSTER ART
	ACTIVITIES. SEE SCHEDULE #1 FOR GRANT PAYMENTS.
	THE COMMISSION MAKES GRANTS BASED ON COMPLETED APPLICATIONS WHICH
	INCLUDE THE FOLLOWING AREAS: 1)ARTISTIC MERIT, 2)COMMUNITY/NATIONAL
	IMPACT, 3) EFFECTIVE AND ACCOUNTABLE MANAGEMENT, 4) AUDIENCE DEVELOPMENT,
	AND 5)CULTURAL DIVERSITY
	PLEASE SEE SCHEDULE O FOR CONTINUED PROGRAM SERVICE ACCOMPLISHMENT.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
70	/(Code:)/(Cooled of)/(Cooled of
-	
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,317,049.
02200	Form 990 (2010)

Form 990 (2010) DEVELOPMENT COMMISSION

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	X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		٠,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_5_		-
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		-	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u></u>		
•	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			1
	as applicable		-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI .	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	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	11e	^	
•	the organization's separate or consolidated initiational statements for the tax year include a roothote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	7.11		
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		_ X _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	۳,3		
	complete Schedule G, Part III	19		_x_
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	T		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
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Form 990 (2010) DEVELOPMENT COMMISSION

Part IV 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	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		<u>X</u>
	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		
25a	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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29_		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	31		
J _	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UL		
-	sections 301 7701-2 and 301 7701-37 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, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37_		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
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Pa				
	Check if Schedule O contains a response to any question in this Part V			<u></u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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 14			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for 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	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

43-1363303 F

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

				(-
<u> </u>	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management		ı	
			Yes	_No_
1a	Enter the number of voting members of the governing body at the end of the tax year 13			1
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13	4		1
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		<u>X</u>
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		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	İ		
	governing body?	7a		<u>X</u>
þ	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	X	
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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
þ	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1.85	N	_ :20
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	}		
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a	<u> X</u>	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	}		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	ļ	
	taxable entity during the year?	16a		<u>X</u> _
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ıncıal	
	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	ition. 🕨		
	DAN TIERNEY - 314-863-5811	_		
	6128 DELMAR BLVD, ST. LOUIS, MO 63122			
		C	000	200401

Form **990** (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

- 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.

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer		Highest compensated do employee		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
MRS. DONNA WILKINSON	1.00	х		х				0.	0.	0
CHAIRMAN	1.00	Λ		^	-	-		U •		0.
MR. KEVIN FARRELL	1 00	х		х		1		0.	0.	0
VICE CHAIRMAN	1.00	Λ		^		<u> </u>		U •	0.	0.
MRS. SARA BURKE	1 00	х		х				0.	0.	0
SECRETARY	1.00	Λ		<u> </u>		\vdash	_	0.	0.	0.
MR. MICHAEL SCULLY	1.00	х		x				0.	0.	0
TREASURER	1.00	Δ		^	-			U •		0.
MRS. MARIA TAXMAN	1.00	х		x				0.	0.	0.
BOARD MEMBER	1.00	Λ		≏				<u> </u>		0.
DR. SUSAN UCHITELLE	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	Λ			_		\vdash	U •		0.
DR. EVA FRAZER	1.00	v						0.	0.	0.
BOARD MEMBER MR. DENNIS M. REAGAN	1.00	Λ				-	 	0.	0.	
	1.00	y						0.	0.	0.
BOARD MEMBER MRS. CAROL WALKER	1.00	Λ	,					0.		
BOARD MEMBER	1.00	x						0.	0.	0.
MRS. CAROLYN LOSOS	2.00							•		0.
BOARD MEMBER	1.00	х						0.	0.	0.
MR. JOHN WRIGHT					_					
BOARD MEMBER	1.00	х						0.	0.	0.
MRS. NOEMI K. NEIDORFF										
BOARD MEMBER	1.00	х						0.	0.	_ 0.
MRS. ANN C. SCOTT										
BOARD MEMBER	1.00	х						0.	0.	0.
MR. TOM PURCELL										
BOARD MEMBER	1.00	Х						0.	0.	0.
JILL MCGUIRE										
EXECUTIVE DIRECTOR	40.00			Х			L	150,805.	0.	26,660.
DAN TIERNEY										
DEPUTY DIRECTOR	40.00			Х				94,460.	0.	8,796.
								_		5 000 (55)

Form **990** (2010)

DEVELOPMENT	COMMISSION	J

Par	T VII Section A. Officers, Directors, Tre	rustees, Key Employees, and Highest Co														
	(A)	(B)			(0				(D)	(E)			(F)			
	Name and title	Average	/_		Posi			LA.	Reportable	Reportable						
		hours per week	(0	necr	alli	ınaı	t apply)		compensation from	compensation from related			ount other	of		
		(describe	ecto Ecto	1					the	organization			pensa	tion		
		hours for	후	8			ated		organization	(W-2/1099-MI			om the			
		related	rustee	I Tag		85	mpens		(W-2/1099-MISC)			_	anızat			
		organizations in Schedule	Individual trustee or director	Institutional trustee	1	Key employee	Highest compensated employee	 =				and related organization				
		O)	흁	琵琶	Officer	Key	E E	Former				orge	ii iizati	0113		
							Ì									
							ļ	_								
				┢	-		 -	-								
				-		-		-								
							l									
							<u> </u>	_								
								ļ								
							<u> </u>		0.45 0.65			_	- 1			
	Sub-total								245,265.		0.		5,4			
	Total from continuation sheets to Part V	II, Section A							245,265.		0.	3	5,4	<u>0.</u>		
<u>a</u>	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to th	000	lieta	nd ah	2014	a) w/	00 re	·	000 in reportab			J,4	50.		
2	compensation from the organization	iot iiiriited to ti	1030	note	, ca	5040	<i>3)</i> ***	10 10	eceived more man proc	,ooo iii lepoitab	10			1		
									· · · · · · · · · · · · · · · · · · ·				Yes	No		
3	Did the organization list any former officer	, director or tru	stee	, ke	y em	plo	yee,	or h	nighest compensated er	nployee on						
	line 1a? If "Yes," complete Schedule J for s	such individual										3		Х		
4	For any individual listed on line 1a, is the se	um of reportab	le co	omp	ensa	ation	and	oth	her compensation from	the organization						
	and related organizations greater than \$15											4	X			
5	Did any person listed on line 1a receive or							elat	ed organization or indivi	dual for services	;			7.7		
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedul	e J i	or s	ıch j	pers	son				—	5		X		
1	Complete this table for your five highest co	mnensated in	den	ende	nt c	Onti	racto	ors t	hat received more than	\$100,000 of cor	nnens	ation f	rom			
•	the organization NONE	inpensated in	Jope			01111	acic	,,,,,,	mat received more than	ψ100,000 01 C01	iperis	ation				
	(A)	· · · · · · · · · · · · · · · · · · ·							(B)			((;)			
	Name and business	address							Description of s	ervices	C	ompe		n		
	-							_			<u> </u>					
				_							-	-		-		
											 					
								\dashv		····						
	-		-					\dashv								
								_								
2	Total number of independent contractors (including but n	ot li	mite	d to	tho	se lis	sted	above) who received n	nore than						
	\$100,000 in compensation from the organi	zation 🕨				(0									
												Form	990 (2010)		

Statement of Revenue Part VIII (D) Revenue (A) (B) (C) Related or Unrelated Total revenue excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 10 1d d Related organizations 4426004 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 217,072 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 4643076. h Total. Add lines 1a-1f Business Code 50,500 Program Service 2 a DART PROJECT 900099 50,500. ь RENTAL INCOME 531110 9.077. 9,077 f All other program service revenue 59,577 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,171 1,171. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 40,404 6 a Gross Rents b Less rental expenses 40,404 c Rental income or (loss) 17,889 22,515. 40,404 d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c). See 1,291 Part IV, line 18 0. b Less direct expenses 1,291 1,291. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 4,256 11 a MISC. INCOME 900099 4,256. d All other revenue 4,256. e Total, Add lines 11a-11d 4749775. 59,577. 17,889. 29,233. 12 Total revenue See instructions. 032009 Form 990 (2010)

Part IX | Statement of Functional Expenses

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

	All other organizations must comp		ations must complete all not required to complet)
	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			<u> </u>	
	organizations in the U.S. See Part IV, line 21	2,561,435.	2,561,435.		
2	Grants and other assistance to individuals in		1		
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	280,721.	42,108.	238,613.	
6	Compensation not included above, to disqualified				*
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	312,944.	163,120.	149,824.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	14,909.	5,248.	9,661.	
9	Other employee benefits	49,986.	18,041.	31,945.	
10	Payroll taxes	44,771.	18,403.	26,368.	
11	Fees for services (non-employees)				
а	Management				
b	Legal	749.		749.	
С	Accounting	22,061.		22,061.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	212,090.	204,088.	8,002.	
12	Advertising and promotion				
13	Office expenses	31,364.	18,750.	12,614.	
14	Information technology				
15	Royalties	06 405	01 655	4 740	
16	Occupancy _	26,405.	21,657.	4,748.	
17	Travel	15,520.	7,181.	8,339.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	107 500	07 102	20 405	
20	Interest Payments to offiliates	107,588.	87,103.	20,485.	
21	Payments to affiliates Depreciation, depletion, and amortization	91,181.	74,975.	16,206.	
22 23	Insurance	8,049.	6,516.	1,533.	
23 24	Other expenses. Itemize expenses not covered	0,049.	0,510.	1,333.	
24	above, (List miscellaneous expenses in line 24f. If line I				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	MEETINGS AND DELIVERY	47,874.	32,934.	14,940.	
b	EQUIPMENT RENTAL & MĀIN	44,665.	37,725.	6,940.	
c	MEMBERSHIPS AND PUBLICA	22,523.	17,715.	4,808.	
d	PARKING	1,344.	50.	1,294.	
e		2,522.		1,2,3	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,896,179.	3,317,049.	579,130.	0.
26	Joint costs Check here If following SOP		<u> </u>	J, J, 130 •	
	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				

032010 12-21-10

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Pa	rt X	Balance Sheet			
	-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	747,708.	1	1,491,412.
	2	Savings and temporary cash investments	_	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net .	1,000,497.	4	1,031,613.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
"		employees' beneficiary organizations (see instructions)		6	••
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	10,416.	9	8,282.
	10a	Land, buildings, and equipment cost or other		1	!
		basis Complete Part VI of Schedule D 10a 3,198,264.	motor was well was		·
	b	Less accumulated depreciation 10b 654,214.	2,627,612.	10c	2,544,050.
	11	Investments · publicly traded securities .		11	····
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	64 605
	15	Other assets See Part IV, line 11	69,990.	15	64,607.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,456,223.	16	5,139,964.
	17	Accounts payable and accrued expenses	78,196.	17	121,726.
	18	Grants payable	1,612,556.	18	1,359,171.
	19	Deferred revenue		19	165,000.
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ē	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II			
Ľ.		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	
	25	Other liabilities Complete Part X of Schedule D	2,230,000.	25	2,105,000.
	26	Total liabilities. Add lines 17 through 25	3,920,752.		3,750,897.
		Organizations that follow SFAS 117, check here X and complete	- , ,		
ø		lines 27 through 29, and lines 33 and 34.			
ű	27	Unrestricted net assets	208,604.	27	1,147,774.
ala	28	Temporarily restricted net assets	326,867.	28	241,293.
D D	29	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117, check here and			
<u>_</u>		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\SS.	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	535,471.	33	1,389,067.
	34	Total liabilities and net assets/fund balances	4,456,223.	34	5,139,964.
					Form 990 (2010)

Form **990** (2010)

Form **990** (2010)

0111	DEVELOPMENT COMMISSION	4.0	- 1000.	ンひン	, a	ye
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>9,7</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3		<u>6,1</u>	
3	Revenue less expenses Subtract line 2 from line 1	3		85	<u>3,5</u>	96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		53	<u>5,4</u>	<u>71.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5				0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1	<u>,38</u>	9,0	<u>67.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					Ш
			-		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	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Į	2a		X
b	Were the organization's financial statements audited by an independent accountant?		į	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	.,			
	review, or compilation of its financial statements and selection of an independent accountant?		Į	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule ()	X./^''	3 /	* * ,)
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	a no t				,
	separate basis, consolidated basis, or both			,	~ ·	
	X Separate basis Consolidated basis Both consolidated and separate basis			ار) المثلومات	سعنگ ر	4
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ıgle Aı	ıdıt			
	Act and OMB Circular A-133?		Į	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au	idit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

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.

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

REGIONAL CULTURAL AND PERFORMING ARTS
DEVELOPMENT COMMISSION

Employer identification number 43-1363303

Part I	Reason		ity Status (All organiz		st complet	te this par	t.) See inst	tructions.		<u>, 1303303</u>
he organ	•		because it is (For lines 1							
1 🗂			s, or association of chur					١.		
2			'0(b)(1)(A)(ii). (Attach Sc							
з 🔲	A hospital or	a cooperative hospi	tal service organization of	described	n section	170(b)(1)	(A)(iii).			
4	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter ti	he hospital's name,
	city, and stat	e								
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describe	ed in
_	section 170	(b)(1)(A)(iv). (Comple	ete Part II)							
6 📙	A federal, sta	ate, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).			
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	oublic described in
	-	b)(1)(A)(vi). (Comple								
8 📙			ection 170(b)(1)(A)(vi).							
9 📖	An organizati	on that normally rec	eives (1) more than 33 1	1/3% of its	support for	rom contri	butions, n	nembershi	p fees, an	nd gross receipts from
		•	nctions - subject to certa	•		•				•
	income and t	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	after June 30, 1975
		509(a)(2). (Complete	•							
10	•	•	perated exclusively to te	•	•		,	•		_
11 📖	•	•	perated exclusively for the		•		-			
			ations described in section		-). See sec	ction 509(a)(3). Che	eck the box that
			organization and comple							T 111 Oaban
	a Type I				e III - Func	•	-	r mara dia	d Ll	Type III - Other
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than									
	foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III							section 509(a)(2)		
f	_			me ino ma	шивату	pe i, Type	ii, or Type)		
_		rganization, check th		wattara		from one	of the fall		2022	<u></u>
g	_		organization accepted ar irectly controls, either al			•		•		Yes No
	• •		upported organization?	one or tog	etilei witii	persons c	lescribed	iri (ii) ariu (iii) below,	11g(i)
	~	•	n described in (i) above?							11g(i)
	• •	•	person described in (i) of		2					11g(iii)
h	• •	•	about the supported or							119(11)
	i rovide ale i	ollowing imorniation	about the supported of	garnzation	(3)					
(ı) Name	of supported	(II) EIN	(iii) Type of organization		rganization			(vi) Is	the	(vii) Amount of
org	anızatıon		(described on lines 1-9		sted in your document?		ion in col. Support?	(i) organız U.S	ed in the	support
			above or IRC section	ļ					 -	
	· · · ·		(see instructions))	Yes	No	Yes	No	Yes	No	
									1	
			= -			-	-		-	
	-			 					 	
								<u> </u>	-	· · · · · · · · · · · · · · · · · · ·
					Ì		i			

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

Schedule A (Form 990 or 990-EZ) 2010

REGIONAL CULTURAL AND PERFORMING ARTS

Schedule A (Form 990 or 990-EZ) 2010 DEVELOPMENT COMMISSION 43-1363303 Page 2

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

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

Sec	ction A. Public Support		<u> </u>	 -			
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	**.			••	• •	` •
•	membership fees received (Do not						
	include any "unusual grants ")	5,550.	140,720.	204,302.	197,587.	217,072.	765,231.
2	Tax revenues levied for the organ-	•			· -	-	
	ization's benefit and either paid to						
	or expended on its behalf	4,656,992.	4,764,284.	4.859.336.	4,222,434.	4.426.004.	22,929,050.
3	The value of services or facilities			•			,
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	4,662,542.	4.905.004.	5,063,638,	4,420,021.	4,643,076.	23,694,281.
	The portion of total contributions			5,555,555.			
Ī	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			, ·			
	amount shown on line 11,			, ′\$\			
	column (f)		,	, ,,			
6	Public support. Subtract line 5 from line 4					-	23 694 281
	ction B. Total Support						23,034,201.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	4,662,542.	4,905,004.	5,063,638.	4.420.021.	4,643,076.	23,694,281.
-	Gross income from interest,	4,002,542.	4,505,004.	3,003,030.	4,420,021.	4,043,070.	23,074,201.
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	60,351.	72,833.	39,507.	27,515.	23,686.	223,892.
_	Net income from unrelated business	00,331.	12,000.	39,307.	21,313.	23,000.	223,092.
9							
	activities, whether or not the				_6 695	-12,151.	-18,836.
40	business is regularly carried on	· · · · · · · · · · · · · · · · · · ·			-0,005.	-12,131.	-10,030.
10	Other income Do not include gain						
	or loss from the sale of capital	3,255.	1,110.		7,045.	4,256.	15,666.
	assets (Explain in Part IV)	3,433.	1,110.		7,043.	4,230.	
	Total support. Add lines 7 through 10	ata (asa matruatu		<u> </u>	l	12	23,915,003. 214,425.
	Gross receipts from related activities,	•	•	ما الماريخية			214,423.
13	First five years. If the Form 990 is for organization, check this box and stop	=	s inst, second, triii	d, louith, or mur ta	ax year as a section	11 30 1(0)(3)	ightharpoonup
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2010 (I			oolumn (fi)		14	99.08 %
	Public support percentage from 2009		•	Joiumin (i))		15	99.08 <u>%</u> 98.95 %
				line 13 and line 1	M ie 33 1/3% or m		
100	16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X						
	33 1/3% support test - 2009. If the o		-		lino 15 io 22 1/204	or more, check th	
L	and stop here. The organization qual	-			1116 13 13 33 17376	or more, check th	IS 00X
47-	•	, ,	•		12 160 or 16b o	and line 14 is 10%	or more
-	1 10% -facts-and-circumstances tes		-	_	-	_	
	and if the organization meets the "fac					rt iv now the organ	lization _
	meets the "facts-and-circumstances"	-	•		=	7	1004
t	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						•
4-	organization meets the "facts-and-circ		-	•			
<u> 18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 17b			
					Sche	eaule A (Form 990	or 990-EZ) 2010

Schedule A (1 0/111 990 0/ 990-12) 20 10

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

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

Section A. Public Support	now, please com	piete Fait II j				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and			, , ,	.,		
membership fees received (Do not					1	
ınclude any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-				II.	1	
formed, or facilities furnished in					1	
any activity that is related to the organization's tax-exempt purpose				ľ	1	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to]				
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge			<u> </u>			.
6 Total. Add lines 1 through 5		 		ļ. 		
7a Amounts included on lines 1, 2, and		1				
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year					<u> </u>	
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)		<u> </u>				
Section B. Total Support		1	r	,	1	
Calendar year (or fiscal year beginning in) ► 🏻	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on					1	
securities loans, rents, royalties			1			
and income from similar sources						
b Unrelated business taxable income		İ				
(less section 511 taxes) from businesses				·		
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carned on						
12 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)		1				
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization'	s first, second. thii	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	ation.
check this box and stop here		, ,	, ,	, ,	(-,(-, -, -, -, -, -, -, -, -, -, -, -, -, -	▶□
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2010 (li	 		column (f))		15	%
16 Public support percentage from 2009	• •	-	("		16	%
Section D. Computation of Inves					· - •	
17 Investment income percentage for 20			ne 13, column (f))		17	%
18 Investment income percentage from 2			.,		18	%
19a 33 1/3% support tests - 2010. If the			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box an	-					▶□
b 33 1/3% support tests - 2009. If the	•	•				and
line 18 is not more than 33 1/3%, chec	-			•	•	▶ □
20 Private foundation. If the organization		•	•		•	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization

REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION

Employer identification number 43-1363303

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		·
		(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 advisors in	writing that the assets held in donor advised	d funds
Ū	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
Ŭ	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	weens, advisor, or its any exiter purpose of	Yes No
Pai		panization answered "Yes" to Form 990. Pai	
1	Purpose(s) of conservation easements held by the organizat		
-	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certific	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	a conservation easement on the last
_	day of the tax year		a concervation decombined in the last
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	
·	year ▶		ngameation defining the tax
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	_	
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	·	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	e organization's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherand	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items	·	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial o	
	the following amounts required to be reported under SFAS 1	•	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$
	•		

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

Schedule D (Form 990) 2010

REGIONAL CULTURAL AND PERFORMING ARTS

		MENT COMMI							<u>6330</u>		
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, d	or Other	Similar A	Asse	ts (cont	inued)	<u> </u>
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	it are a sigr	nificant use	of its	collectio	n item	S
	(check all that apply)										
а	X Public exhibition	C	, <u> </u>	Loan or exc	hange progra	ams					
b	Scholarly research	6	, 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how t	hey further t	he organizati	on's exem _l	ot purpose	ın Par	t XIV		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	er sımılar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	inization's co	ollection?				Yes	X	No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered	"Yes" to Fo	orm 990, Pa	art IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table							
									Amoun	t	
С	Beginning balance .	-					1c				
d	Additions during the year						1d				
е	Distributions during the year .	-					1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 10					
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (d) Three years	back	(e) Four	years	back
1a	Beginning of year balance	-							* *	\$- ^	3
b	Contributions							>			- 1
С	Net investment earnings, gains, and losses							14	1 V.	*	1
d	Grants or scholarships								1000	K;	* 4
е	Other expenditures for facilities							1		:	
	and programs							*		가 (. '2호	
f	Administrative expenses			·			,				1
g	End of year balance							5.*	4 x 2.		
2	Provide the estimated percentage of the year	r end balance held a	as.				•		** *		
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment ▶	%									
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administe	red for the	organizatio	on	_		
	by									Yes	No
	(i) unrelated organizations								3a(i)		
	(II) related organizations								3a(II)		
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	on Sche	dule R?					3b		
4	Describe in Part XIV the intended uses of the				 						
Par	t VI Land, Buildings, and Equipm	nent. See Form 99	0, Part X	(, line 10							
	Description of investment	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	-	(d) Boo	k valu	е
		basis (investi	ment)	basis	(other)	depre	eciation				
1a	Land				5,214.					5,2	
b	Buildings			2,85	6,609.	52	28,422	•	2,32		
С	Leasehold improvements				3,439.		4,725		3	8,7	14.
ď	Equipment	_		16	3,002.	12	21,067		4	1,9	<u>35.</u>
е	Other									<u> </u>	
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	(0(c))		<u> </u>		2,54	4,0	<u>50.</u>

Schedule D (Form 990) 2010

(2) Ck	(including name of security) nancial derivatives osely-held equity interests			nd-of-year market value
(2) Clo (3) Ot (A) (B) (C)				
(3) Ot (A) (B) (C)				
(A) (B) (C)				
(B) (C)				
(D))			
)			
(E)				
(F)		-		
(G				
<u>(H)</u>)			
<u>(l)</u>	0.141			
	Col (b) must equal Form 990, Part X, col (B) line 12.) > VIII Investments - Program Related.		40	
rait				lethod of valuation:
	(a) Description of investment type	(b) Book value		nd-of-year market value
(1)_				-
(2)				
(3)				
<u>(4)</u> (5)				
(<u>5)</u> (6)				· · · · · · · · · · · · · · · · · · ·
(7)				
(8)	The state of the s			
(9)	-			
(10)				·
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			***
Part				
	(a	a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)			.	
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)				
(9)		· · · · · · · · · · · · · · · · · · ·		
(10)				
Total. Part	(Column (b) must equal Form 990, Part X, col (B) III X Other Liabilities. See Form 990, Part X			
1.	(a) Description of liability	.,	(b) Amount	·····
(1)	Federal income taxes			
(2)	BONDS PAYABLE		2,105,000.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)			2 105 222	
	(Column (b) must equal Form 990, Part X, col (B) In 48 (ASC 740) Footnote In Parl XIV, provide the text of the footnote 48 (ASC 740)	ne 25) 🔻	∠,105,000.	

032053 12-20-10

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

[Part XIV] Supplemental Information

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

4b

AS PERMITTED BY GASBS NO. 34, BASIC FINANCIAL STATEMENTS, AND MANAGEMENT'S

DISCUSSION AND ANALYSIS, FOR STATE AND LOCAL GOVERNMENTS, THE COMMISSION

DOES NOT CAPITALIZE WORKS OF ART ACQUIRED THROUGH PURCHASES OR DONATIONS.

THAT STATEMENT PROVIDES THAT WORKS OF ART NEED NOT BE RECOGNIZED IF THEY

ARE ADDED TO COLLECTIONS THAT ARE HELD FOR PUBLIC EXHIBITION, EDUCATION,

OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN;

Schedule D (Form 990) 2010

4c

b Other (Describe in Part XIV)

PART III, LINE 1A: DONATED COLLECTION ITEMS

c Add lines 4a and 4b

Schedule D (Form 990) 2010

Form 16th	SCHEDULE I	-		Cro otocy.	Other Assistance	sacitating of o			OMB No 1545-0047
The REGIONAL CULTURAL AND PERPORMING ARTS DEVELOPMENTY COMMISSION Transfer on General and Assistance and Assistance and the grants or assistance, the grants or assistance, and the selection award the grants or assistance. Transfer or annual in coords to substantante amount of the grants or assistance, the grants are assistance. Transfer or annual in coords to substantante to amount of the grants or assistance. Transfer or annual in coords to substantante to amount of the grants or assistance. Transfer or annual in coords to substantante to a grant turds in the United States. The cognitication is proceeding for monitoring the use of grant funds in the United States. The commission of the Assistance of Covernment and Organizations in the United States. The commission of the Assistance of Covernment and Organization in the United States. The commission of the Assistance of Covernment (a) in the Covernment of Assistance of Covernment (a) in the Covernment of Assistance of Covernment (b) EN (a) in the Covernment of Assistance of Covernment of Assistance of Covernment of Assistance of Covernment of Assistance of Covernment of Assistance of Covernment of Assistance of Covernment of Assistance of Covernment of Assistance of Covernment of Assistance of Covernment of Assistance of Covernment or Covernment of Co		-		Governments	, and Individuals	in the United Star	, se:		2010
REGIONAL CULTURAL AND PERFORMING ARTS BETWINGOUR COUNTS AND PERFORMING ARTS BETWINGOUR COUNTS ASSISTANCE TO manufain records to substantate the amount of the grants or assistance, the grantese' eligibility for the grants or assistance, and the selection of the grants or assistance and Assistance are of grant funds in the United States. Complete if the organization's proceedures for monitroning the use of grant funds in the United States. Complete if the organization arswered "Yes" to Form 990. Part IV, increased more than \$5,000 Check this box if no one ecopient received more than \$5,000 Check this box is a sestion of the organization of the organizations.	the Treasury	-	Comple	te if the organizatior	n answered "Yes" ▼ Attach to Form	' to Form 990, Par m 990.	t IV, line 21 or 22.		Open to Public Inspection
and Assistance To cobstant the the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection rocaduras for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, in the United States and Organization of the United States. Complete if the Organization of the United States and Organization of the United States. The United States are deducted assistance assistance assistance assistance. On 0	he organizatio	REGIONAL DEVELOPME	CULTURAL VIT COMMISS	AND PERFORM	ING ARTS				mployer identification number 43-1363303
so the desirements and Organizations in the United States. O Governments and Organizations in the United States. Complete of the organization answered "Yes" to Form 990, Part IV, in Occedures for monitoring the use of grant funds in the United States. Complete of the organization answered "Yes" to Form 990, Part IV, in St. 5000. Chack this box if no one recipient received more than \$5.000. Part IV, in Occedures for the control of the policable assistance as	General Inf	ormation on Grants an	d Assistance						
or Government and Organizations in the United States. Complete of the organization answered "Yes" to Form 990, Part IV, in a St. 300 Check this box if no one recipient received more than \$5,000 Part if can be depicated of additional space is needed as 5,000 Check this box if no one recipient received more than \$5,000 Part if and be depicated of additional space is needed (if) Method of (applicable dash grant and organizations). (a) FIN (a) FIN (g) Description of assistance assistance assistance finds appraisal. In on-cash assistance assistance assistance assistance finds). (b) EIN (c) FIC section (d) Amount of (e) FIC section	es the organiza	ition maintain records to vard the grants or assist	substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selecti	X Yes
O Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part It or 18,5000 Check this box if no one recipient received more than \$5,000 Part It or additional space is needed (I) Method of (I) IRC section (d) Amount of (e)	scribe in Part IV	/ the organization's proc	sedures for monitor	oring the use of grant 1	funds in the United	d States			
(b) EIN (c) IRC section (d) Amount of (e) Amount of (a) Bescription of (a) Bescripti	Grants and	Other Assistance to G	sovernments and	Organizations in the	United States. C	complete if the organization	Inization answered "Y	es" to Form 990, Part I	/, line 21, for any
	Name and add	dress of organization sriment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
				-					
	- SEE ATTAC	нер			0.	0.			
	į	-							
		_							
		-							
		-							
		:-							
	er total numbe	r of section 501(c)(3) an	d government org	anizations					
	r total numbe	r of other organizations							•

REGIONAL CULTURAL AND PERFORMING ARTS

Page 2 43-1363303 Schedule I (Form 990) (2010) DEVELOPMENT COMMISSION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information CHBPITITE T DADE T LINE 2. SEE APPRIMENTE	part to provide the information	n required in Part I,	line 2, and any other	addıtıonal ınformatıon	
-					

Schedule I (Form 990) (2010)

Schedule I - Grants	Total Grant Expense
Operating Support 1	
Center of Creative Arts (COCA)	\$64,080
Contemporary Art Museum St. Louis	\$32,430
Craft Alliance	\$38,520
Dance St. Louis	\$89,280
Laumeier Sculpture Park	\$61,335
Opera Theatre of Saint Louis	\$164,160
Repertory Theatre of STL^The	\$160,740
Saint Louis Symphony Orchestra	\$493,920
Sheldon Arts Foundation	\$41,595
St. Louis Black Repertory Company	\$64,800
Stages St. Louis	\$34,897
	\$1,245,757
Operating Support 2	
Art St Iouis	\$29,925
Cinema St. Louis	\$14,760
Circus Arts Foundation of Missouri, Inc	\$10,800
Compton Heights Concert Band	\$10,687
Cultural Festivals	\$21,600
Florissant Civic Center Theatre	\$16,744
Jazz St Louis	\$9,720
KDHX Community Media	\$12,636
Metro Theater Company	\$36,000
Shakespeare Festival St Louis	\$7,200
Springboard	\$79,920
St Louis Artists' Guild	\$21,375
St. Louis Cathedral Concerts	\$6,413
St Louis Children's Choirs^The	\$4,536
	\$282,316
Program Support 1	
Abhınaya	\$2,109
ACCESS Academies	\$1,520
Afriky Lolo	\$1,216
Avalon Theatre Company	\$2,688
Belas Artes Multicultural Center and Art Gallery	\$2,160
Black Cat Theatre - consortium	\$2,921
Carondelet Children's Chorus	\$999
Carr Square Tenant Corporation	\$2,000
CHARIS - The St Louis Women's Chorus	\$3,096
Childgrove Country Dancers	\$1,425
City of Ellisville Parks & Recreation	\$0
City of Shrewsbury	\$640
Collegium Vocale of Saint Louis	\$1,913
Community Women Against Hardship	\$1,444

Diversity Awareness Partnership	\$1,700
Echo Theatre Company	\$1,900
• •	
Fair Saint Louis Foundation	\$1,140
First Run Theatre, Inc	\$1,800
Folk School of St Louis	\$1,242
Fontbonne University	\$2,280
Frank Lloyd Wright House in Ebsworth Park	\$1,500
Friends of Tower Grove Park	\$1,026
Global Mobile Health & Culture	\$0
	•
Hispanic Festival, Inc	\$2,209
House of Pais, Inc	\$1,406
Hunt Gallery	\$1,296
Innsbrook Institute	\$750
Italian Film Festival of St Louis	\$703
Jamison Memorial Human Resource & Dev Agency	\$1,480
Kingdom House	\$2,335
Kirkwood Childrens Chorale	\$713
Lemp Neighborhood Arts Center	\$988
•	· ·
May Gallery	\$1,824
Midwest Lyric Opera Company	\$1,376
Missouri Artisans Association	\$844
Muddy Waters Theatre Company	\$2,438
Musician's Association of Saint Louis	\$703
	·
Playhouse Productions	\$1,617
Puppet Guild of Greater St Louis, Inc	\$1,607
River City Pops	\$529
Saint Louis Brass Band	\$844
Saint Louis Calligraphy Guild	\$1,406
Saint Louis Chamber Orchestra	\$640
Scottish Partnership for Arts and Education	\$2,115
Slightly Askew Theatre Ensemble	\$1,560
• •	
Soorya Performing Arts	\$1,332
Spotlight Theatre	\$1,496
St Louis Civic Orchestra	\$1,924
St Louis Walk of Fame	\$3,040
St Louis Wind Symphony	\$633
· · · · · · · · · · · · · · · · · · ·	
St Louis Women's Chorale	\$2,461
THE GALLERY, University City Library	\$1,500
The Green Center	\$1,750
Town and Country Symphony Orchestra	\$855
• • • •	
Trailnet Inc	\$2,494
UMSL MFA Program	\$2,592
University City Municipal Comm on Arts & Letters -	\$1,661
University City Music Co (UCity Summer Band)	\$529
University City Symphony Orchestra	\$3,300
Variety the Children's Charity of St. Louis	\$1,140
	\$92,809

African Heritage Association of St. Louis, Inc.		\$9,975
Alexandra Ballet		\$12,787
ANNONYArts		\$4,631
ArtDimensions of St. Louis		\$3,750
aTrek Dance Collective		\$8,288
Bach Society of Saint Louis		\$10,800
Big River Association (River Styx)		\$14,045
Black Cat Theatre, Inc		\$12,960
Boots Contemporary Art Space		\$0
Chamber Players of St. Louis Inc		\$5,000
Chesterfield Arts		\$9,000
Circus Harmony		\$11,668
Critical Mass for the Visual Arts		\$1,480
Dances of India		\$9,842
DaySpring School of the Arts		\$3,965
Eureka Arts Council		\$9,139
Faust Park Foundation		\$4,000
First Civilizations Inc		\$1,000
Florissant Fine Arts Council (FFAC)		\$16,388
Focal Point Corporation		\$11,588
FolkFire Dance & Music News		\$2,109
Gateway Festival Orchestra of St Louis		\$2,850
Gateway Men's Chorus		\$7,200
Gitana Productions, Inc.		\$7,842
Griot Museum of Black History and Culture^The		\$14,356
HotCity Theatre		\$14,914
International Folk Dance Association U City		\$2,494
Jazz Edge^The		\$2,812
Legend Singers Choral Ensemble		\$2,160
Metro South Arts Council		\$2,500
Modern American Dance Company (MADCO)		\$22,243
New Line Theatre		\$8,846
New Music Circle		\$9,375
North St Louis Arts Council		\$9,491
Opojaz, Inc. dba Boulevard		\$5,624
Primo Concerts		\$2,350
Prison Performing Arts		\$15,775
Robert L Reed Tap Heritage Institute		\$6,184
Saint Louis Ballet		\$16,920
Sangeetha		\$4,921
Shepley Program of Music and Art^The		\$6,566
Show-Me Sound Organization		\$11,232
South City Open Studio and Gallery -	-	- \$6,000
St Louis Actors' Studio		\$3,197
St Louis African Chorus dba African Musical Arts		\$9,633
St Louis ArtWorks		\$20,166
St. Louis Chamber Chorus		\$7,560 ¢5,272
St. Louis Cultural Flamenco Society		\$5,273
St Louis Irish Arts, Inc		\$8,280

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St Louis Philharmonic Orchestra	£4.000
	\$4,000 \$3,630
St. Louis Poetry Center St. Louis Shakespeare	\$3,630 \$11,880
Stray Dog Theatre (SDT)	\$6,830
That Uppity Theatre Company	\$15,350
The Saint Louis Classical Guitar Society	\$15,350 \$14,914
Union Avenue Opera Theatre	\$14, 3 14 \$12,240
Unity Theatre Ensemble	
Upstream Theater	\$4,700 \$4,560
WORD In Motion	\$4,560 \$4,618
Youth Arts & Technology Center	\$4,618 \$5,760
routil Arts & recimology Center	\$5,760
	\$487,661
Drogram Support 2	
Program Support 3 A Better World (formerly Support A Child)	\$3,164
Arts in Transit / Metro	\$3,10 4 \$21,158
Better Family Life (BFL), Inc	\$18,720 \$5,025
Carondelet Community Betterment Federation Inc Center for Survivors of Torture and War Trauma	\$5,925 \$5,107
	\$5,107 \$10,044
Center of Creative Arts (COCA)	\$10,944
Chesterfield Arts Community Health-In-Partnership Services (CHIPS)	\$2,109 \$7,206
	\$7,296
Community Music School of Webster Univ	\$55,250 \$5,760
Curators of the Univ of MO/PPRC Photography Proj	\$5,760 \$3,164
Dances of India (consortium)	\$3,164 \$3,060
Dances of India (dance festival) Gitana Productions (consectium)	\$2,960 \$5,107
Gitana Productions (consortium) Grand Center, Inc	\$5,107 \$32,400
Herbert Hoover Boys & Girls Club	
Holocaust Museum and Learning Center	\$3,721 \$3,240
International Institute of Metro St Louis	
Jewish Community Center	\$17,510 \$8,640
Junior League of St. Louis (JLSL)	\$12,825
Laclede's Landing Merchants Association	\$12,625 \$7,030
Landmarks Association of St. Louis, Inc.	\$7,030 \$9,491
Learning Tree Intergenerational Center*The	\$6,056
Magic House, St. Louis Children's Museum^The	\$0,030 \$7,200
MO DNR Accting Program/Grants Section	\$7,200 \$3,907
Neighborhood Houses	\$3,907 \$3,240
PAKT Community Resource Center, Inc	\$6,840
Peter & Paul Community Services	\$10,652
Project Uplift, Inc	\$888
Resource Recovery Project, Inc	\$1,332
Saint Louis University - MOCRA	\$5,328
Shaw Neighborhood Improvement Association	\$5,326 \$5,760
St Louis Area Jobs with Justice dba Missouri JwJ	\$3,760 \$3,552
St Louis City Juvenile Detention Center	\$3,552 \$4,742
St Louis Public Radio	\$4,742 \$4,332
St Louis Storytelling Festival	\$4,332 \$10,944
or Louis otorytening restival	ψ10,5 44

STL Volunteer Lawyers and Accountants for the Arts	\$19,760
That Uppity Theatre Company (consortium)	\$6,480
Touhill Performing Arts Center - UMSL	\$3,164
UMSL The Center for the Humanities	\$3,240
UMSL/Center for International Studies	\$3,960
UMSL-Gallery 210	\$8,140
University City Children's Center	\$3,515
Urban League Vaughn Cultural Center	\$14,208
Washington U / The Center for the Humanities	\$2,850
Washington University - Edison Theatre	\$11,248
Washington University Mildred Lane Kemper Art Muse	\$4,378
Webster University Film Series	\$13,875
Webster University Symphony	\$5,624
West County YMCA Arts and Humanities	\$5,920
•	\$422,656
Special Project Grant	
•	040.000
Dance St Louis	\$10,000
Other	\$20,236
	\$30,236
Total Grant Expense	\$2,561,435
. Jan. C. a	<u> </u>

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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.

Open to Public

OMB No 1545-0047

Open to Publi Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

REGIONAL CULTURAL AND PERFORMING ARTS

DEVELOPMENT COMMISSION

43-1363303

Employer identification number

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 Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 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 X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations 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. X Receive a severance payment or change-of-control payment from the organization or a related organization? **4**a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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 a The organization? 5a X X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III 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 a The organization? 6a b Any related organization? 6b Х If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III 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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 Х

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

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2010

Regulations section 53 4958-6(c)?

Page 2

DEVELOPMENT COMMISSION

43-1363303

Schedule J (Form 990) 2010

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed 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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(A) Name		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	retifement and other deferred compensation	Nontaxable benefits	(B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
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14	Ξ							
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15	3							
	Ξ							
16	Ξ							

Schedule J (Form 990) 2010

032112 12-21-10

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION

Employer identification number 43-1363303

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
REGIONAL ARTS COMMISSION IS TO CREATE AN ENVIRONMENT THAT NURTURES
ARTISTS AS WELL AS ARTS AND CULTURAL ORGANIZATIONS BY:
PROVIDING FUNDS TO PROMOTE, ENCOURAGE AND FOSTER THE ARTS AND CULTURAL
INSTITUTIONS AND ACTIVITIES WITHIN ITS BOUNDARIES
PROMOTING AND PRESERVING CULTURAL DIVERSITY
HELPING ARTISTS AND ARTS AND CULTURAL ORGANIZATIONS IMPROVE QUALITY
CREATING EQUAL ACCESS TO CULTURAL OPPORTUNITIES
INSURING CONSIDERATION OF AESTHETIC ISSUES IN LOCAL DECISION MAKING
CONTINUING TO ENGAGE IN CULTURAL PLANNING
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
IN ADDITION, THE GRANTEES MAKE PRESENTATIONS TO THE COMMISSION AND
PROMOTE THEIR ACTIVITIES. THE COMMISSION REVIEWS ALL ASPECTS OF THE
ORGANIZATION BEFORE APPROVING GRANTS.
FORM 990, PART VI, SECTION B, LINE 11: THE DEPUTY DIRECTOR REVIEWS AND
THEN PRESENTS THE FORM 990 TO THE BOARD FOR REVIEW BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C: MANY BOARD MEMBERS ALSO SERVE ON
BOARDS OF OTHER ARTS AND CULTURAL INSTITUTIONS. THEY ANNUALLY DISCLOSE BY
WRITTEN NOTIFICATION OF THEIR AFFILIATIONS ON OTHER BOARDS. DURING
DISCUSSIONS AND VOTING, THAT PARTICULAR BOARD MEMBER IS EXCUSED.

FORM 990, PART VI, SECTION B, LINE 15: CHAIRMAN REVIEWS EXECUTIVE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization REGIONAL CULTURAL AND PERFORMING ARTS DEVELOPMENT COMMISSION	Employer identification number 43-1363303
DIRECTOR'S COMPENSATION, EXECUTIVE DIRECTOR REVIEWS DEP	UTY DIRECTOR'S
COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING AND	FINANCIAL
DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUE	ST. NOTIFICATION
SHOULD BE MADE TO THE OFFICE AND APPOINTMENT MADE TO VIE	W DOCUMENTS.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Part

Related Organizations and Unrelated Partnerships

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

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 43-1363303

ARTS REGIONAL CULTURAL AND PERFORMING DEVELOPMENT COMMISSION Name of the organization

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

(a)	(q)	(c)	(p)	(e)		9
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets		Direct controlling entity
LOOP EAST COMMUNITY IMPROVEMENT DISTRICT 6128 DELMAR BLVD ST. LOUIS MO 63112	ACQUIRE AND IMPROVE PROPERTY LOCATED IN THE	MISSOURI	233 008	2 783 715	715.	
Part II Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year)		if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 becar	use it had one or	more related tax-exer	mpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code F section sta	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
				501(c)(3))		Yes
	T					

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

REGIONAL CULTURAL AND PERFORMING ARTS

Schedule R (Form 990) 2010 DEVELOPMENT COMMISSION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

43-1363303

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2010 identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) 3 Ξ Yes Share of end-of-year assets Code V-UBI amount in box me 20 of Schedule 4 K-1 (Form 1065) 6 Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** <u>(B</u> Direct controlling entity Share of total income ਉ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>©</u> <u>e</u> 34 Primary activity Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> <u>a</u> 032162 12-21-10 Part IV

REGIONAL CULTURAL AND PERFORMING ARTS

Page 3

43-1363303

Schedule R (Form 990) 2010 DEVELOPMENT COMMISSION

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

0) 2010	orm 99	Schedule R (Form 990) 2010		35	032163 12:21:10
					(9)
					(5)
					(4)
					(3)
					(2)
					(1)
		מווספות וואסיום		ואף פעני	
		(d) Method of determining	(c) Amount involved	(b) Transaction	(a) Name of other organization
		tionships and transaction thresholds	his line, including covered rela	who must complete t	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
	+				r Other transfer of cash or property from other organization(s)
	10				a Other transfer of cash or property to other organization(s)
\dashv	유	<u> </u>			p Reimbursement paid by other organization for expenses
-	 e				o Reimbursement paid to other organization for expenses
-	 -	1			II Griainig of paid eniployees
_	표 ;	<u> </u>			_
	=			ization(s)	Performance of services or membership or fundraising solicitations by other organization(s)
	=	1,		ization(s)	J Lease of ractifices, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations for other organization(s)
_	-				:
	Į.				Lease of facilities, equipment, or other assets to other organization(s)
-	p				g Furchase of assets from other organization(s) h Exchange of assets
	<u>=</u>	<u>* </u>			f Sale of assets to other organization(s)
	1e				
	1d				
	15				
	a				
	1a		•		a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
	?! 	Parts II-IV?	elated organizations listed in F	is with one or more r	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
S No	Yes				Note. Complete line 1 if any entity is listed in Parts II, 1II, or IV of this schedule

Page 4 43-1363303

REGIONAL CULTURAL AND PERFORMING ARTS

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

DEVELOPMENT COMMISSION

Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

36

Schedule R (Form 990) 2010

43-1363303 Page 5 Schedule R (Form 990) 2010 DEVELOPMENT COMMISSION Part VII | Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

REGIONAL CULTURAL AND PERFORMING ARTS

, , , , , , , , , , , , , , , , , , ,					Dogo 6
Form 8868 (Rev 1·2011) ■ If you are filing for an Additional (Not Automatic) 3-Month	Evtonsion o	complete only Part II and check this h		·····	Page 2 ▶ X
Note. Only complete Part II if you have already been granted				2262	
If you are filing for an Automatic 3-Month Extension, com		•	2 1 01111	3000	
Part II Additional (Not Automatic) 3-Mont			copies r	eeded)	
Name of exempt organization		the state of the s	T	•	tification number
Type or REGIONAL CULTURAL AND PERI	FORMING	ARTS			
DEVELOPMENT COMMISSION			4	3-136	3303
Number, street, and room or suite no If a P.O bo	x, see instruc	tions			
due date for 6128 DELMAR BLVD	,				
return See City, town or post office, state, and ZIP code For	a foreign add	ress, see instructions.			
Instructions ST. LOUIS, MO 63112	_	•			
					·
Enter the Return code for the return that this application is for	r (file a separa	te application for each return)			0 1
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01	* * * \$*			
Form 990 BL	02	Form 1041-A			.08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069 _			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already gran	nted an auton	natic 3-month extension on a previou	usly file	d Form 88	368.
DAN TIERNEY					
 The books are in the care of ► 6128 DELMAR I 	BLVD - :	ST. LOUIS, MO 63122			
Telephone No. ► 314-863-5811		FAX No ▶			
 If the organization does not have an office or place of busi 	ness in the Ur	nited States, check this box			▶ □
 If this is for a Group Return, enter the organization's four d 	ligit Group Exe	emption Number (GEN) If the	nis is fo	the whole	group, check this
box If it is for part of the group, check this box			l memb	ers the ext	ension is for
4 I request an additional 3-month extension of time until		BER 15, 2011			
5 For calendar year 2010 , or other tax year beginning		, and ending	1		-
6 If the tax year entered in line 5 is for less than 12 month	ns, check reas	on: Initial return	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension	mo ppn	DADE A COVELERE AND	3.00	» m::	DEMILIPAT
ADDITIONAL TIME IS REQUIRED	TO PRE	PARE A COMPLETE AND	ACC	URATE	RETURN.
0 Kitha analysta a fa Fara 000 RL 000 RF 000 T 47	00 0000		I		
8a If this application is for Form 990-BL, 990-PF, 990-T, 47	20, or 6069, e	nter the tentative tax, less any		*	0.
nonrefundable credits See instructions b If this application is for Form 990-PF, 990-T, 4720, or 60	OFO optor only	refundable gradite and estimated	8a	\$	
b If this application is for Form 990-PF, 990-1, 4/20, or 60 tax payments made. Include any prior year overpaymer	•				
	n allowed as a	a credit and any amount paid	Ob	œ	0.
previously with Form 8868 c Balance due, Subtract line 8b from line 8a Include you	r povmont vut	h this form if required by using	8b	\$	<u> </u>
EFTPS (Electronic Federal Tax Payment System) See ii	• •	it this form, if required, by using	8c	\$	0.
		d Verification	1 00	Ψ	
Under penalties of perjury, I declare that I have examined this form, in it is true, correct, and complete, and that I am authorized to prepare th	cluding accomp		ne best c	f my knowle	edge and bekef,
	nis torm.				
Signature > Title	DE CPA		Date	•	