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Department of the Treasury

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)

OMB No 1545-0047

Open to Public

Internal Re	venue	Service	Fine organization may have to	use a copy of this re	eturn to satisty	state reporti	ng requirement	Inspection
			lendar year, or tax year beginning C Name of organization	01-01-2011 and e	nding 12-31-201	L1	D Employer	identification number
		pplicable	REGIONAL BUSINESS COUNCIL				, ,	
☐ Addre			Doing Business As				43-1913 E Telephone	
Name		_					(314)22	5-2100
│ Initial │ _			Number and street (or P O box if mail 7701 FORSYTH BOULEVARD	is not delivered to stree	t address) Room/s	uite	-	ipts \$ 2,444,066
Term —								-
☐ Amer			City or town, state or country, and ZIP SAINT LOUIS, MO 631051875	+ 4				
Applic	cation	pending						
			F Name and address of princi KATHLEEN OSBORN	pal officer			this a group ret	
			7701 FORSYTH BLVD			affi	liates?	ΓYes Γ No
			ST LOUIS, MO 63105			H(b) Are	all affiliates inc	luded?
T Toy	ovom	ıpt status						ıst (see ınstructions)
		·		ert no)) or 527	H(c) Gr	oup exemption	number ►
J Wel	bsite	:: ► WW	W STLRBC ORG					
K Form	of org	ganızatıon	Corporation Trust Association	Other ►		L Year of	formation 2001	M State of legal domicile
Part		Sum	mary					МО
			escribe the organization's mission	or most significant a	activities			
			TE AND ENGAGE MEMBERS TO A			, CIVIC ANI	O PHILANTHR	OPIC AFFAIRS FOR THE
ابر	<u> </u>	BETTERI	MENT OF THE ST LOUIS REGIO	N				
Governance	-							
≣	-							
<u>န်</u>	2 (Check th	nis box 🛏 if the organization disc	ontinued its operation	ns or disposed	of more than	ı 25% of ıts ne	t assets
	3 1	Number	of voting members of the governing	g body (Part VI, line	1a)		3	3 111
8			of independent voting members of)	. 4	111
ğ	5 1	Γotal nur	mber of individuals employed in ca	lendar year 2011 (P	art V , line 2a)		5	5 10
Activities &	6 7	Γotal nur	mber of volunteers (estimate if nec	essary)			6	500
•	7 a 7	Fotal unr	related business revenue from Par	t VIII, column (C), l	ne 12		7	a 0
	Ь١	Net unre	lated business taxable income fro	m Form 990-T, line :	34		7	b
						Pi	rior Year	Current Year
	8	Contril	butions and grants (Part VIII, line		1,874,450	2,422,480		
Revenue	9	Progra	m service revenue (Part VIII, line	2g)			C	0
3 :	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 70	1)		34,879	21,586
" :	11		revenue (Part VIII, column (A), lıı		•		C	0
	12		revenue—add lines 8 through 11 (r			ne	1,909,329	2,444,066
	13		and sımılar amounts paid (Part I)				829,298	<u> </u>
- 1	14		ts paid to or for members (Part IX,		-		023,230	<u> </u>
	15		es, other compensation, employee					
<u>&</u> [5-10)		,	· //		674,958	666,962
Expenses	16a	Profes	sional fundraising fees (Part IX, co	olumn (A), line 11e)			C	0
ਲੇ	b	Total fur	ndraısıng expenses (Part IX, column (D),	line 25) 🕨 14,018				
	17	Other	expenses (Part IX, column (A), lın	es 11a-11d, 11f-2	4e)		729,620	602,942
:	18		expenses Add lines 13-17 (must		7 77		2,233,876	1,929,803
	19	Reveni	ue less expenses Subtract line 18	3 from line 12			-324,547	514,263
Net Assets or Fund Balances						Beginni	ing of Current Year	End of Year
6 mg .	20	Totala	assets (Part X, line 16)				2,502,949	3,216,076
3월	21		iabilities (Part X, line 26)				1,587,047	
출발]	22		sets or fund balances Subtract lir				915,902	
Part			ature Block				<i>i</i>	, ==,=3€
			erjury, I declare that I have examined	this return, including	accompanying s	schedules and	l statements, an	d to the best of my
knowle: knowle:		and belief	f, it is true, correct, and complete. De	eclaration of preparer	(other than offic	er) is based o	n all informatio	n of which preparer has any
	_							
		****				[2012-05-14	
Sign		Signa	ture of officer			•	Date	
Here			M TRACY CHAIR					
		Туре	or print name and title					
		Preparer'		Date		Check If		xpayer identification number
Paid		sıgnature	· F			self- employed 🕨 🎵	_ (see instructi	ulis)
Prepar			ame (or yours RUBINBROWN LLP	l		<u>'</u>		
Use Or	ıly		nployed), and ZIP + 4 \sim ONE NORTH BRENTWO	OD			- EIN ▶	
		<u></u>	SAINT LOUIS, MO 6310				Phone no 🕨	(314) 290-3300
			3/MINT LOUIS, MO 0310	,				

 4e
 Total program service expenses▶\$
 1,848,553

123,400) (Revenue \$

including grants of \$

Other program services (Describe in Schedule O)

496,252

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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^{\bullet}	3		No
4	Section 501(c)(3) organizations. 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	Yes	
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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		No
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		No
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	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, Part 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, Part 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	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? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20h		

Par	t 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 1^2 If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	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		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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</i> "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		No
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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		No
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	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 \cdot . \cdot . \cdot . \cdot . \cdot . \cdot . $$.୮	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 12	4		
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	1		
Ī	gaming (gambling) winnings to prize winners?	1c	Yes	
а	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4a		NI a
h	account)?			No
b	If "Yes," enter the name of the foreign country ▶			
	See mad actions for iming requirements for Form FD 1-50-22 1, Report of Foreign Ballk and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	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		_
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
h	organization solicit any contributions that were not tax deductible?			
ט	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
	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		Νo
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		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	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	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	<u> </u>		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	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		
0	Section 501(c)(7) organizations. Enter			
	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	-		
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other	1		
	sources against amounts due or received from them)			
2a	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]		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
_	13c			
4a	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		

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.

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax						
Id	year						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes				
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		No			
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was						
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No			
6	Did the organization have members or stockholders?	6	Yes				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
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		Νo			
	ection B. Policies (This Section B requests information about policies not required by the Internal						
ке	venue Code.)		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	No			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		110			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No			
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
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?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
	Other officers or key employees of the organization	15b	Yes				
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
				1			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	164					
6~	ection C. Disclosure	16b					
<u>5e</u> 17	List the States with which a copy of this Form 990 is required to be filed.						
	List and states than thinen a copy of and form 350 is required to be incur-						

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 made these available.

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► KATHLEEN OSBORN 7701 FORSYTH BLVD

SAINT LOUIS, MO 631051875

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

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, or 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 or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee	
(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			MISC)	related organizations
See Additional Data Table											
				\vdash			_				

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

	(A) Name and Title	Average hours more than one box, compensate per unless person is both week (describe describe) an officer and a director/trustee) 2/1099-MI						table sation the tion (W-	(E) Reportable compensatior from related organizations (W- 2/1099-		(F) Estima amount o compens from t organizati	ted fother ation he on and		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke, emplojee	Highest compensated employee	Former			MISC)		organiza	
See	Addıtıonal Data Table											\top		
					\vdash		+		-			+		
					<u> </u>		-					+		
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					<u> </u>							+		
					_							\perp		
1b	Sub-Total							P						
С	Total from continuation sheets							•						
d	Total (add lines 1b and 1c) .						•	<u> </u>		285,960		0		86,408
2	Total number of individuals (incl \$100,000 of reportable compen					ted	above) who	o received	more tha	in			
_	Delahar ana ara-bara bahara Sara				1.								Yes	No
3	Did the organization list any for on line 1a? If "Yes," complete Sci								ornignest (• •	• • •	3		No
4	For any individual listed on line	1a, is the sum of	f report	able	com	pens	sation	and	other comp	pensatio	n from the			
	organization and related organiz	ations greater th	nan \$15	50,00	007.	If "Y	'es," co	mple	ete Schedul	e J for su	ch	_		
_		rocowo or poor		•	•	• •			lated arga		· · · ·	4	Yes	
5	Did any person listed on line 1a services rendered to the organiz								_		•	5		No
	ection B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	n the organizatio												
		(A) ne and business add	dress							Desc	(B) ription of services	T	(C Comper	
												_		
2	Total number of independent cont	ractors (includir	na hut n	ot lir	nite	l to	those	licta	d above) w	tho recei	ved more than	-		

\$100,000 of compensation from the organization ▶0

Part V	<u> </u>	Statement of Revenue				
	T -		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
¥ ≇	1a	Federated campaigns 1a				
亞黃	ь	Membership dues 1b 903,125				
عٌق	l c	Fundraising events 1c				
ज्ञ स						
ಕ್ಷಾ	d	Related organizations 1d				
Æ,Ē	e	Government grants (contributions) 1e				
Ž.	f	All other contributions, gifts, grants, and 1f 1,519,355				
<u> </u>	_	similar amounts not included above Noncash contributions included in				
<u>=</u> =	g					
Contributions, gifts, grants and other similar amounts	h	Innes 1a-1f \$ Total. Add lines 1a-1f	2,422,480			
O a	∟"_		2,122,100			
<u>aa</u>		Business Code				
E E	2a					
.≽ .99	ь					
a T	c					
5						
<u>)</u>	d					
Ē	e					
Program Serwce Revenue	f	All other program service revenue				
ξ	g	Total. Add lines 2a−2f	0			
	3		U			
	•	Investment income (including dividends, interest	21,586		0	21,586
	_	and other similar amounts)	21,586		"	21,386
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	Ü			
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income				
		or (loss)				
	d	Net rental income or (loss)				
	_	(i) Securities (ii) Other Gross amount				
	7a	from sales of				
		assets other than inventory				
	ь	Less cost or				
		other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)	0			
	8a	Gross income from fundraising				
ψ		events (not including				
둢		\$				
Š		of contributions reported on line 1c) See Part IV, line 18				
Other Revenue		a				
je.	Ь	Less direct expenses b				
₹	c	Net income or (loss) from fundraising events	ol			
_	9a	Gross income from gaming activities				
		See Part IV, line 19				
		a				
	ь	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				
	С	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue Business Code				
	11a					
	ь					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	0			
	12	Total revenue. See Instructions				
	**	Total levelue. See Thistructions	2,444,066		0	21,586

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 no	Check if Schedule O contains a response to any question in this Part IX Do not include amounts reported on lines 6b,		(B) Program service	(C) Management and	(D) Fundraising	
7b, 8l	b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses	
1	Grants and other assistance to governments and organizations in the United States $$ See Part IV, line 21 $$	659,899	659,899			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0				
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	372,368	335,131	29,790	7,447	
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	244,208	236,118	6,537	1,553	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,298	4,128	136	34	
9	Other employee benefits	18,437	18,107	246	84	
10	Payroll taxes	27,651	26,102	1,245	304	
11	Fees for services (non-employees)					
а	Management	0				
b	Legal	0				
С	Accounting	25,938	9,747	15,112	1,079	
d	Lobbying	35,967	35,967			
e	Professional fundraising See Part IV, line 17	0				
f	Investment management fees	1,527	1,527			
g	Other	82,425	82,119	245	61	
12	Advertising and promotion	84,671	82,531	1,714	426	
13	Office expenses	62,398	59,542	2,288	568	
14	Information technology	0				
15	Royalties	0				
16	Occupancy	73,268	68,163	4,090	1,015	
17	Travel	270	256	11	3	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0				
19	Conferences, conventions, and meetings	147,656	144,135	2,821	700	
20	Interest	0				
21	Payments to affiliates	0				
22	Depreciation, depletion, and amortization	0				
23	Insurance	9,718	9,028	553	137	
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)					
а	PRINTING	48,985	47,264	1,379	342	
b	POSTAGE AND SHIPPING	4,781	4,441	272	68	
c	DUES	14,975	14,605	296	74	
d	TELEPHONE	3,996	3,713	227	56	
е						
f	All other expenses	6,367	6,030	270	67	
25	Total functional expenses. Add lines 1 through 24f	1,929,803	1,848,553	67,232	14,018	
26	Joint costs. Check here ► ☐ 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		-		rm 990 (2011)	

Part X **Balance Sheet** (A) (B) Beginning of year End of year 43 100 1 1 1.932.704 2.600.374 2 2 3 0 0 3 0 4 0 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 0 0 7 0 0 8 0 0 9 9 Prepaid expenses and deferred charges 319.946 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 319,946 b Less accumulated depreciation 10c 570,202 615,602 11 11 0 12 0 12 Investments—other securities See Part IV, line 11 13 0 13 0 Investments—program-related See Part IV, line 11 . . 0 0 14 14 15 0 15 2,502,949 3,216,076 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 0 0 17 17 Accounts payable and accrued expenses . 18 0 18 0 19 1,319,500 19 1,479,500 20 0 20 0 21 0 21 0 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 267,547 25 308,238 D 26 1,587,047 26 1,787,738 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶

and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets lines 30 through 34. ö 0 0 30 Capital stock or trust principal, or current funds 30 Assets 0 0 31 31 Paid-in or capital surplus, or land, building or equipment fund 915,902 1,428,338 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 915.902 33 1,428,338 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 2.502.949 34 3.216.076

Ра	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)			2,4	144,066
2	Total expenses (must equal Part IX, column (A), line 25)				929,803
3	Revenue less expenses Subtract line 2 from line 1			5	514,263
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	,		9	915,902
5	Other changes in net assets or fund balances (explain in Schedule O)				-1,827
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			1,4	128,338
Par	t 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 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	. [2b		Νo
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		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issu on a separate basis, consolidated basis, or both	ed			
2-	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ııred	3b		

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Inspection

Employer identification number

REGIONAL BUSINESS COUNCIL Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II 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 supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) lis your gove docume	e Ion In ted In Erning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No]
Total									

Support Schedule for Organizations Described in IRC 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.)

	ection A. Public Support	organization	ialis to quality u	ilder the tests i	isted below, pie	ase con	ipiete	Part III.)
	endar year (or fiscal year beginning							
Car	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual")	2,021,27	2 2,010,808	1,952,973	1,874,450	2,	422,480	10,281,983
2	grants ") Tax revenues levied for the							
_	organization's benefit and either							
	paid to or expended on its							
3	behalf The value of services or facilities							
3	furnished by a governmental unit							
	to the organization without charge							
4	Total. Add lines 1 through 3	2,021,27	2 2,010,808	1,952,973	1,874,450	2,	422,480	10,281,983
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5							10,281,983
	from line 4 ection B. Total Support	<u> </u>						
	endar year (or fiscal year				4.0.0.0		[
	beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	A mounts from line 4	2,021,272	2,010,808	1,952,973	1,874,450	2,4	122,480	10,281,983
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	89,514	60,664	35,006	34,879		21,586	241,649
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part							
	IV) Do not include gain or loss							
	from the sale of capital assets							
11	Total support (Add lines 7 through 10)							10,523,632
12	Gross receipts from related activities	es, etc (See ins	tructions)			12		0
13	First Five Years If the Form 990 is f	or the organizat	ion's first, second,	thırd, fourth, or f	fth tax year as a !	501(c)(3) organız	·
	check this box and stop here							►
S	ection C. Computation of Pub	lic Support I	Percentage					
14	Public Support Percentage for 2011	. (lıne 6 column	(f) divided by line	11 column (f))		14		97 704 %
15	Public Support Percentage for 2010) Schedule A , P a	art II, line 14			15		97 257 %
16a	33 1/3% support test—2011. If the				ine 14 is 33 1/3%	or more,	check t	
h	and stop here. The organization qua 33 1/3% support test—2010. If the				a and line 15 is 3	3 3 1/30% 6	r more	check this
	box and stop here. The organization 10%-facts-and-circumstances test-	ı qualıfıes as a p	ublicly supported	organızatıon			•	► F
	ıs 10% or more, and ıf the organizat	tion meets the "i	facts and circumst	ances" test, ched	ck this box and st	op here. E	xplaın	
	in Part IV how the organization mee	ts the "facts an	d circumstances" 1	test The organiza	ation qualifies as a	a publicly	suppor	- -
h	organization 10%-facts-and-circumstances test-	-2010 . If the ord	ianization did not c	heck a hov on lin	e 13 16a 16b o	r 17a and	lline	► 1
	15 is 10% or more, and if the organ							
	Explain in Part IV how the organizat			•		-		
10	supported organization	on did not about	ca hov on line 12	165 165 175	. 17h . chaol: +h:- !	hav and -		▶┌
18	Private Foundation If the organization instructions	on ala not check	ca box on line 13,	108, 100, 1/8 01	1/D, CHECK THIS I	oux and s	ee	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
Explanation									

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493136010712

OMB No 1545-0047

SCHEDULE C

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

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

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

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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ Section 527 organizations Complete Part I-A only

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name o	f the	orga	nızatıon
REGIONA	L BUS	INESS	COUNCIL

Employer identification number

☐ Yes

┌ Yes

43-1913803

<u>Part I-A</u>	Complete if the	he organization i	<u>s exempt undei</u>	r section 501(c)	or is a section	527 organization.

- in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

art I-B	Complete i	f the org	janization is	exempt under	section 501	(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?
- If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none. enter -0-

-	nedule 6 (1 01111) 30 01 330 E2/2011			raye
Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) and	d filed Form 5768	(election
	expenses, and share of excess lobb		l group member's name	, address, EIN
<u>B</u>	Check I if the filing organization checked box Limits on Lobbying E (The term "expenditures" means ar	(a) Filing Organization's Totals	(b) Affiliated Group Totals	
1a	Total lobbying expenditures to influence public o	0		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	50,708	
c	Total lobbying expenditures (add lines 1a and 1i	b)	50,708	
d	Other exempt purpose expenditures		1,875,494	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	1,926,202	
f	Lobbying nontaxable amount Enter the amount f	from the following table in both	246,310	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		

\$225,000 plus 5% of the excess over \$1,500,000

3	Grassroots	nontaxable	amount	(enter 25%	of line 1f)

Over \$1,500,000 but not over \$17,000,000

Over \$17,000,000

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

\$1,000,000

_	Voc	N
	res	 INC

61,578

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

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total			
2a	Lobbying non-taxable amount	262,753	251,468	261,694	246,310	1,022,225			
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					1,533,338			
c	Total lobbying expenditures	133,242	159,216	88,268	50,708	431,434			
_d	Grassroots non-taxable amount	65,688	62,867	65,424	61,578	255,557			
e 	Grassroots ceiling amount (150% of line 2d, column (e))					383,336			
f	Grassroots lobbying expenditures		12,500		0	12,500			

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
			a)	(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493136010712

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

2

3

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

REGIONAL BUSINESS COUNCIL

Name of the organization Employer identification number 43-1913803 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 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 ✓ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization of	urıng		
	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?	┌ Yes	ΓN	ю
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year			
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	┌ Yes	ΓN	ю
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, a			

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

- 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
- 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

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Cat No 52283D

Schedule D (Form 990) 2011

Part	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	<u>easur</u>	es, or O	<u>ther</u>	Similar A	<u>Asset</u>	t s (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing t	hat are	a sıgnıfıca	nt us	e of its coll	ection		
а	Public exhibition		d	Γ	Loan	orexcha	inge progra	ams				
b	Scholarly research		е	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furthe	r the or	ganızatıon	's exe	empt purpos	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	Γ	es (┌ No
Par	TEST Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organı	zation			s" to Forn	n 990,	,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other interm	edıary	forc	ontribu	tions or	other ass	ets no	ot	┌ \	es (┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follov	ving t	able		Г			Amoui		
_	Danis and Indiana						-	1.		Amoui	nt	
c d	Beginning balance						<u> </u>	1c 1d				
u e	Additions during the year						<u> </u>	1a 1e				
_	Distributions during the year						<u> </u>	1f				
f n-	Ending balance	000 5- : : : :	- 24-				L	TI.		<u> </u>		
2a	Did the organization include an amount on Fo	•	e 21 /							Γ,	res	☐ No
	If "Yes," explain the arrangement in Part XIV				- d !!\/-	-!! to Fo		D=t	TV long 4	^		
Pa	rt V Endowment Funds. Complete	(a)Current Year)Prior			Years Back		nree Years Ba		Four Ye	ears Back
1a	Beginning of year balance	(a) carrette real	(5	y	, cui	(6)	rears back	(4)	mee rears ba	<u> </u>		sars back
ь	Contributions											
С	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 yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment ▶											
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	atıon	that	are held	and ad	mınıstered	for t	he 	[Yes	No
	(i) unrelated organizations								—	3a(i)		
_	(ii) related organizations								<u>L</u> 3	Ba(ii)		
	If "Yes" to 3a(II), are the related organizatio	•						٠		3b		
4	Describe in Part XIV the intended uses of th											
Par	t VI Land, Buildings, and Equipme	ent. See Form 95	70, Pa]			Π	
	Description of property				a) Cost o		(b) Cost or basis (oth		(c) Accumu depreciat		(d) B	ook value
1a	Land		•									
	Buildings		•	\vdash								
С	Leasehold improvements		•	<u> </u>		319,946		0	3	319,946		0
d	Equipment		•	\vdash								
	Other		•									
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colu	mn (B), line	10(c).)			•	•			0
									Schedul	e D (F	orm 9	90) 2011

Investments—Other Securities. See	orm 990, Part X, line 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)20011 10100	Cost or end-of-year market value	2
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990. Part X. line	13.	
		(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	<u> </u>
		2001 1. dia di year market value	
Total (Column (h) should agual Form 990, Part V, sol (P) line 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion		e
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.)	(b) Book value	e
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion 5.)		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.) , line 25.		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25. (b) Amount		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	e 15. tion 5.) , line 25.		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.) , line 25. (b) Amount		e
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		e
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	E 15. tion 5.) , line 25. (b) Amount 0		e

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
		8	
	Other (Describe in Part XIV)		
	Total adjustments (net) Add lines 4 - 8	9	
)	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
14	Reconciliation of Revenue per Audited Financial Statements With Revenue p		eturn
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
)	Donated services and use of facilities		
:	Recoveries of prior year grants		
ı	Other (Describe in Part XIV)		
•	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
rt	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
)	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV) 2d		
:	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
•	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
•	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
3			
!	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Identifier Return Reference Explanation

additional information

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493136010712 OMB No 1545-0047

Employer identification number

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

Inspection

REGIONAL BUSINESS COUNCIL						43-1913803	
Part I General Informatio	n on Grants and	d Assistance				•	
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	vard the grants or as ation's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	d States			▽ Yes □
Part II Grants and Other A Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Addıtıonal Data Table							
2 Enter total number of section 50	D1(c)(3) and govern	ment organizations list	ed in the line 1 table .				19
3 Enter total number of other orga	ınızatıons lısted ın th	ne line 1 table				 <u>-</u>	4

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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental Inform	ation. Complete this	part to provide the info	rmation required in Pai	rt I, line 2, and any other a	additional information.

Identifier	Return Reference	Explanation
MONITORING OF		FOR EVERY GIFT THE REGIONAL BUSINESS COUNCIL ALLOCATES WE ASSURE THAT THE ORGANIZATION
GRANTS - PART I		RECEIVING THE FUNDS IS PROPERLY INCORPORATED, MANAGED BY A BOARD OF DIRECTORS, FILES REGULAR
		FINANCIAL STATEMENTS, AND MAINTAINS WRITTEN RECORDS OF ITS ACTIVITIES THE RBC AND THE RECIPIENT
		JOINTLY SIGN AN AGREEMENT STATING THE PURPOSE OF THE GIFT, THE DETAILS OF HOW THE FUNDS PROVIDED
		ARE TO BE USED AND THE TIMING OF THE REPORTS TO BE PROVIDED TO RBC FOR GIFTS OVER \$5,000, RBC
		STAFF CLOSELY MONITORS THE STATUS OF THE PROJECT AND ASSIGNS AN RBC STAFF OR BOARD MEMBER TO
		SERVE AS LIAISON TO THE RECIPIENT

Software ID: **Software Version:**

EIN: 43-1913803

Name: REGIONAL BUSINESS COUNCIL

ates

(a) Name and address of	(b) EIN	(c) IRC Code	(d) A mount	(e) A mount of		(g) Description	
organization or government	(-, -+11	section if applicable	of cash grant		valuation (book, FMV, appraisal, other)	of non-cash assistance	or assistance
INSIGHT ST LOUIS St Louis Corp Diversity 7701 FORSYTH BLVD ST LOUIS,MO 63105	20- 3983119	501(c)(3)	30,000				OPERATIONAL SUPPORT
KIPP INSPIRE2647 OHIO AVENUE ST LOUIS,MO 63118	01- 0916759	501(C)(3)	25,000				OPERATIONAL SUPPORT
TEACH FOR AMERICA PO BOX 5114 NEW YORK, NY 10185	13- 3541913	501(c)(3)	86,000				INNER CITY TEACHERS
UNITED WAY OF GREATER ST LOUIS 910 N 11TH STREET ST LOUIS,MO 63101	43- 0714167	501(C)(3)	50,000				SUPPORT FOR AGENCIES
FOREST PARK FOREVER5595 GRAND DRIVE ST LOUIS,MO 63112	43- 1427062	501(C)(3)	60,000				OPERATIONAL SUPPORT
MISSOURI TRANSPORTATION ALLIANCEPO BOX 411 JEFFERSON CITY, MO 65102	26- 3277671	501(C)(6)	17,000				OPERATIONAL SUPPORT
HAWTHORN FOUNDATIONPO BOX 93 JEFFERSON CITY, MO 65102	43- 1231419	501(C)(6)	40,000				OPERATIONAL SUPPORT
HISPANIC CHAMBER OF COMMERCE3611 S GRAND VLCD SUITE 105 ST LOUIS,MO 63118	43- 1323271	501(C)(6)	20,000				OPERATIONAL SUPPORT
LAMBERT-ST LOUIS INTERNATIONAL AIRPORT10701 LAMBERT INTERNATIONAL BLVD ST LOUIS, MO 63145	43- 6003231		10,000				DISASTER RELIEF
COLLEGE BOUND (A MILLION STARS)110 N JEFFERSON ST LOUIS,MO 63103	20- 4768985	501(c)(3)	20,000				OPERATIONAL SUPPORT
READY READERS1974 INTERBELT BUSINESS CENTER DR OVERLAND, MO 63114	43- 1841631	501(c)(3)	37,500				OPERATIONAL SUPPORT
ST LOUIS BUSINESS DIVERSITY INITIATIVE1 METROPOLITAN SQ 1300 ST LOUIS,MO 63102	43- 0975222	501(c)(6)	10,000				OPERATIONAL SUPPORT
AMERICAN RED CROSS4050 LINDELL BLVD ST LOUIS,MO 63108	43- 0652612	501(C)(3)	50,000				DISASTER RELIEF
UNITED WAY OF GREATER ST LOUIS 910 N 11TH STREET ST LOUIS,MO 63101	43- 0714167	501(C)(3)	50,000				DISASTER RELIEF
HARRIS STOWE STATE UNIVERISITY 3026 LACLEDE AVE ST LOUIS,MO 63103	43- 1166917	501(C)(3)	20,000				SCHOLARSHIP FUND
THE REGIONAL UNION CONSTRUCTION CENTER6439 PLYMOUTH AVE ST LOUISM, MO 63133	20- 5160448	501(C)(3)	20,000				OPERATIONAL SUPPORT
ASIAN AMERICAN CHAMBER OF COMMERCE1766 BURNS AVE ST LOUIS,MO 63132	45- 2827370	501(C)(3)	20,000				OPERATIONAL SUPPORT
LEADERSHIP COUNCIL SOUTHWESTERN ILLINOIS200 UNIVERSITY PARK SUITE 240 EDWARDSVILLE,IL 62025	37- 1133408	501(C)(3)	10,000				OPERATIONAL SUPPORT
CHRISTIAN ACTIVITY CENTER540 N 6TH ST EAST ST LOUIS,IL 62201	36- 4182760	501(C)(3)	12,500				OPERATIONAL SUPPORT
MARIAN MIDDLE SCHOOL4130 WYOMING ST ST LOUISM, MO 63116	43- 1873629	501(C)(3)	12,500				OPERATIONAL SUPPORT

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) A mount of cash grant	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS MINORITY BUSINESS COUNCIL 308 N 21ST STREET - 7TH FLOOR ST LOUIS, MO 63103	43- 1243120	501(C)(3)	10,000			O PERATIO NA L SUPPORT
URBAN LEAGUE3701 GRANDEL SQUARE ST LOUIS, MO 63108	43- 0653605	501(C)(3)	7,900			O PERATIONAL SUPPORT
AIRPORT MINORITY ADVISORY COUNCIL 10701 LAMBERT INTERNATIONAL BLVD ST LOUIS, MO 63145	62- 1398266	501(C)(3)	5,500			O PERATIO NA L SUPPORT

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DLN: 93493136010712

OMB No 1545-0047

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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. Open to Public Inspection

Name o	f th	e org	a niza	tion
REGIONA	L BU	SINES	s cou	NCIL

Employer identification number

43-1913803

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
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	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	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			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	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			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	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 accured 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		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name					(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) KATHLEEN OSBORN	(I) (II)	277,093 0		8,867	66,968	19,440	372,368 0	
	•	•		•			•	

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
MEMBERSHIP	LINE 1A SCHEDULE J PART I	LINE 1A RBC PAID DUES TO A LUNCHEON/DINNER CLUB THAT IS IN THE SAME BUILDING AS THE ORGANIZATION'S OFFICE DURING THE TAX YEAR, THE EXECUTIVE DIRECTOR USED THIS MEMBERSHIP EXCLUSIVELY FOR RBC BUSINESS (NO PERSONAL USE)
		LINE 4 B THE EXECUTIVE DIRECTOR, KATHLEEN OSBORN, ACCRUED A NONVESTED BENEFIT OF \$42,468 UNDER A DEFINED CONTRIBUTION FORMULA THIS AMOUNT IS NOT PAID UNTIL VESTED AND IS AN UNSECURED OBLIGATION OF RBC
INSURANCE		THE AMOUNT OF COMPENSATION ON SCHEDULE J (AND PART VII OF THE CORE FORM) INCLUDES IMPUTED INCOME UNDER IRS RULES THIS EXCEEDS THE COST OF THE INSURANCE THEREFORE, THE AMOUNT OF COMPENSATION IN PART IX FUNCTIONAL EXPENSES IS LOWER THAN THE AMOUNT IN THIS SCHEDULE

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493136010712

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

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

2011

Open to Public Inspection

Name of the organization REGIONAL BUSINESS COUNCIL

Employer identification number

43-1913803

ldentifier	Return Reference	Explanation
ADDITIONAL PROGRAM SERVICES	PART III LINE 4D (SEE ATTACHMENTS 2,3 & 4 FOR LINES 4A,B, & C)	DEVELOPING THE NEXT GENERATION OF WORKERS - Connected more than 115 students from 19 business and engineering schools within 14 participating colleges and universities with a RBC member for professional one-on-one mentoring - Developed a special outreach initiative targeting engineering students at 14 participating regional colleges and universities to facilitate their entrance into the local engineering professions - Contributed \$20,000 supporting the development of minority-ow ned construction firms through an incubator program within the Regional Union Construction Center EXPANDING OPPORTUNITIES FOR DIVERSE PROFESSIONALS - Expanded the Young Professionals Network to over 1200 minority professionals working within the St. Louis region Implemented a board placement strategy connecting YPN participants with professional, civic, and nonprofit agencies - Launched Leadership 100 for a select group of the region's up-and-coming young professionals to receive targeted leadership development, social and business networking and community service opportunities - Funded and supported the Urban League Young Professionals' growth into the largest auxiliary group in the nation, also supported the development of the United Way of St. Louis's outreach to young diverse professionals - Partnered with 8 historically black colleges and universities to promote economic opportunities in the St. Louis region - Contributed \$30,000 to Insight St. Louis, a program that focuses on drawing talented professionals from historically black colleges to careers in the St. Louis region - Contributed \$10,000 to the St. Louis Minority Supplier Development Council's Business Opportunity Fair connecting minority suppliers to the business community - Allocated \$20,000 in funding for the Hispanic Chamber of Commerce as the second disbursement of a three-year financial commitment to the organization to help grow and support Hispanic businesses - Engaged and funded third party consultants to interview RBC Company HR Directors in order to determine wha

ldentifier	Return Reference	Explanation
GOVERNING - GOVERNING BODY AND POLICIES	PART VI SECTIONS A & B	Item 2 PATRICIA D WHITAKER, RICHARD H MILES FAMILY RELATIONSHIP Items 6, 7a-b Members - RBC members do not receive tangible benefits from the organization and dues are considered charitable contributions. RBC has two classes of voting members regular members and associate members. Both types of members are directors by virtue of their membership and may vote on admission of new members, election of officers and the members of the executive committee. Item 11b Form 990. The Executive Committee regularly reviews the internal financial statements and the organization's activities throughout the year. The financial statements are finalized before the Form 990 is prepared. RBC discusses the Form 990 at a board meeting and it is available to any member upon request. The Form 990 is prepared in collaboration with outside professionals who have expertise in tax-exempt organizations. A draft of the return is reviewed by the executive director before review and signature by another officer. Item 12c. Conflict of interest policy. The policy applies to members, directors or officers and employees. They are responsible for self identification and disclosure of actual or potential conflicts to the Executive Committee. The person with the potential conflict does not participate in the decision whether there is a conflict. The disinterested members of the Executive Committee advise whether a transaction should be authorized, approved or ratified. ITEMS 13.8. 14. WHISTLEBLOWER AND DOCUMENT RETENTION POLICIES FORMAL POLICES WERE ADDITED AND PUT IN THE STAFF MANUAL IN 2009. ITEM 15 DETERMINATION OF COMPENSATION. DESCRIPTION OF THE PROCESS - ALL Pay Is BASED ON MARKET AND MERIT ANNUAL EVALUATIONS ARE CONDUCTED FOR ALL EMPLOYEES. THE EVALUATIONS CONSIDER PERFORMANCE AND PROGRESS TOWARDS PREVIOUSLY ESTABLISHED GOALS. THE EXECUTIVE DIRECTOR REPORTS ON THE OVERALL ACHIEVEMENTS OF THE ORGANIZATION. THE CHAIR. THEN REVIEWS THIS REPORT AND DISCUSSES THE DETAILS WITH THE EXECUTIVE DIRECTOR IS COMMITTEES. AND THE FULL BOARD. RBC MONITOR

ldentifier	Return Reference	Explanation
GOVERNANCE - DISCLOSURE	PART VI	ITEM 19 POSTING OF DOCUMENTS RBC MAKES AVAILABLE TO ALL MEMBERS ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ALL NEW MEMBERS RECEIVE COPIES OF THESE DOCUMENTS AND ARE EDUCATED ON THEIR ROLES AND RESPONSIBILITIES AS BOARD MEMBERS FINANCIAL STATEMENTS ARE DISTRIBUTED AT BOARD AND EXECUTIVE BUSINESS MEETINGS FURTHER, ALL DOCUMENTS ARE AVAILABLE TO MEMBERS UPON A REASONABLE REQUEST RBC WILL MAKE AVAILABLE ITS CONFLICT OF INTEREST POLICY TO A MEMBER OF THE PUBLIC UPON WRITTEN REQUEST

ldentifier	Return Reference	Explanation
STATEMENT OF FUNCTIONAL EXPENSES		THE AMOUNT ON LINE 19 "CONFERENCES, CONVENTIONS AND MEETINGS" PERTAINS TO NUMEROUS MEETINGS CONDUCTED IN THE COURSE OF THE EXEMPT FUNCTION PROGRAMS OF RBC THE MAJORITY OF THESE MEETINGS ARE HELD IN THE ST LOUIS VICINITY TO ADVANCE THE RBC PROGRAMS AND INITIATIVES

Identifier	Return Reference	Explanation
NET ASSET RECONCILIATION	PART XI Line 5	THE ORGANIZATION'S OTHER CHANGES IN NET ASSETS CONSIST OF UNREALIZED LOSS ON SECURITIES HELD FOR INVESTMENT

Additional Data

Software ID: Software Version:

EIN: 43-1913803

Name: REGIONAL BUSINESS COUNCIL

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$		including grants of \$) (Revenue \$)
DEVELOPING THE	NEXT GENERATION OF WORK	ERS			
(Code) (Expenses \$	166,005	ıncludıng grants of \$	41,279) (Revenue \$)
SEE ABOVE (1ST 3	PAGES OF SCH O)				
(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
EXPANDING OPPO	RTUNITIES FOR DIVERSE				
(Code) (Expenses \$	330,247	ıncludıng grants of \$	82,121) (Revenue \$)
PROFESSIONALS:	SEE ABOVE (1ST 3 PAGES OF				
(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
SCH O)					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and I	T -	int CO			ırs					
(A) Name and Title	(B) Average hours per		tion that		у)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the organization and related organizations
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	
J DANN ADAMS DIRECTOR	2 0	Х								
DOUGLAS ALBRECHT DIRECTOR	2 0	x						0	0	0
JAMIE AUFFENBERG DIRECTOR	2 0	Х						0	0	0
PETER F BENOIST SECRETARY / TREASURER	2 0	Х		х				0	0	0
JOSEPH BLOMKER DIRECTOR	2 0	Х						0	0	0
ROBERT G BRINKMANN DIRECTOR	2 0	Х						0	0	0
ERIC BRUNNGRABER DIRECTOR	2 0	Х						0	0	0
J JOSEPH BURGESS DIRECTOR	2 0	Х						0	0	0
MARK BURKHART DIRECTOR	2 0	Х						0	0	0
STUART CAMPBELL DIRECTOR	2 0	х								
JOHN CAPPS DIRECTOR/NOMINATING CHAIR	2 0	Х		х				0	0	0
GERALD CARLSON DIRECTOR	2 0	Х						0	0	0
JAMES G CASTELLANO DIRECTOR	2 0	Х						0	0	C
MICHAEL A CHIVELL DIRECTOR	2 0	Х								
W THOMAS CHULICK DIRECTOR	2 0	Х						0	0	C
MAXINE CLARK DIRECTOR	2 0	х						0	0	C
PARKER B CONDIE JR DIRECTOR	2 0	Х						0	0	C
S BRYAN COOK DIRECTOR	2 0	Х						0	0	0
DEANNA DAUGHHETEE DIRECTOR	2 0	х						0	0	0
CLARKS DAVIS DIRECTOR	2 0	Х						0	0	O
MICHAEL A DECOLA DIRECTOR / PAST CHAIRMAN	2 0	Х		Х				0	0	0
KEVIN DEMOFF DIRECTOR	2 0	Х						0	0	0
CRAIG S DESNOYER DIRECTOR	2 0	Х						0	0	0
GENE DIEDERICH DIRECTOR	2 0	Х								
GARY W DOUGLASS DIRECTOR	2 0	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, a	(B)		(C)				(D)	(E)	(F)
Name and Title	A verage hours		ition that	(che				Reportable compensation	Reportable compensation	Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
THOMAS P DUNNE SR DIRECTOR / VICE CHAIR	2 0	Х		×				0	0	0
LB ECKELKAMP JR DIRECTOR	2 0	Х						0	0	0
TODD H EPSTEN DIRECTOR	2 0	Х						0	0	0
JOHN S EULICH DIRECTOR	2 0	Х								
DOUGLAS R FABICK DIRECTOR	2 0	Х						0	0	0
BILL FATHERS DIRECTOR	2 0	Х								
JOHN H FERRING IV DIRECTOR	2 0	Х						0	0	0
PATRICK J FINNERAN JR DIRECTOR	2 0	Х						0	0	0
JEFFREY L FOX DIRECTOR	2 0	Х						0	0	0
WILLIAM M FRASER III DIRECTOR	2 0	Х								
CATHERINE A FRENCH DIRECTOR	2 0	Х						0	0	0
DEREK W GLANVILL DIRECTOR	2 0	Х						0	0	0
ROBERT S GOLDSTEIN DIRECTOR	2 0	Х						0	0	0
SUSAN W GRAHAM DIRECTOR	2 0	Х						0	0	0
AUGUST HAGER III DIRECTOR	2 0	Х						0	0	0
WENDY HENRY DIRECTOR	2 0	Х						0	0	0
ROBERT R HERMANN JR DIRECTOR	2 0	Х						0	0	0
KATHLEEN HIGGINS DIRECTOR	2 0	Х						0	0	0
BRIAN HOGAN DIRECTOR	2 0	Х								
BRUCE B HOLLAND DIRECTOR	2 0	Х						0	0	0
VICTORIA M HOLT DIRECTOR	2 0	Х								
HUBERT HOOSMAN JR DIRECTOR	2 0	Х								
CHRISTOPHER HOWARD DIRECTOR	2 0	Х								
GERARD J HOWE DIRECTOR	2 0	Х						0	0	0
JEFFREY A JOHNSTON DIRECTOR	2 0	Х								

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		(tion that a		/)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
RODNEY W KINZINGER DIRECTOR	2 0	×						0	0	0	
TODD J KORTE DIRECTOR	2 0	Х						0	0	0	
MICHAEL W KRAMER DIRECTOR	2 0	Х						0	0	0	
KENNETH KRANZBERG DIRECTOR	2 0	Х						0	0	0	
PETER B KROMBACH DIRECTOR	2 0	Х						0	0	0	
ROMAN T KULICH DIRECTOR	2 0	Х						0	0	0	
DONN LUX DIRECTOR	2 0	Х						0	0	0	
STEVEN MARTENET DIRECTOR	2 0	Х									
MIKE MCCARTHY DIRECTOR	2 0	Х									
TERRANCE M MCCARTHY DIRECTOR	2 0	Х						0	0	0	
VIRGINIA MCDOWELL DIRECTOR	2 0	Х						0	0	0	
P JOSEPH MCKEE III DIRECTOR	2 0	Х						0	0	0	
S WHITAKER MEYER DIRECTOR	2 0	Х						0	0	0	
RICHARD H MILES DIRECTOR	2 0	Х						0	0	0	
ROGER D MILLER DIRECTOR	2 0	Х						0	0	0	
ROBERT D MILLSTONE DIRECTOR	2 0	Х						0	0	0	
KEVIN D MOWBRAY DIRECTOR	2 0	Х						0	0	0	
PATRICK K MURPHY DIRECTOR	2 0	Х									
JAMES J MURPHY JR DIRECTOR	2 0	Х						0	0	0	
JOHN R MUSGRAVE DIRECTOR / GENERAL COUNSEL	2 0	Х		х				0	0	0	
ELIZABETH NIEDRINGHAUS DIRECTOR	2 0	Х						0	0	0	
JAMES V O'DONNELL DIRECTOR	2 0	Х						0	0	0	
FREDERICK J OERTLI DIRECTOR	2 0	Х						0	0	0	
ROBERT O'LOUGHLIN DIRECTOR/VICE CHAIR	2 0	Х		х				0	0	0	
ROBERT L PLUMMER DIRECTOR	2 0	Х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		(ition that		y)		_	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
JOHN K PRUELLAGE DIRECTOR	2 0	Х						0	0	0	
VICTOR L RICHEY JR DIRECTOR	2 0	x						0	0	0	
RODGER O RINEY DIRECTOR	2 0	х						0	0	0	
STEVEN C ROBERTS DIRECTOR	2 0	Х						0	0	0	
SANTIAGO ROCES DIRECTOR	2 0	Х									
GEORGE C ROMAN DIRECTOR	2 0	Х						0	0	0	
SALLY H ROTH DIRECTOR/VICE CHAIR	2 0	Х		х				0	0	0	
JOSEPH D RUPP DIRECTOR	2 0	Х						0	0	0	
RICHARD A SAUGET DIRECTOR	2 0	Х						0	0	0	
SOREN SCHRODER DIRECTOR	2 0	Х						0	0	0	
RICHARD SEMS DIRECTOR	2 0	Х						0	0	0	
ELLEN SHERBERG DIRECTOR	2 0	Х						0	0	0	
DAVID SINDELAR DIRECTOR	2 0	Х									
GREGORY R SMITH DIRECTOR	2 0	Х						0	0	0	
DAVE SPENCE DIRECTOR	2 0	Х						0	0	0	
MICHAEL H STAENBERG DIRECTOR	2 0	Х						0	0	0	
KENNETH STEINBACK DIRECTOR	2 0	Х						0	0	0	
JOSEPH J STEINER DIRECTOR	2 0	Х						0	0	0	
DAVID L STEWARD DIRECTOR	2 0	Х						0	0	0	
JOHN P STUPP JR DIRECTOR	2 0	Х						0	0	0	
KENNETH H SUELTHAUS DIRECTOR	2 0	Х						0	0	0	
DONALD SUGGS DIRECTOR	2 0	Х						0	0	0	
ANTHONY R TERSIGNI DIRECTOR	2 0	Х						0	0	0	
JIM M THEISS DIRECTOR/CHAIRMAN ELECT	2 0	Х		х				0	0	0	
ANDREW THOME DIRECTOR	2 0	Х									

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		(tion that a	•		ıll		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ANTHONY THOMPSON DIRECTOR/VICE CHAIR	2 0	Х		х				0	0	0
EUGENE M TOOMBS DIRECTOR	2 0	Х								
JOHN M TRACY DIRECTOR / CHAIR	2 0	Х		х				0	0	0
MAX TSAI DIRECTOR	2 0	Х								
JOHN TVRDIK DIRECTOR	2 0	Х								
GREGORY TWARDOWSKI DIRECTOR	2 0	Х								
SANDRA VAN TREASE DIRECTOR	2 0	Х						0	0	0
STEVE C WALLI DIRECTOR	2 0	Х						0	0	0
PATRICIA D WHITAKER DIRECTOR	2 0	Х						0	0	0
SCOTT J WILSON DIRECTOR	2 0	Х						0	0	0
MICHAEL A ZAMBRANA DIRECTOR	2 0	Х						0	0	0
KATHLEEN OSBORN EXECUTIVE DIRECTOR	40 0			х				285,960	0	86,408