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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047  <b>2010</b>  <b>Open to Public Inspection</b>
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<b>A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ST LOUIS DEVELOPMENT CORPORATION  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite 1015 LOCUST STREET  City or town, state or country, and ZIP + 4 ST LOUIS, MO 63101	<b>D Employer identification number</b>  43-1490972
	<b>F</b> Name and address of principal officer RODNEY CRIM 1015 LOCUST ST SUITE 1200 ST LOUIS, MO 63101	<b>E Telephone number</b>  (314) 622-3400
	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>G</b> Gross receipts \$ 6,874,313
	<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)	
	<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ N/A		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1988
		<b>M</b> State of legal domicile MO

Part I	Summary
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities TO IMPROVE THE EFFICIENCY AND EFFECTIVENESS OF THE ECONOMIC DEVELOPMENT ACTIVITIES OF THE CITY OF ST LOUIS, MISSOURI
	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .
Revenue	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) . . . . .
	<b>21</b> Total liabilities (Part X, line 26) . . . . .
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .
	<b>Beginning of Current Year</b>
	<b>End of Year</b>

<b>Part II Signature Block</b>						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Sign Here	***** Signature of officer				2012-02-14 Date	
	CHARLES HAHN Treasurer Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name Roger G Toennies CPA	Preparer's signature Roger G Toennies CPA	Date	Check if self-employed <input type="checkbox"/>	PTIN	
	Firm's name ▶ Schmersahl Treloar & Co PC				Firm's EIN ▶	
	Firm's address ▶ 10805 Sunset Office Drive Ste 400 St Louis, MO 63127				Phone no ▶ (314) 966-2727	
May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No						

Part 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

TO IMPROVE THE EFFICIENCY AND EFFECTIVENESS OF THE ECONOMIC DEVELOPMENT ACTIVITIES OF THE CITY OF ST LOUIS, MISSOURI

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 10,487,732 including grants of \$ ) (Revenue \$ 6,874,313 )

SLDC IMPROVES THE EFFICIENCY AND EFFECTIVENESS OF SIX GOVERNMENT AGENCIES AND ST LOUIS LOCAL DEVELOPMENT COMPANY, ANOTHER TAX-EXEMPT ORGANIZATION, BY PERFORMING ADMINISTRATIVE AND RESEARCH FUNCTIONS THE CORPORATION ACTS AS AN IMPREST ADMINISTRATION FUND WHICH PAYS THE GENERAL EXPENSES AND ALLOCATES THEM TO THE SEVEN AFFILIATED AGENCIES

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )














(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses

\$ 10,487,732

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	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? . . . . .	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  . . . . .	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II  . . . . .	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .	8	No
9 Did the organization report an amount in Part X, line 21, 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	No
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	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  . . . . .	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  . . . . .	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  . . . . .	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  . . . . .	11d	Yes
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  . . . . .	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  . . . . .	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  . . . . .	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional  . . . . .	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .	14b	No
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 U S ? If "Yes," complete Schedule F, Parts II and IV . . . . .	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV . . . . .	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	37		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
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	73		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			No
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			No
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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			No
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			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			No
7 Organizations that may receive deductible contributions under section 170(c).					
a	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			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
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			No
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			No
b	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.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			No
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.	13b			
c	Enter the amount of reserves on hand.	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

Part VI

**Governance, Management, and Disclosure** For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management			Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 11		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 11		
<b>2</b>	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? . . . . .	<b>2</b>		No
<b>3</b>	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? . . . . .	<b>3</b>		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization’s assets? . . . . .	<b>5</b>		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
<b>a</b>	The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b>	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 . . . . .	<b>9</b>		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</b>	If “Yes,” does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>10b</b>		No
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .			
<b>12a</b>	Does the organization have a written conflict of interest policy? <i>If “No,” go to line 13</i> . . . . .	<b>12a</b>	Yes	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>		No
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b>	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? . . . . .			
<b>a</b>	The organization’s CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	Yes	
	If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</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? . . . . .	<b>16b</b>		No

Section C. Disclosure	
<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <b>►</b> _____
<b>18</b>	Section 6104 requires an organization to make its Form 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another’s website <input checked="" type="checkbox"/> Upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <b>►</b> CHARLES HAHN 1015 LOCUST ST STE 1200 ST LOUIS, MO 63101 (314) 622-3400

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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

•

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

•

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

•

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

•

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RODNEY CRIM Chairman	40 00	X		X				164,140	0	21,047
(2) PATRICK BANNISTER DIR OF BUS DEV	40 00			X				113,645	0	16,502
(3) OTIS WILLIAMS DEPUTY DIRECTOR	40 00					X		136,417	0	18,552
(4) MATTHEW S MCBRIDE Director	0 00	X						0	0	0
(5) MARK H LEVISON Director	0 00	X						0	0	0
(6) LYDA KREWSON Director	0 00	X						0	0	0
(7) LESLYE MITCHELL-YANCEY Secretary	0 00	X		X				0	0	0
(8) LARRY WILLIAMS Director	0 00	X						0	0	0
(9) GREGORY E SHAPIRO Director	0 00	X						0	0	0
(10) CHRIS GOODSON Director	0 00	X						0	0	0
(11) CHARLES HAHN Treasurer	0 00	X		X				0	0	0
(12) C CLINTON WARD Director	0 00	X						0	0	0
(13) ALFRED WESSELS JR Director	0 00	X						0	0	0



## Part VII

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3

## Section B. Independent Contractors

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
STINSON MORRISON HECKER 7700 FORSYTH BLVD SUITE 1100 ST LOUIS, MO 63105	LEGAL	322,720
GATEWAY CONTRACTORS 701 MILITARY RD ST LOUIS, MO 63125	FACADE IMPROVEMENT	230,811
ENVIRONMENTAL MANAGEMENT ALTERNATIVES 10627 MIDWEST INDUSTRIAL BLVD ST LOUIS, MO 63132	ENVIRONMENTAL CLEAN	170,000
AETNA 151 FARMINGTON AVE HARTFORD, CT 06156	INSURANCE	431,120
1015 ASSOCIATES LLC 1015 LOCUST ST SAINT LOUIS, MO 63101	LANDLORD	868,763
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>19</b>		

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections  512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . . . .	1b			
	c	Fundraising events . . . . .	1c			
	d	Related organizations . . . . .	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f . . . . .		0		
	Program Service Revenue	2a		Business Code		
		SHARED MANAGEMENT FEES	900099	5,864,345	5,864,345	
b						
c						
d						
e						
f		All other program service revenue				
g		Total. Add lines 2a-2f . . . . .		5,864,345		
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) . . . . .		8,136	
	4	Income from investment of tax-exempt bond proceeds . . .		0		
	5	Royalties . . . . .		0		
	6a	Gross Rents	(i) Real 466,420	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)	466,420			
	d	Net rental income or (loss) . . . . .		466,420		466,420
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . .		0		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
	b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from fundraising events . . .		0		
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a			
	b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from gaming activities . . .		0		
	10a	Gross sales of inventory, less returns and allowances . . .	a			
	b	Less cost of goods sold . . . . .	b			
	c	Net income or (loss) from sales of inventory . . .		0		
	Miscellaneous Revenue	Business Code				
11a	MISCELLANEOUS INCOME		535,412		535,412	
b						
c						
d	All other revenue . . . . .					
e	Total. Add lines 11a-11d . . . . .		535,412			
12	Total revenue. See Instructions . . . . .		6,874,313	5,864,345		1,009,968

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,446,772	1,446,772		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	414,202	414,202		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	4,907,038	4,907,038		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	257,761	257,761		
10	Payroll taxes . . . . .	752,794	752,794		
a	Fees for services (non-employees) Management . . . . .	0			
b	Legal . . . . .	0			
c	Accounting . . . . .	0			
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	0			
12	Advertising and promotion . . . . .	62,860	62,860		
13	Office expenses . . . . .	0			
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	783,703	783,703		
17	Travel . . . . .	79,766	79,766		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	26,075	26,075		
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	1,054	1,054		
23	Insurance . . . . .	24,257	24,257		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	SUPPLIES	164,939	164,939		
b	SPONSORSHIPS	88,175	88,175		
c	SITE IMPROVEMENT	2,454,575	2,454,575		
d	EQUIPMENT RENTAL & MAINTENANCE	84,433	84,433		
e	CONSULTING	827,831	827,831		
f	All other expenses	-1,888,503	-1,888,503		
25	Total functional expenses. Add lines 1 through 24f	10,487,732	10,487,732	0	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			978,744	1	1,830,859
	2	Savings and temporary cash investments . . . . .				2	0
	3	Pledges and grants receivable, net . . . . .				3	0
	4	Accounts receivable, net . . . . .			628,661	4	36,217
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees <i>Complete Part II of Schedule L</i> . . . . .				5	0
	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) <i>Schedule L</i> . . . . .				6	0
	7	Notes and loans receivable, net . . . . .			850,000	7	850,000
	8	Inventories for sale or use . . . . .				8	0
	9	Prepaid expenses and deferred charges . . . . .			34,406	9	35,678
	10a	Land, buildings, and equipment <i>cost or other basis Complete Part VI of Schedule D</i> . . . . .	10a	578,568			
	b	Less accumulated depreciation . . . . .	10b	541,548	1,054	10c	37,020
	11	Investments—publicly traded securities . . . . .			277,440	11	105,822
	12	Investments—other securities <i>See Part IV, line 11</i> . . . . .				12	0
	13	Investments—program-related <i>See Part IV, line 11</i> . . . . .				13	0
	14	Intangible assets . . . . .				14	0
	15	Other assets <i>See Part IV, line 11</i> . . . . .			5,017,991	15	5,690,511
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			7,788,296	16	8,586,107
Liabilities	17	Accounts payable and accrued expenses . . . . .			851,397	17	773,779
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability <i>Complete Part IV of Schedule D</i> . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .				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 <i>Complete Part X of Schedule D</i> . . . . .			5,912,306	25	7,058,356
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			6,763,703	26	7,832,135
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	27	Unrestricted net assets . . . . .				27	
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	30	Capital stock or trust principal, or current funds . . . . .			1,024,593	30	753,972
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			1,024,593	33	753,972
	34	Total liabilities and net assets/fund balances . . . . .			7,788,296	34	8,586,107

Part 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	6,874,313
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,487,732
3	Revenue less expenses Subtract line 2 from line 1	3	-3,613,419
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,024,593
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,342,798
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	753,972

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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

2010

Open to Public  
Inspection

<b>Name of the organization</b> ST LOUIS DEVELOPMENT CORPORATION	<b>Employer identification number</b> 43-1490972
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Part I

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

	(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 funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____											
4	Number of states where property subject to conservation easement is located ► _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

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

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

Yes

No

3a(ii)

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		37,020		37,020
d Equipment . . . . .		541,548	541,548	
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				37,020

Schedule D (Form 990) 2010





Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	16,874,313
2	Total expenses (Form 990, Part IX, column (A), line 25)	10,487,732
3	Excess or (deficit) for the year Subtract line 2 from line 1	-3,613,419
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	3,342,800
9	Total adjustments (net) Add lines 4 - 8	3,342,800
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-270,619

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	16,874,313
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .2e	
3	Subtract line 2e from line 1 . . . . .3	6,874,313
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .5	6,874,313

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	10,487,732
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .2e	
3	Subtract line 2e from line 1 . . . . .3	10,487,732
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .5	10,487,732

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, 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.		
Identifier	Return Reference	Explanation
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	OPERATING TRANSFERS \$3342800 ROUNDING ERROR ON BEGINNING EQUITY FROM AUDIT \$ -2

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST LOUIS DEVELOPMENT CORPORATION

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Employer identification number  
43-1490972

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations . . . . .

0

3

Enter total number of other organizations . . . . .

81

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.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV

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

Identifier	Return Reference	Explanation
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**Software ID:** 10000105  
**Software Version:** 2010v3.2  
**EIN:** 43-1490972  
**Name:** ST LOUIS DEVELOPMENT CORPORATION

## Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	(h) Purpose of grant or assistance
YOURS MARKET8005 N BROADWAY ST LOUIS,MO 63147			43,000	0	CASH		FACADE IMPROVEMENT GRANT
WELLS TAX SERVICES5206 NATURAL BRIDGE ST LOUIS,MO 63115			32,794	0	CASH		FACADE IMPROVEMENT GRANT
VANESSA WILLIAMS SELEC2602 UNION BLVD ST LOUIS,MO 63113			34,781	0	CASH		FACADE IMPROVEMENT GRANT
VAN GOGHZ MARTINI BAR3200 SHENANDOAH ST LOUIS,MO 63104			5,250	0	CASH		FACADE IMPROVEMENT GRANT
URBAN EATS CAF AND B3301 MERAMEC ST ST LOUIS,MO 63118			6,024	0	CASH		FACADE IMPROVEMENT GRANT
TOWER PUB3234 MORGANFORD ST LOUIS,MO 63116			7,137	0	CASH		FACADE IMPROVEMENT GRANT
TOUCH POINT AUTISM SE3601 WEBER RD ST LOUIS,MO 63125			6,000	0	CASH		FACADE IMPROVEMENT GRANT
THE JUICE BOX LLC3101 ARSENAL ST LOUIS,MO 63118			5,228	0	CASH		FACADE IMPROVEMENT GRANT
THE GYRO COMPANY7240 GRAVOIS ST LOUIS,MO 63116			16,161	0	CASH		FACADE IMPROVEMENT GRANT
SWEETIE PIES AT THE M4258-60 MANCHESTER ST LOUIS,MO 63110			5,389	0	CASH		FACADE IMPROVEMENT GRANT
SWAN PACKAGING4180 MERAMEC ST LOUIS,MO 63116			12,500	0	CASH		FACADE IMPROVEMENT GRANT
STRIP CLEAN1831 S KINGSHIGHWAY ST LOUIS,MO 63110			10,440	0	CASH		FACADE IMPROVEMENT GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	(h) Purpose of grant or assistance
STEVENS INSTITURE OF 1521 WASHINGTON ST LOUIS,MO 63103			16,521	0	CASH		FACADE IMPROVEMENT GRANT
ST LOUIS Q6300 W FLORISSANT ST LOUIS,MO 63136			39,700	0	CASH		FACADE IMPROVEMENT GRANT
ST LOUIS AUTO PARTS 3400 GRAVOIS ST LOUIS,MO 63118			11,768	0	CASH		FACADE IMPROVEMENT GRANT
SPASNICK PLUMPING INC 4750 VIRGINIA AVE ST LOUIS,MO 63111			12,997	0	CASH		FACADE IMPROVEMENT GRANT
SPACE LLC4168 MANCHESTER ST LOUIS,MO 63110			5,364	0	CASH		FACADE IMPROVEMENT GRANT
SOUTH GRAND DELI AND 3232 S GRAND BLVD ST LOUIS,MO 63118			15,000	0	CASH		FACADE IMPROVEMENT GRANT
RONAN SIGN CO2720 MARKET ST ST LOUIS,MO 63103			6,029	0	CASH		FACADE IMPROVEMENT GRANT
RIVERVIEW PLAZA SHOPP 8907 RIVERVIEW ST LOUIS,MO 63137			11,087	0	CASH		FACADE IMPROVEMENT GRANT
RIO PROMOTIONS MARKET 2130 MARCONI ST LOUIS,MO 63110			7,605	0	CASH		FACADE IMPROVEMENT GRANT
REGAL MEAT MARKET5791 THEKLA AVE ST LOUIS,MO 63120			31,240	0	CASH		FACADE IMPROVEMENT GRANT
RAYS AUTOMOTIVE SUPP 4442 DR M L KING DR ST LOUIS,MO 63113			5,985	0	CASH		FACADE IMPROVEMENT GRANT
QUINCY STREET BISTRO 6931 GRAVOIS ST LOUIS,MO 63116			13,000	0	CASH		FACADE IMPROVEMENT GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	(h) Purpose of grant or assistance
PUPILLO CONTRACTING CO 3605 MERAMEC ST LOUIS,MO 63118			20,938	0	CASH		FACADE IMPROVEMENT GRANT
PUPILLO CONTRACTING C 5164 DR MARTIN L KING DR ST LOUIS,MO 63113			16,400	0	CASH		FACADE IMPROVEMENT GRANT
PUPILLO CONTRACTING C 4164 SOUTH GRAND AVE ST LOUIS,MO 63116			8,760	0	CASH		FACADE IMPROVEMENT GRANT
PREMIER AUTO STORAGE 3901 N KINGSHIGHWAY ST LOUIS,MO 63115			5,880	0	CASH		FACADE IMPROVEMENT GRANT
POLISH FALCONS GYMNAS 2013 ST LOUS AVE ST LOUIS,MO 63107			10,000	0	CASH		FACADE IMPROVEMENT GRANT
PLUMBING MASTERS AND R 6909-11 GRAVOIS ST LOUIS,MO 63116			14,116	0	CASH		FACADE IMPROVEMENT GRANT
OLD NORTH GROCERY CO - 2718 N 13 ST ST LOUIS,MO 63106			20,000	0	CASH		FACADE IMPROVEMENT GRANT
OK AUTO REPAIR1451 N KINGSHIGHWAY ST LOUIS,MO 63110			20,836	0	CASH		FACADE IMPROVEMENT GRANT
MIDTOWN TIRE AND AUTO 4101 LINDELL ST LOUIS,MO 63108			12,972	0	CASH		FACADE IMPROVEMENT GRANT
MEDUSAS STUIDO AND S 2501 S 12TH ST ST LOUIS,MO 63104			10,000	0	CASH		FACADE IMPROVEMENT GRANT
MCTMAHON FORD CO 3295 S KINGSHIGHWAY ST LOUIS,MO 63139			24,311	0	CASH		FACADE IMPROVEMENT GRANT
LOVE JOY AND SUCCESS 4044 N GRAND BLVD ST LOUIS,MO 63107			15,930	0	CASH		FACADE IMPROVEMENT GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	(h) Purpose of grant or assistance
LOU FATHA THIMES BBQ 4107 DR MARTIN LUTHER KING ST LOUIS,MO 63113			25,276	0	CASH		FACADE IMPROVEMENT GRANT
LOCAL HARVEST CAF AN 3137 MORGANFORD ST LOUIS,MO 63116			9,340	0	CASH		FACADE IMPROVEMENT GRANT
LIBERTY AUTO SALVAGE 3611 CASS AVE ST LOUIS,MO 63113			7,700	0	CASH		FACADE IMPROVEMENT GRANT
LES BEAUX ENFANTS NUR 3346 UNION ST LOUIS,MO 63115			50,226	0	CASH		FACADE IMPROVEMENT GRANT
LEFT BANK BOOKS399 N EUCLID ST LOUIS,MO 63115			15,908	0	CASH		FACADE IMPROVEMENT GRANT
LEES FAMILY LAUNDROM 3316 UNION BLVD ST LOUIS,MO 63115			17,430	0	CASH		FACADE IMPROVEMENT GRANT
LAZERWARE INC2929 GRAVOIS ST LOUIS,MO 63118			10,000	0	CASH		FACADE IMPROVEMENT GRANT
KENS COMM REFRIDGERA 2500 N 9TH ST LOUIS,MO 63102			10,000	0	CASH		FACADE IMPROVEMENT GRANT
JP BUSHNELL PACKING S 3041 LOCUST ST LOUIS,MO 63103			10,000	0	CASH		FACADE IMPROVEMENT GRANT
JEFFERSON AVENUE BIST 3701 S JEFFERSON AVE ST LOUIS,MO 63118			10,386	0	CASH		FACADE IMPROVEMENT GRANT
JAD PRODUCTIONS LLC 2608-10 CHEROKEE ST ST LOUIS,MO 63118			10,000	0	CASH		FACADE IMPROVEMENT GRANT
IRMAN PHARMACY3737 N KINGSHIGHWAY ST LOUIS,MO 63115			5,628	0	CASH		FACADE IMPROVEMENT GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	(h) Purpose of grant or assistance
IL TREO LLC3400 MORGANFORD ST LOUIS,MO 63116			10,000	0	CASH		FACADE IMPROVEMENT GRANT
HUMAN DEVELOPMENT COR4548 DR MARTIN L KING DR ST LOUIS,MO 63113			12,150	0	CASH		FACADE IMPROVEMENT GRANT
HOLLORAN CONTRACTING 5423 NORTHRUP ST LOUIS,MO 63110			10,000	0	CASH		FACADE IMPROVEMENT GRANT
HENDERSON PARTNERSHIP 3100 LOCUST ST LOUIS,MO 63103			16,086	0	CASH		FACADE IMPROVEMENT GRANT
GREEN STREET PROPERTIE 840 E TAYLOR ST LOUIS,MO 63147			26,262	0	CASH		FACADE IMPROVEMENT GRANT
GRAND 4140 GALLERY LLC 4148 S GRAND BLVD ST LOUIS,MO 63116			43,730	0	CASH		FACADE IMPROVEMENT GRANT
GELATO DI RISO5200-08 WILSON ST LOUIS,MO 63110			10,105	0	CASH		FACADE IMPROVEMENT GRANT
GATEWAY HOMELESS SERV 1000 N 19TH ST ST LOUIS,MO 63103			20,000	0	CASH		FACADE IMPROVEMENT
GATEWAY CONTRACTORS 2615 N 19TH ST ST LOUIS,MO 63106			21,200	0	CASH		FACADE IMPROVEMENT GRANT
FIVE STAR CONSTRUCTIO 4214 SHREVE ST LOUIS,MO 63115			20,000	0	CASH		FACADE IMPROVEMENT GRANT
EXPRESS LANE MARKET 3900 GUSTINE AVE ST LOUIS,MO 63116			19,950	0	CASH		FACADE IMPROVEMENT GRANT
EPSILON LAMBDA CHAPTER3615 NORTH 19TH ST ST LOUIS,MO 63107			8,725	0	CASH		FACADE IMPROVEMENT GRANT



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	(h) Purpose of grant or assistance
E & L MARKET5120 THEKLA ST LOUIS,MO 63115			41,233	0	CASH		FACADE IMPROVEMENT GRANT
DRAGON KARATE7248 GRAVOIS ST LOUIS,MO 63116			37,863	0	CASH		FACADE IMPROVEMENT GRANT
DOROTHYS TV FURNITURE 5917 MARTIN LUTHER KING DR ST LOUIS,MO 63112			35,150	0	CASH		FACADE IMPROVEMENT GRANT
DOROTHYS CLEANERS 1341 HAMILTON ST LOUIS,MO 63112			18,673	0	CASH		FACADE IMPROVEMENT GRANT
DIVERSIFIED REAL ESTA 3108-14 MORGANFORD RD ST LOUIS,MO 63116			15,000	0	CASH		FACADE IMPROVEMENT GRANT
DINERS DELIGHT1504 S COMPTOM ST LOUIS,MO 63104			44,423	0	CASH		FACADE IMPROVEMENT GRANT
DESTAS MARKET AND DE 2503 N TAYLOR AVE ST LOUIS,MO 63113			14,160	0	CASH		FACADE IMPROVEMENT GRANT
D JS MINI MART1403 UNION BLVD ST LOUIS,MO 63112			16,583	0	CASH		FACADE IMPROVEMENT GRANT
CROWN CANDY KITCHEN 1319 ST LOUIS AVE ST LOUIS,MO 63107			5,803	0	CASH		FACADE IMPROVEMENT GRANT
CITY DINER514 N GRAND BLVD ST LOUIS,MO 63108			7,500	0	CASH		FACADE IMPROVEMENT GRANT
CARRIES CORNER MARKET 4500 ATHLONE ST LOUIS,MO 63115			6,025	0	CASH		FACADE IMPROVEMENT GRANT
CAF NATASHA3200 GRAND BLVD ST LOUIS,MO 63118			6,365	0	CASH		FACADE IMPROVEMENT GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	(h) Purpose of grant or assistance
BOSNA GOLD4601 GRAVOIS ST LOUIS,MO 63116			16,475	0	CASH		FACADE IMPROVEMENT GRANT
BATHAROH4101 W NATURAL BRIDGE ST LOUIS,MO 63115			6,400	0	CASH		FACADE IMPROVEMENT GRANT
BAD DOG PICTURES1501 S KINGSHIGHWAY ST LOUIS,MO 63110			10,000	0	CASH		FACADE IMPROVEMENT GRANT
ATTITUDES4100 MANCHESTER ST LOUIS,MO 63110			18,000	0	CASH		FACADE IMPROVEMENT GRANT
AMERICAN PULVERIZER CO5540 WEST PARK ST LOUIS,MO 63110			7,000	0	CASH		FACADE IMPROVEMENT GRANT
ALL AUTO SALES5301-11 ARSENAL ST LOUIS,MO 63139			6,300	0	CASH		FACADE IMPROVEMENT GRANT
AIRPORT FENCE COMPANY 2508-2516 N BROADWAY ST LOUIS,MO 63102			12,000	0	CASH		FACADE IMPROVEMENT GRANT
ADVANCED ENVIRONMENTA3100 GRAVOIS AVE ST LOUIS,MO 63118			10,000	0	CASH		FACADE IMPROVEMENT GRANT
A W AUTOS5076 W FLORISSANT ST LOUIS,MO 63136			6,200	0	CASH		FACADE IMPROVEMENT GRANT

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
ST LOUIS DEVELOPMENT CORPORATION

Employer identification number  
43-1490972

Part I

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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	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	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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) 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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RODNEY CRIM	(i) (ii)	164,140			21,047		164,140 21,047	
(2) OTIS WILLIAMS	(i) (ii)	136,417			18,552		136,417 18,552	
( 3 )								
( 4 )								
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

**Part III**   **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public  
Inspection

<b>Name of the organization</b> ST LOUIS DEVELOPMENT CORPORATION	<b>Employer identification number</b> 43-1490972
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Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS OF THE ST LOUIS DEVELOPMENT CORPORATION ARE AVAILABLE BY CONTACTING THE ENTITY DIRECTLY AND REQUESTING THE DOCUMENTS

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	ANNUAL WRITTEN CONFLICT OF INTEREST POLICY AFFIRMATION IS REQUIRED FOR ALL EMPLOYEES PER THE REQUIREMENTS OF THE CDBG LOAN PROGRAM IN WHICH SLDC PARTICIPATES

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO BEING FILED WITH THE APPROPRIATE AUTHORITIES